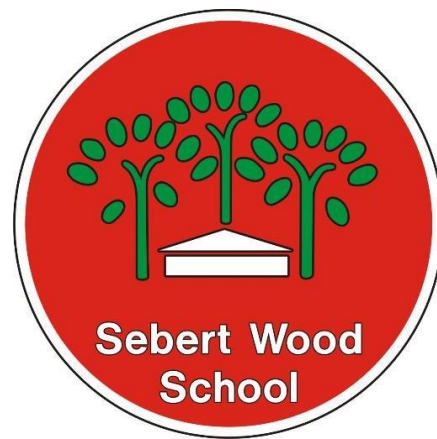


# Sebert Wood School Child Protection and Safeguarding Policy



<b>Approved by: Chair of Governors</b>	<b>Date:</b>
<b>Last reviewed on:</b>	July 2020
<b>Next review due by:</b>	July 2021

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### Important contacts

ROLE/ORGANISATION	NAME	CONTACT DETAILS
Designated safeguarding lead (DSL)	Peter Dewhurst	01284 755211 <a href="mailto:safeguarding@sebertwood.co.uk">safeguarding@sebertwood.co.uk</a> Individual phone numbers and emails shared with staff
Alternate DSLs	Amanda Bradburn Sharon Dade	
Online Safeguarding Lead	James Tottie	
Chair of governors	Jamie Gaskin	
Named Safeguarding Governor	Dr Helen Cheshire	
Channel helpline		020 7340 7264
Local Authority Designated Officer		0300 123 2044 <a href="mailto:LADO@suffolk.gov.uk">LADO@suffolk.gov.uk</a>

## 1. Aims

The school aims to ensure that:

- Appropriate action is taken in a timely manner to safeguard and promote children's welfare
- All staff are aware of their statutory responsibilities with respect to safeguarding
- Staff are properly training in recognising and reporting safeguarding issues

## 2. Legislation and statutory guidance

This policy is based on the Department for Education's statutory guidance [Keeping Children Safe in Education \(2020\)](#) and [Working Together to Safeguard Children \(2018\)](#), and the [Governance Handbook](#). We comply with this guidance and the arrangements agreed and published by our 3 local safeguarding partners.

This policy is also based on the following legislation:

- Section 175 of the [Education Act 2002](#), which places a duty on schools and local authorities to safeguard and promote the welfare of pupils
- [The School Staffing \(England\) Regulations 2009](#), which set out what must be recorded on the single central record and the requirement for at least one person conducting an interview to be trained in safer recruitment techniques
- [The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children
- Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the [Serious Crime Act 2015](#), which places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18
- [Statutory guidance on FGM](#), which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM
- [The Rehabilitation of Offenders Act 1974](#), which outlines when people with criminal convictions can work with children
- Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](#), which defines what 'regulated activity' is in relation to children
- [Statutory guidance on the Prevent duty](#), which explains schools' duties under the Counter-Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism
- The [Childcare \(Disqualification\) and Childcare \(Early Years Provision Free of Charge\) \(Extended Entitlement\) \(Amendment\) Regulations 2018](#) (referred to in this policy as the "2018 Childcare Disqualification Regulations") and [Childcare Act 2006](#), which set out who is disqualified from working with children
- This policy also meets requirements relating to safeguarding and welfare in the [statutory framework for the Early Years Foundation Stage](#).

## 3. Definitions

**Safeguarding and promoting the welfare of children means:**

- Protecting children from maltreatment
- Preventing impairment of children's mental and physical health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

**Child protection** is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

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**Abuse** is a form of maltreatment of a child, and may involve inflicting harm or failing to act to prevent harm. Appendix 1 explains the different types of abuse.

**Neglect** is a form of abuse and 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. Appendix 1 defines neglect in more detail.

**Sexting** (also known as youth produced sexual imagery) is the sharing of sexual imagery (photos or videos) by children

**Children** includes everyone under the age of 18.

The following 3 **safeguarding partners** are identified in Keeping Children Safe in Education (and defined in the Children Act 2004, as amended by chapter 2 of the Children and Social Work Act 2017). They will make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs:

- The local authority (LA)
- A clinical commissioning group for an area within the LA
- The chief officer of police for a police area in the LA area

## 4. Equality statement

Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.

We give special consideration to children who:

- Have special educational needs (SEN) or disabilities (see section 9)
- Are young carers
- May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- Have English as an additional language
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- Are at risk of FGM, sexual exploitation, forced marriage, or radicalisation
- Are asylum seekers
- Are at risk due to either their own or a family member's mental health needs
- Are looked after or previously looked after (see section 11)

## 5. Roles and responsibilities

Safeguarding and child protection is **everyone's** responsibility. This policy applies to all staff, volunteers and governors in the school and is consistent with the procedures of the 3 safeguarding partners. Our policy and procedures also apply to extended school and off-site activities.

### 5.1 All staff

All staff will read and understand part 1 and Annex A of the Department for Education's statutory safeguarding guidance, [Keeping Children Safe in Education](#) 2020, and review this guidance at least annually.

All staff will be aware of:

- Our systems which support safeguarding, including this child protection and safeguarding policy, the staff *Code of Conduct* the role and identity of the designated safeguarding lead (DSL) and the alternates, the behaviour policy, and the safeguarding response to children who go missing from education

- The *Early Help* process (sometimes known as the common assessment framework) and their role in it, including identifying emerging problems, liaising with the DSL, and sharing information with other professionals to support early identification and assessment. (See appendix 5 for our *Early Help Statement*)
- The process for making referrals to local authority children’s social care and for statutory assessments that may follow a referral, including the role they might be expected to play
- What to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, including specific issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals
- The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child sexual exploitation (CSE), indicators of being at risk from or involved with serious violent crime, FGM and radicalisation

Section 15 and appendix 4 of this policy outline in more detail how staff are supported to do this.

## 5.2 The designated safeguarding lead (DSL)

The DSL is a member of the senior leadership team. Our DSL is Mr Peter Dewhurst (Head Teacher). The DSL takes lead responsibility for child protection and wider safeguarding. The Alternate DSLs (ADSLs) are Miss Amanda Bradburn (Deputy Head) and Mrs Sharon Dade (SENDCo). James Tottie (AHT) and Jamie Winch (KS1 leader) also hold current DSL certificates and can also advise staff in the absence of the DSL.

During term time, the DSL or an alternate will be available during school hours for staff to discuss any safeguarding concerns. A member of the Safeguarding Team will be on school site and can be contacted throughout the planned extended school day. In exceptional circumstances when there is not a member of the team on site they can be contacted by mobile phone.

All concerns will be recorded on CPoms, with automatic alerts sent to the whole DSL team. Out of hours the DSL can be contacted via their personal mobile number, which has been shared with all staff.

The DSL will be given the time, funding, training, resources and support to:

- Provide advice and support to other staff on child welfare and child protection matters
- Take part in strategy discussions and inter-agency meetings and/or support other staff to do so
- Contribute to the assessment of children
- Refer suspected cases, as appropriate, to the relevant body (local authority children’s social care, Channel programme, Disclosure and Barring Service, and/or police), and support staff who make such referrals directly

The DSL team will also keep the headteacher informed of any issues, and liaise with local authority case managers and designated officers for child protection concerns as appropriate.

The full responsibilities of the DSL and ADSLs are set out in their job description (see appendix 6).

## 5.3 The governing board

The governing board will approve this policy at each review, ensure it complies with the law and hold the headteacher to account for its implementation.

The governing board will appoint a named safeguarding governor monitor the effectiveness of this policy in conjunction with the full governing board. This is always a different person from the DSL.

The chair of governors will act as the ‘case manager’ in the event that an allegation of abuse is made against the headteacher, where appropriate (see appendix 3).

All governors will read *Keeping Children Safe in Education*.

Section 15 of this policy has information on how governors are supported to fulfil their role.

## 5.4 The headteacher

The headteacher is responsible for the implementation of this policy, including:

- Ensuring that staff (including temporary staff) and volunteers are informed of our systems which support safeguarding, including this policy, as part of their induction
- Communicating this policy to parents when their child joins the school and via the school website
- Ensuring that the DSL has appropriate time, funding, training and resources, and that there is always adequate cover if the DSL is absent
- Ensuring that all staff undertake appropriate safeguarding and child protection training and update this regularly
- Acting as the ‘case manager’ in the event of an allegation of abuse made against another member of staff or volunteer, where appropriate (see appendix 3)
- Ensuring the relevant staffing ratios are met, where applicable
- Making sure each child in the Early Years Foundation Stage is assigned a key person

## 6. Confidentiality

Please also refer to our revised Information Management Handbook. This explains our school’s approach to confidentiality and data protection.

Please note:

- Timely information sharing is essential to effective safeguarding
- Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children
- The Data Protection Act (DPA) 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe
- If staff need to share ‘special category personal data’, the DPA 2018 contains ‘safeguarding of children and individuals at risk’ as a processing condition that allows practitioners to share information without consent if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk
- Staff should never promise a child that they will not tell anyone about a report of abuse, as this may not be in the child’s best interests
- The government’s [information sharing advice for safeguarding practitioners](#) includes 7 ‘golden rules’ for sharing information, and will support staff who have to make decisions about sharing information
- If staff are in any doubt about sharing information, they should speak to the designated safeguarding lead (or alternate)

Confidentiality is also addressed in this policy with respect to record-keeping in section 14, and allegations of abuse against staff in appendix 3.

## 7. Recognising abuse and taking action

Staff, volunteers and governors must follow the procedures set out below in the event of a safeguarding issue.

Please note – in this and subsequent sections, you should take any references to the DSL to mean “the DSL or ADSL”.

### 7.1 If a child is suffering or likely to suffer harm, or in immediate danger

Our usual procedure is to speak to a member of the Safeguarding Team immediately and provide them with all the relevant information so they can make a referral.

We will make a referral to children’s social care (Customer First) and/or the police immediately if we believe a child is suffering or likely to suffer from harm, or in immediate danger. Anyone can make a referral. If it’s an emergency, you can call:

- Customer First on 0808 800 4005 if you’re worried that a child or young person is at risk of harm, abuse, or neglect



- the police on 999

Tell the DSL (see section 5.2) as soon as possible if you make a referral directly.

## 7.2 If a child makes a disclosure to you

If a child discloses a safeguarding issue to you, you should:

- Listen to and believe them. Allow them time to talk freely and do not ask leading questions
- Stay calm and do not show that you are shocked or upset
- Tell the child they have done the right thing in telling you. Do not tell them they should have told you sooner
- Explain what will happen next and that you will have to pass this information on. Do not promise to keep it a secret
- Write up your conversation as soon as possible in the child's own words. Stick to the facts, and do not put your own judgement on it
- Notes are to be made immediately after any disclosure, or during the time if it does not impede the child's flow of the disclosure.
- If there are any marks or injuries that you have seen record on the relevant body map (stored in staffroom – see appendix 7). This will be scanned and stored on CPoms.
- Record the information on CPoms and create an alert for the whole DSL Team
- Speak to the DSL immediately
- If CPoms is not immediately accessible pen and paper notes should be made to ensure all relevant information is captured as soon as possible after a disclosure or concern is identified. Any notes made must be made in pen, dated and signed, with full name of pupil and person recording the concern. These notes must be copied on to CPoms as soon as possible and the notes passed to the DSL for retention in the pupil's records.

## 7.3 If you discover that FGM has taken place or a pupil is at risk of FGM

The Department for Education's Keeping Children Safe in Education explains that FGM comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs".

FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences. It is also known as 'female genital cutting', 'circumcision' or 'initiation'.

Possible indicators that a pupil has already been subjected to FGM, and factors that suggest a pupil may be at risk, are set out in appendix 4.

- **Any teacher** who discovers (either through disclosure by the victim or visual evidence) that an act of FGM appears to have been carried out on a **pupil under 18** must immediately report this to the police, **personally**. This is a statutory duty, and teachers will face disciplinary sanctions for failing to meet it.

Unless they have been specifically told not to disclose, they should also discuss the case with the DSL and involve children's social care as appropriate.

- **Any other member of staff** who discovers that an act of FGM appears to have been carried out on a **pupil under 18** must speak to the DSL and follow our local safeguarding procedures.

The duty for teachers mentioned above does not apply in cases where a pupil is *at risk* of FGM or FGM is suspected but is not known to have been carried out. Staff should not examine pupils.

**Any member of staff** who suspects a pupil is *at risk* of FGM or suspects that FGM has been carried out must speak to the DSL and follow Suffolk Safeguarding Partnership's procedures.

## 7.4 If you have concerns about a child (as opposed to believing a child is suffering or likely to suffer from harm, or is in immediate danger)

Speak to the DSL first to agree a course of action.

If in exceptional circumstances the DSL is not available, this should not delay appropriate action being taken. Speak to a member of the senior leadership team and/or take advice from local authority children's social care. You can also seek advice at any time from the NSPCC helpline on 0808 800 5000. Share details of any actions you take with the DSL as soon as practically possible.

Make a referral to local authority children's social care (Customer First) directly, if appropriate (see 'Referral' below).

Share any action taken with the DSL as soon as possible.

## **SAFEGUARDING AND CHILD PROTECTION REFERRALS**

Where ever possible it is the DSL who will make the referrals to Customer First.

In some situations it is a very clear cut decision to make a referral. In others it is less clear. The Safeguarding Team will discuss these cases. They may seek guidance from the Professionals Advice Line at MASH (Multi-Agency Safeguarding Hub). They will also refer to the Threshold Matrix (appendix 10) and Guidance <https://suffolksp.org.uk/assets/2020-06-18-Suffolks-Threshold-of-Need-Guidance-002.pdf> and *Signs of Safety*.

**Signs of Safety** has been adopted by Suffolk County Council Children and Young People's Services as the overarching practice framework for all of its work with children and families. It describes a purposeful and collaborative way of working with families to secure the best outcomes for children and young people. As we have chosen to apply the approach across all of our services, our programme is called Suffolk Signs of Safety and Wellbeing. <https://suffolksp.org.uk/working-with-children-and-adults/signs-of-safety/> .

The DSL will make the referral via a MARF form on the Early Help Portal - <https://earlyhelpportal.suffolk.gov.uk/web/portal/pages/marf#h1>

### **Early help**

The School's Early Help Statement is in Appendix 5. Support is personalised and can be a very low level such as in-house support or signposting parents to other agencies. High level help such as a CAF referral to seek wider agency support can also be utilized.

If early help is appropriate, a DSL will generally lead on liaising with the parents and other agencies and setting up an inter-agency assessment as appropriate. Staff may be required to support other agencies and professionals in an early help assessment, in some cases acting as the lead practitioner. CAFs require parental consent and involvement.

The DSL team will keep the case under constant review and the school will consider a referral to local authority children's social care if the situation does not seem to be improving. Timelines of interventions will be monitored and reviewed.

### **7.5 If you have concerns about extremism**

If a child is not suffering or likely to suffer from harm, or in immediate danger, where possible speak to the DSL first to agree a course of action.

If in exceptional circumstances the DSL is not available, this should not delay appropriate action being taken. Speak to a member of the senior leadership team and/or seek advice from local authority children's social care. Make a referral to local authority children's social care directly, if appropriate (see 'Referral' above). Inform the DSL or deputy as soon as practically possible after the referral.

Where there is a concern, the DSL will consider the level of risk and decide which agency to make a referral to. This could include [Channel](#), the government's programme for identifying and supporting individuals at risk of being drawn into terrorism, or the local authority children's social care team.

The Department for Education also has a dedicated telephone helpline, 020 7340 7264, which school staff and governors can call to raise concerns about extremism with respect to a pupil. You can also email [counter.extremism@education.gov.uk](mailto:counter.extremism@education.gov.uk). Note that this is not for use in emergency situations.

In an emergency, call 999 or the confidential anti-terrorist hotline on 0800 789 321 if you:

- Think someone is in immediate danger
- Think someone may be planning to travel to join an extremist group



➤ See or hear something that may be terrorist-related

## 7.6 If you have a mental health concern

Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Staff will be alert to behavioural signs that suggest a child may be experiencing a mental health problem or be at risk of developing one.

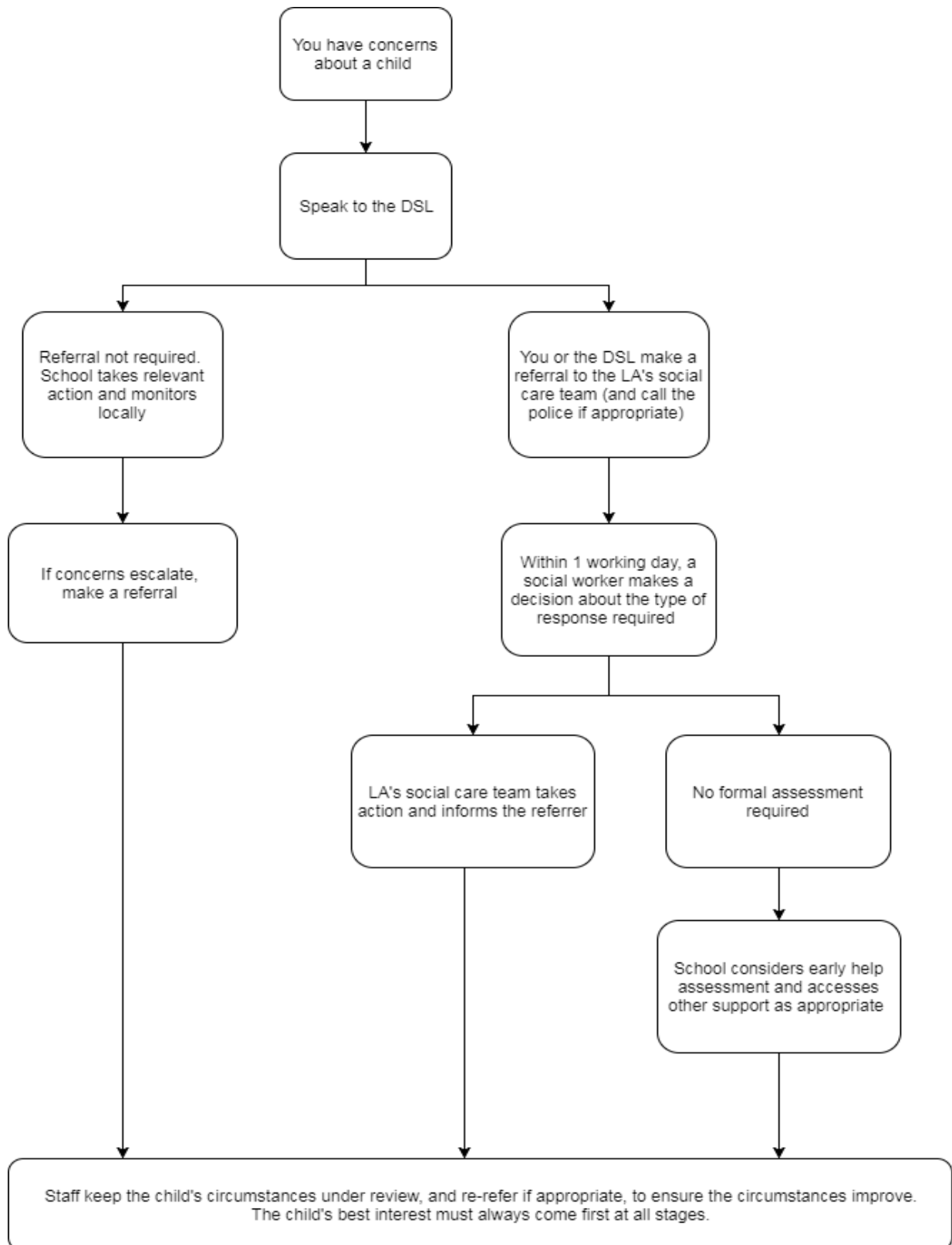
If you have a mental health concern about a child that is also a safeguarding concern, take immediate action by following the steps in section 7.4.

If you have a mental health concern that is **not** also a safeguarding concern, speak to the DSL to agree a course of action, which may include support from one of the school's inclusion team. Further guidance can be found in the Department for Education guidance on [mental health and behaviour in schools](#) document.

Parents, carers and professionals can make referrals to the Suffolk Children and Young People's Emotional Wellbeing Hub. <https://infolink.suffolk.gov.uk/kb5/suffolk/infolink/advice.page?id=Nh2oJw7Qq4!>

**Figure 1: procedure if you have concerns about a child's welfare (as opposed to believing a child is suffering or likely to suffer from harm, or in immediate danger)**

(Note – if the DSL is unavailable, this should not delay action. See section 7.4 for what to do.)



## 7.7 Concerns about a staff member, supply teacher or volunteer

If you have concerns about a member of staff (including a supply teacher or volunteer), or an allegation is made about a member of staff (including a supply teacher or volunteer) posing a risk of harm to children, speak to the headteacher. If the concerns/allegations are about the headteacher, speak to the chair of governors.

The headteacher/chair of governors will then follow the procedures set out in our Whistleblowing Policy.

Where appropriate, the school will inform the LADO and/or Ofsted of the allegation and actions taken, within the necessary timescale.

## 7.8 Allegations of abuse made against other pupils

We recognise that children are capable of abusing their peers. Abuse will never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”. The age and developmental stage of young children must be considered when exploring the issues and responses. Possible sexual behaviours will be assessed against the criteria in Brook’s *Sexual Behaviours Traffic Light Tool*.

[https://legacy.brook.org.uk/brook\\_tools/traffic/index.html?syn\\_partner](https://legacy.brook.org.uk/brook_tools/traffic/index.html?syn_partner)

Most cases of pupils hurting other pupils will be dealt with under our school’s behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns.

This might include where the alleged behaviour:

- Is serious, and potentially a criminal offence
- Could put pupils in the school at risk
- Is violent
- Involves pupils being forced to use drugs or alcohol
- Involves sexual exploitation, sexual abuse or sexual harassment, such as indecent exposure, sexual assault or sexually inappropriate pictures or videos (including sexting)

If a pupil makes an allegation of abuse against another pupil:

- We must record the allegation and tell the DSL, but do not investigate it
- Depending on the allegation the DSL may ask someone who knows the child well to gather more information or may talk to the child themselves
- The DSL may contact the local authority children’s social care team and follow its advice, as well as the police if the allegation involves a potential criminal offence
- The DSL will put a risk assessment and support plan into place for all children involved (including the victim(s), the child(ren) against whom the allegation has been made and any others affected) with a named person they can talk to if needed
- The DSL will contact the children and adolescent mental health services (CAMHS), if appropriate.

## 7.9 Sexting

This is a suggested approach based on guidance from the UK Council for Child Internet Safety for [all staff](#) and for [DSLs and senior leaders](#).

### Your responsibilities when responding to an incident

If you are made aware of an incident involving sexting (also known as ‘youth produced sexual imagery’), you must report it to the DSL immediately.

You must **not**:

- View, download or share the imagery yourself, or ask a pupil to share or download it. If you have already viewed the imagery by accident, you must report this to the DSL
- Delete the imagery or ask the pupil to delete it
- Ask the pupil(s) who are involved in the incident to disclose information regarding the imagery (this is the DSL’s responsibility)

- Share information about the incident with other members of staff, the pupil(s) it involves or their, or other, parents and/or carers
- Say or do anything to blame or shame any young people involved.

**You should:**

- ✓ explain that you need to report the incident, and reassure the pupil(s) that they will receive support and help from the DSL.
- ✓ make notes and refer in the same way other safeguarding concerns. The DSL will determine the course of action

## 8. Notifying parents

Where appropriate, we will discuss any concerns about a child with the child's parents. The DSL will normally do this in the event of a suspicion or disclosure.

Other staff will only talk to parents about any such concerns following consultation with the DSL.

If we believe that notifying the parents would increase the risk to the child, we will discuss this with the local authority children's social care team before doing so.

In the case of allegations of abuse made against other children, we will normally notify the parents of all the children involved.

## 9. Pupils with special educational needs and disabilities

We recognise that pupils with special educational needs (SEN) and disabilities can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group, including:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- Pupils being more prone to peer group isolation than other pupils
- The potential for pupils with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
- Communication barriers and difficulties in overcoming these barriers

We offer extra pastoral support for pupils with SEN and disabilities, via access to the inclusion team and their teaching teams. Specialist support from other professionals may be required and this will be accessed through support plans.

## 10. Pupils with a social worker

Pupils may need a social worker due to safeguarding or welfare needs. We recognise that a child's experiences of adversity and trauma can leave them vulnerable to further harm as well as potentially creating barriers to attendance, learning, behaviour and mental health.

The DSL and all members of staff will work with and support social workers to help protect vulnerable children.

Where we are aware that a pupil has a social worker, the DSL will always consider this fact to ensure any decisions are made in the best interests of the pupil's safety, welfare and educational outcomes. For example, it will inform decisions about:

- Responding to unauthorised absence or missing education where there are known safeguarding risks
- The provision of pastoral and/or academic support

## 11. Looked-after and previously looked-after children

We will ensure that staff have the skills, knowledge and understanding to keep looked-after children and previously looked-after children safe. In particular, we will ensure that:

- Appropriate staff have relevant information about children's looked after legal status, contact arrangements with birth parents or those with parental responsibility, and care arrangements

➤ The DSL has details of children’s social workers and relevant virtual school heads

We have appointed a designated teacher, Mrs Sharon Dade, who is responsible for promoting the educational achievement of looked-after children and previously looked-after children in line with [statutory guidance](#).

The designated teacher is appropriately trained and has the relevant qualifications and experience to perform the role.

As part of their role, the designated teacher will:

- Work closely with the DSL to ensure that any safeguarding concerns regarding looked-after and previously looked-after children are quickly and effectively responded to
- Work with virtual school heads to promote the educational achievement of looked-after and previously looked-after children, including discussing how pupil premium plus funding can be best used to support looked-after children and meet the needs identified in their personal education plans

## 12. Mobile phones and cameras

Please refer to our Acceptable Use policy and Mobile Phone policy.

Staff are allowed to bring their personal phones to school for their own use, but will limit such use to non-contact time when pupils are not present. Staff members’ personal phones will remain in their bags or cupboards during contact time with pupils.

When undertaking educational visits staff may take their mobile phones for use as part of the communications plan and risk assessment. They may only be used for appropriate purposes during this time.

Staff will not take pictures or recordings of pupils on their personal phones or cameras. Any photographs and recordings for educational purposes or in preparation for use in other media will be taken using specific school equipment (iPhone, iPad).

We will follow the General Data Protection Regulation and Data Protection Act 2018 when taking and storing photos and recordings for use in the school.

We have a separate policy regarding mobile phones with particular emphasis on their use by pupils.

## 13. Complaints and concerns about school safeguarding policies

### 13.1 Complaints against staff

Complaints against staff that are likely to require a child protection investigation will be handled in accordance with our procedures for dealing with allegations of abuse made against staff (see appendix 3).

### 13.2 Other complaints

Other complaints will be dealt with under the process within our Complaints Procedure.

### 13.3 Whistle-blowing

Please refer to our separate whistle-blowing policy that covers concerns regarding the way the school safeguards pupils – including poor or unsafe practice, or potential failures. Appendix 3 contains further details

## 14. Record-keeping

We will hold records in line with our records retention schedule.

We use CPoms to record all welfare and safeguarding paperwork.

We log all relevant meetings or phone calls on CPoms.

Non-confidential records will be easily accessible and available.

Confidential information and records will be held securely and only available to those who have a right or professional need to see them.

Safeguarding records relating to individual children will be retained for a reasonable period of time after they have left the school.

If a child for whom the school has, or has had, safeguarding concerns moves to another school, the DSL will ensure that their child protection file is forwarded promptly and securely, and separately from the main pupil file. In addition, if the concerns are significant or complex, and/or social services are involved, the DSL will speak to the DSL of the receiving school and provide information to enable them to have time to make any necessary preparations to ensure the safety of the child.

In addition:

- Appendix 2 sets out our policy on record-keeping specifically with respect to recruitment and pre-employment checks
- Appendix 3 sets out our policy on record-keeping with respect to allegations of abuse made against staff

## 15. Training

### 15.1 All staff

All staff members will undertake safeguarding and child protection training at induction, including on whistle-blowing procedures, to ensure they understand the school's safeguarding systems and their responsibilities, and can identify signs of possible abuse or neglect. This training will be regularly updated and will be in line with advice from the 3 safeguarding partners. A record of this training is held by the SBM and by the DSL.

All staff will have training on the government's anti-radicalisation strategy, Prevent, to enable them to identify children at risk of being drawn into terrorism and to challenge extremist ideas.

Staff will also receive separate online safeguarding training.

Staff will also receive regular safeguarding and child protection updates (for example, through emails, e-bulletins and staff meetings) as required, but at least annually.

Volunteers will receive appropriate training, if applicable.

### 15.2 The DSL and Alternate DSLs

The DSL and Alternates will undertake child protection and safeguarding training at least every 2 years.

In addition, they will update their knowledge and skills at regular intervals and at least annually (for example, through e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments).

They will also undertake Prevent awareness training and FGM training

### 15.3 Governors

All governors receive training about safeguarding, to make sure they have the knowledge and information needed to perform their functions and understand their responsibilities.

As the chair of governors may be required to act as the 'case manager' in the event that an allegation of abuse is made against the headteacher, they receive training in managing allegations for this purpose.

### 15.4 Recruitment – interview panels

At least one person conducting any interview for a post at the school will have undertaken safer recruitment training. This will cover, as a minimum, the contents of the Department for Education's statutory guidance, *Keeping Children Safe in Education*, and will be in line with local safeguarding procedures.

### 15.5 Staff who have contact with pupils and families

All staff who have contact with children and families will have supervisions which will provide them with support, coaching and training, promote the interests of children and allow for confidential discussions of sensitive issues.

## 16. Monitoring arrangements

This policy will be reviewed **annually** by Amanda Bradburn (Deputy Head/Alternate DSL). At every review, it will be approved by the full governing board.

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## 17. Links with other policies

This policy links to the following policies and procedures:

- Behaviour and Bullying
- Staff Code of Conduct
- Guidance for Safer Working Practices
- Complaints
- Health and safety, First Aid and Medicines
- Attendance
- Online Safeguarding and Acceptable Use
- Mobile Phones
- Equality
- Sex and relationship education (under review due to new curriculum)
- Curriculum
- Designated teacher for looked-after and previously looked-after children
- Whistleblowing
- Information Management Handbook (including confidentiality)
- Safer Recruitment
- Visitors and Volunteers

## Appendix 1: types of abuse

Abuse, including neglect, and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap.

**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.

**Emotional abuse** is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Emotional abuse may involve:

- Conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate
- Age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- Seeing or hearing the ill-treatment of another
- Serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children

**Sexual abuse** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve:

- Physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing
- Non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet)

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Neglect** is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment

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

## Appendix 2: safer recruitment and DBS checks – policy and procedures

We will record all information on the checks carried out in the school's single central record (SCR). Copies of these checks, where appropriate, will be held in individuals' personnel files. We follow requirements and best practice in retaining copies of these checks, as set out below.

### New staff

When appointing new staff, we will:

- Verify their identity
- Obtain (via the applicant) an enhanced Disclosure and Barring Service (DBS) certificate, including barred list information for those who will be engaging in regulated activity (see definition below). We will not keep a copy of this for longer than 6 months
- Obtain a separate barred list check if they will start work in regulated activity before the DBS certificate is available
- Verify their mental and physical fitness to carry out their work responsibilities
- Verify their right to work in the UK. We will keep a copy of this verification for the duration of the member of staff's employment and for 2 years afterwards
- Verify their professional qualifications, as appropriate
- Ensure they are not subject to a prohibition order if they are employed to be a teacher
- Carry out further additional checks, as appropriate, on candidates who have lived or worked outside of the UK, including (where relevant) any teacher sanctions or restrictions imposed by a European Economic Area professional regulating authority, and criminal records checks or their equivalent
- We will ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the 2018 Childcare Disqualification Regulations and Childcare Act 2006. Where we take a decision that an individual falls outside of the scope of these regulations and we do not carry out such checks, we will retain a record of our assessment on the individual's personnel file. This will include our evaluation of any risks and control measures put in place, and any advice sought.

We will ask for written information about previous employment history and check that information is not contradictory or incomplete.

We will seek references on all short-listed candidates, including internal candidates, before interview. We will scrutinise these and resolve any concerns before confirming appointments. The references requested will ask specific questions about the suitability of the applicant to work with children.

**Regulated activity** means a person who will be:

- Responsible, on a regular basis in a school or college, for teaching, training, instructing, caring for or supervising children; or
- Carrying out paid, or unsupervised unpaid, work regularly in a school or college where that work provides an opportunity for contact with children; or
- Engaging in intimate or personal care or overnight activity, even if this happens only once and regardless of whether they are supervised or not

### Existing staff

If we have concerns about an existing member of staff's suitability to work with children, we will carry out all the relevant checks as if the individual was a new member of staff. We will also do this if an individual moves from a post that is not regulated activity to one that is.

We will refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult where:

- We believe the individual has engaged in [relevant conduct](#); or
  - The individual has received a caution or conviction for a relevant offence, or there is reason to believe the individual has committed a listed relevant offence, under the [Safeguarding Vulnerable Groups Act 2006 \(Prescribed Criteria and Miscellaneous Provisions\) Regulations 2009](#); or
  - The 'harm test' is satisfied in respect of the individual (i.e. they may harm a child or vulnerable adult or put them at risk of harm); and
  - The individual has been removed from working in regulated activity (paid or unpaid) or would have been removed if they had not left
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## Agency and third-party staff

We will obtain written notification from any agency or third-party organisation that it has carried out the necessary safer recruitment checks that we would otherwise perform. We will also check that the person presenting themselves for work is the same person on whom the checks have been made.

## Contractors

We will ensure that any contractor, or any employee of the contractor, who is to work at the school has had the appropriate level of DBS check (this includes contractors who are provided through a PFI or similar contract). This will be:

- An enhanced DBS check with barred list information for contractors engaging in regulated activity
- An enhanced DBS check, not including barred list information, for all other contractors who are not in regulated activity but whose work provides them with an opportunity for regular contact with children

We will obtain the DBS check for self-employed contractors.

We will not keep copies of such checks for longer than 6 months.

Contractors who have not had any checks will not be allowed to work unsupervised or engage in regulated activity under any circumstances.

We will check the identity of all contractors and their staff on arrival at the school.

For self-employed contractors such as music teachers or sports coaches, we will ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the 2018 Childcare Disqualification Regulations and Childcare Act 2006. Where we decide that an individual falls outside of the scope of these regulations and we do not carry out such checks, we will retain a record of our assessment. This will include our evaluation of any risks and control measures put in place, and any advice sought.

## Trainee/student teachers

Where applicants for initial teacher training are salaried by us, we will ensure that all necessary checks are carried out.

Where trainee teachers are fee-funded, we will obtain written confirmation from the training provider that necessary checks have been carried out and that the trainee has been judged by the provider to be suitable to work with children.

In both cases, this includes checks to ensure that individuals are not disqualified under the 2018 Childcare Disqualification Regulations and Childcare Act 2006.

## Volunteers – please also see *Volunteers and Visitors Policy*

We are as rigorous with the recruitment of regular visitors and volunteers who will have access to our pupils as we are with employed members of staff.

At Sebert Wood School regular volunteers will be required to complete an application form and provide references. They will receive a full induction, including safeguarding training and be monitored by a member of staff. Should they meet “the frequency test” a DBS will be obtained.

The purpose of one off or very occasional visitors will be vetted by the member of staff inviting them using the forms in the *Volunteers and Visitors Policy*. They will be supervised and monitored by a member of staff at all times. If the member of staff has any concerns about the content of the presentation they will intervene immediately.

We will:

- Never leave an unchecked volunteer unsupervised or allow them to work in regulated activity
- Obtain an enhanced DBS check with barred list information for all volunteers who are new to working in regulated activity
- Carry out a risk assessment when deciding whether to seek an enhanced DBS check without barred list information for any volunteers not engaging in regulated activity. We will retain a record of this risk assessment
- Ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the 2018 Childcare Disqualification Regulations and Childcare Act 2006. Where we decide that an individual falls outside of the scope of these regulations and we do not carry out such checks, we will retain a record of our assessment. This will include our evaluation of any risks and control measures put in place, and any advice sought

## Governors

All governors will have an enhanced DBS check without barred list information.

They will have an enhanced DBS check with barred list information if working in regulated activity.

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All governors will also have a section 128 check (as a section 128 direction disqualifies an individual from being a maintained school governor).

All governors must complete safeguarding training as part of their ongoing governor training programme.

#### **Adults who supervise pupils on work experience**

When facilitating work experience from other settings, we will ensure that procedures are in place to protect children from harm.

We will also consider whether it is necessary for barred list checks to be carried out on the individuals who supervise a pupil under 16 on work experience. This will depend on the specific circumstances of the work experience, including the nature of the supervision, the frequency of the activity being supervised, and whether the work is regulated activity.

#### **Pupils staying with host families**

Where the school makes arrangements for pupils to be provided with care and accommodation by a host family to which they are not related (for example, during a foreign exchange visit), we will request enhanced DBS checks with barred list information on those people.

Where the school is organising such hosting arrangements overseas and host families cannot be checked in the same way, we will work with our partner schools abroad to ensure that similar assurances are undertaken prior to the visit.

## Appendix 3: allegations of abuse made against staff

This section of this policy applies to all cases in which it is alleged that a current member of staff, including a supply teacher or volunteer, has:

- Behaved in a way that has harmed a child, or may have harmed a child, or
- Possibly committed a criminal offence against or related to a child, or
- 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

It applies regardless of whether the alleged abuse took place in the school. Allegations against a teacher who is no longer teaching and historical allegations of abuse will be referred to the police.

We will deal with any allegation of abuse against a member of staff or volunteer very quickly, in a fair and consistent way that provides effective child protection while also supporting the individual who is the subject of the allegation.

Our procedures for dealing with allegations will be applied with common sense and judgement.

We will follow the procedures in our Whistle Blowing Policy and may make a referral to the Local Authority Designated Officer (LADO).

### Allegations Against People in a Position of Trust and the Role of the LADO

*Working Together to Safeguard Children* refers to local authorities having a designated officer or a team of designated officers involved in the management and oversight of allegations against people that work with children.

#### **The role of the LADO**

- The LADO has management and oversight of the investigation process from beginning to end following an allegation against people in a position of trust who work with children.
- The LADO is not the decision maker – this remains with the employer, but they will provide advice and guidance to employers and voluntary organisations, liaise with police and other agencies and monitor progress of cases to ensure they are dealt with as quickly as possible, consistent with a fair and thorough process.
- The LADO process applies to everyone who works or volunteers with children

It is essential that any allegation of abuse made against a person who works with children and young people including those who work in a voluntary capacity are dealt with fairly, quickly, and consistently, in a way that provides effective protection for the child, and at the same time supports the person who is the subject of the allegation. The framework for managing allegations is set out in statutory guidance contained in *Working Together to Safeguard Children 2018*

This policy applies to allegations against local authority foster carers and local authority residential workers.

Local Authority Designated Officers can be contacted for allegations against all staff and volunteers via:

- Email on **LADO@suffolk.gov.uk** or
- LADO central telephone number **0300 123 2044**



## Appendix 4: specific safeguarding issues.

Suffolk Children's Safeguarding Partnership has identified the following as a key issues in our area.

### • Children missing from education

A child going missing from education, particularly repeatedly, can be a warning sign of a range of safeguarding issues. This might include abuse or neglect, such as sexual abuse or exploitation or child criminal exploitation, or issues such as mental health problems, substance abuse, radicalisation, FGM or forced marriage.

There are many circumstances where a child may become missing from education, but some children are particularly at risk. These include children who:

- Are at risk of harm or neglect
- Are at risk of forced marriage or FGM
- Come from Gypsy, Roma, or Traveller families
- Come from the families of service personnel
- Go missing or run away from home or care
- Are supervised by the youth justice system
- Cease to attend a school
- Come from new migrant families

We will follow our procedures for unauthorised absence and for dealing with children who 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. This includes informing the local authority if a child leaves the school without a new school being named, and adhering to requirements with respect to sharing information with the local authority, when applicable, when removing a child's name from the admission register at non-standard transition points.

Staff will be trained in signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns which may be related to being missing, such as travelling to conflict zones, FGM and forced marriage.

If a staff member suspects that a child is suffering from harm or neglect, we will follow local child protection procedures, including with respect to making reasonable enquiries. We will make an immediate referral to the local authority children's social care team, and the police, if the child is suffering or likely to suffer from harm, or in immediate danger.

### • Country Lines

'County Lines' and the supply of drugs is effectively a gang of at least three people who have established a drug market in a rural town, with origins to an urban city location. For example for Suffolk, it is likely to be a gang from London with them moving into local towns, predominantly Ipswich, Bury St Edmunds and Lowestoft to transport/sell class A drugs (specifically crack cocaine and heroin).

It's a national trend and all forces within the east are aware and are tackling the issue. Mobile phones are frequently used to facilitate the drug deals and these are professional and experienced gangs.

The vulnerable could be current drug users, addicts, young people (including primary aged pupils) who maybe in care or missing from home, pupils absent from school or people with mental health issues.

Gangs typically use vulnerable young people to deliver drugs to customers and this can include deception, intimidation, violence, and/or grooming.

### • Child criminal exploitation

Child criminal exploitation (CCE) is a form of abuse where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into criminal activity, in exchange for something the victim needs or wants, and/or for the financial or other advantage of the perpetrator or facilitator, and/or through violence or the threat of violence.

The abuse can be perpetrated by males or females, and children or adults. It can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse.

The victim can be exploited even when the activity appears to be consensual. It does not always involve physical contact and can happen online. For example, young people may be forced to work in cannabis factories, coerced into moving drugs or money across the country (county lines), forced to shoplift or pickpocket, or to threaten other young people.

Indicators of CCE can include a child:

- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Suffering from changes in emotional wellbeing
- Misusing drugs and alcohol
- Going missing for periods of time or regularly coming home late
- Regularly missing school or education
- Not taking part in education

If a member of staff suspects CCE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate.

## • **Child sexual exploitation**

Child sexual exploitation (CSE) is a form of abuse where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity, in exchange for something the victim needs or wants and/or for the financial advantage or increased status of the perpetrator or facilitator. It may, or may not, be accompanied by violence or threats of violence.

The abuse can be perpetrated by males or females, and children or adults. It can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse.

The victim can be exploited even when the activity appears to be consensual. Children or young people who are being sexually exploited may not understand that they are being abused. They often trust their abuser and may be tricked into believing they are in a loving, consensual relationship.

CSE can include both physical contact (penetrative and non-penetrative acts) and non-contact sexual activity. It can also happen online. For example, young people may be persuaded or forced to share sexually explicit images of themselves, have sexual conversations by text, or take part in sexual activities using a webcam. CSE may also occur without the victim's immediate knowledge, for example through others copying videos or images.

In addition to the CCE indicators above, indicators of CSE can include a child:

- Having an older boyfriend or girlfriend
- Suffering from sexually transmitted infections or becoming pregnant

If a member of staff suspects CSE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate.

## • **Domestic abuse and violence**

Children can witness and be adversely affected by domestic abuse and/or violence at home where it occurs between family members. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

Exposure to domestic abuse and/or violence can have a serious, long-lasting emotional and psychological impact on children.

If police are called to an incident of domestic abuse and any children in the household have experienced the incident, the police will inform the key adult in school (usually the designated safeguarding lead) before the child or children arrive at school the following day. This will be logged on CPoms.

The DSL will provide support according to the child's needs and update records about their circumstances.

## • **Homelessness**

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare.

The DSL and Alternates will be aware of contact details and referral routes in to the local housing authority so they can raise/progress concerns at the earliest opportunity (where appropriate and in accordance with local procedures).

Where a child has been harmed or is at risk of harm, the DSL will also make a referral to children's social care.

- **So-called ‘honour-based’ abuse (including FGM and forced marriage)**

So-called ‘honour-based’ abuse (HBA) encompasses incidents or crimes committed to protect or defend the honour of the family and/or community, including FGM, forced marriage, and practices such as breast ironing.

Abuse committed in this context often involves a wider network of family or community pressure and can include multiple perpetrators.

All forms of HBA are abuse and will be handled and escalated as such. All staff will be alert to the possibility of a child being at risk of HBA or already having suffered it. If staff have a concern, they will speak to the DSL, who will activate local safeguarding procedures.

- **Female Genital Mutilation**

The DSL will make sure that staff have access to appropriate training to equip them to be alert to children affected by FGM or at risk of FGM.

Section 7.3 of this policy sets out the procedures to be followed if a staff member discovers that an act of FGM appears to have been carried out or suspects that a pupil is at risk of FGM.

Indicators that FGM has already occurred include:

- A pupil confiding in a professional that FGM has taken place
- A mother/family member disclosing that FGM has been carried out
- A family/pupil already being known to social services in relation to other safeguarding issues
- A girl:
  - Having difficulty walking, sitting or standing, or looking uncomfortable
  - Finding it hard to sit still for long periods of time (where this was not a problem previously)
  - Spending longer than normal in the bathroom or toilet due to difficulties urinating
  - Having frequent urinary, menstrual or stomach problems
  - Avoiding physical exercise or missing PE
  - Being repeatedly absent from school, or absent for a prolonged period
  - Demonstrating increased emotional and psychological needs – for example, withdrawal or depression, or significant change in behaviour
  - Being reluctant to undergo any medical examinations
  - Asking for help, but not being explicit about the problem
  - Talking about pain or discomfort between her legs

Potential signs that a pupil may be at risk of FGM include:

- The girl’s family having a history of practising FGM (this is the biggest risk factor to consider)
- FGM being known to be practised in the girl’s community or country of origin
- A parent or family member expressing concern that FGM may be carried out
- A family not engaging with professionals (health, education or other) or already being known to social care in relation to other safeguarding issues
- A girl:
  - Having a mother, older sibling or cousin who has undergone FGM
  - Having limited level of integration within UK society
  - Confiding to a professional that she is to have a “special procedure” or to attend a special occasion to “become a woman”
  - Talking about a long holiday to her country of origin or another country where the practice is prevalent, or parents stating that they or a relative will take the girl out of the country for a prolonged period

- Requesting help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM
- Talking about FGM in conversation – for example, a girl may tell other children about it (although it is important to take into account the context of the discussion)
- Being unexpectedly absent from school
- Having sections missing from her ‘red book’ (child health record) and/or attending a travel clinic or equivalent for vaccinations/anti-malarial medication

The above indicators and risk factors are not intended to be exhaustive.

## • Forced marriage

Forcing a person into marriage is a crime. A forced marriage is one entered into 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 into a marriage. Threats can be physical or emotional and psychological.

Staff will receive training around forced marriage and the presenting symptoms. We are aware of the ‘one chance’ rule, i.e. we may only have one chance to speak to the potential victim and only one chance to save them.

If a member of staff suspects that a pupil is being forced into marriage, they will speak to the pupil about their concerns in a secure and private place. They will then report this to the DSL.

The DSL will:

- › Speak to the pupil about the concerns in a secure and private place
- › Activate the local safeguarding procedures and refer the case to the local authority’s designated officer
- › Seek advice from the Forced Marriage Unit on 020 7008 0151 or [fm@fco.gov.uk](mailto:fm@fco.gov.uk)
- › Refer the pupil to an education welfare officer, pastoral tutor, learning mentor, or school counsellor, as appropriate<sup>[AB1]</sup>

## • Preventing radicalisation

- › **Radicalisation** refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups
- › **Extremism** is vocal or active opposition to fundamental British values, such as democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces
- › **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 of terrorism 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.

Schools have a duty to prevent children from being drawn into terrorism. The DSL will undertake Prevent awareness training and make sure that staff have access to appropriate training to equip them to identify children at risk.

We will assess the risk of children in our school being drawn into terrorism. This assessment will be based on an understanding of the potential risk in our local area, in collaboration with our local safeguarding partners and local police force.

We will ensure that suitable internet filtering is in place, and equip our pupils to stay safe online at school and at home.

There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. Radicalisation can occur quickly or over a long period.

Staff will be alert to changes in pupils’ behaviour.

The government website [Educate Against Hate](#) and charity [NSPCC](#) say that signs that a pupil is being radicalised can include:

- › Refusal to engage with, or becoming abusive to, peers who are different from themselves

- Becoming susceptible to conspiracy theories and feelings of persecution
- Changes in friendship groups and appearance
- Rejecting activities they used to enjoy
- Converting to a new religion
- Isolating themselves from family and friends
- Talking as if from a scripted speech
- An unwillingness or inability to discuss their views
- A sudden disrespectful attitude towards others
- Increased levels of anger
- Increased secretiveness, especially around internet use
- Expressions of sympathy for extremist ideologies and groups, or justification of their actions
- Accessing extremist material online, including on Facebook or Twitter
- Possessing extremist literature
- Being in contact with extremist recruiters and joining, or seeking to join, extremist organisations

Children who are at risk of radicalisation may have low self-esteem, or be victims of bullying or discrimination. It is important to note that these signs can also be part of normal teenage behaviour – staff should have confidence in their instincts and seek advice if something feels wrong.

If staff are concerned about a pupil, they will follow our procedures set out in section 7.5 of this policy, including discussing their concerns with the DSL.

Staff should **always** take action if they are worried.

- **e-Safety / Online Safeguarding**

Please refer to the Online Safeguarding Policy

- **Transgender Children Guidance**

Suffolk Safeguarding Partnership provides guidance, including a Trans Inclusion Toolkit that schools can refer to should the need arise.

- **Emotional Health and Well-Being**

- Only trained professionals can diagnose mental health needs, but, as with other safeguarding issues and abuse, school staff are in a good place to spot changes in children that suggest they may have, or be developing, a mental health issue. The key thing to be alert to, as with other safeguarding issues, is changes – these could be physical, behavioural, or emotional
- Mental health needs can also make children more vulnerable to abuse, or be an indicator that a child is experiencing abuse
- Abuse, neglect, exploitation and other potentially traumatic adverse childhood experiences can affect children's mental health
- We recognise that some children will have developed anxieties related to coronavirus, or found the long period at home hard to manage. For other children, the crisis might have exacerbated existing mental health needs, like self-harm or eating disorders
- Schools should use their usual referral processes if they have concerns that a child's emotional health is beyond the remit school teams.
- Schools will liaise closely with parents in developing support for children presenting with emotional health issues

- **Checking the identity and suitability of visitors**

The school has a separate policy detailing the procedures to ensure the suitability of volunteers and visitors to the school.

- **Non-collection of children**

If a child is not collected at the end of the session/day, we will attempt to make contact via phone using all the contact numbers held on file. This may be recorded as a welfare concern on CPoms. Should we be unable to make contact we will

contact the police and / or Customer First to seek guidance. A member of school staff will remain with the child until other arrangements can be made.





## ***Early Help for Welfare and Safeguarding at Sebert Wood School***

### ***September 2020***

The Early Help Offer (the Offer) is an approach not a service. It respects every family's right to access information to help manage their own lives successfully, whilst guiding them to seek support from appropriate sources. Help can then be agreed as soon as concerns start to emerge. The 'Offer' is for all children, as issues may arise at any point in a child or young person's life. It includes both universal and targeted /specialist services, to reduce or prevent concerns from growing or becoming entrenched. The school has members of staff who are trained in Early Help assessment. All our Early Help is offered in partnership with parents and carers.

### **What we mean by Early Help**

Early help is about stopping problems escalating. It relies on accurate early identification of difficulties and early action which is targeted and evaluated. It can involve intensive intervention or lighter touch support and is usually based on a clear support plan, with identified actions, responsibilities and outcomes, which is then reviewed. Early help is a form of targeted activity, with a specific action or actions being put in place to address a defined issue or combination of issues. It therefore forms part of a continuum of activity in supporting families.

Effective early help relies upon us all working together, providing local support as soon as a problem arises at any point in a child's life. Providing early help is more effective in promoting the welfare of children than reacting later. By identifying emerging problems, sharing information with other professionals and targeting assessed need, positive outcomes for children, young people and their families are increased.

### **Our commitment**

- Help is there when parents, children and young people need it 'nipping problems in the bud'
- Together we will find a way forward that is right for everyone – there is a choice of help and it will be easy to access
- Families are at the centre of everything we do – they will only have to tell us their story once
- We operate an open door policy and are always willing to listen to concerns that affect any aspect of family life
- We will be assertive with families who may not want support but need it – and we will continue to support families until they no longer need our help.
- The school provides a neutral place where the child feels it is safe to talk, sensitivity to any disclosure is vital. Staff listen carefully to what the child is saying, treat it seriously, and value what they say.

## Our Approach:

Using the Voice of the Child	The school uses pupil voice on a range of issues. Results are monitored and interventions put in place where appropriate. The school regularly takes pupil voice surveys on a range of issues, including playtimes.
1-1 support for pupils in liaison with families	<p>One of our ELSA team can provide 1-1 sessions and group work to help children tackle issues they may be facing. They work closely with parents to ensure their work is understood by them and can be followed up at home.</p> <p>CAF referrals can be made by the school. Several staff are trained in the referral process and can meet with the parents to explore issues and complete the referral paperwork.</p> <p>Signs of Safety are used to identify strengths and weaknesses.</p>
Wrap-around care	The school offers an inclusive wrap-around care programme with a daily breakfast club from 7.30am and after school club until 6pm from Monday to Friday.
Curriculum	The school offers a comprehensive PSCE curriculum. This covers: age appropriate relationships and sex education; gender identity and tolerance; drugs ; keeping safe , including e-safety; emotional well-being; risk identification and reduction.
Safeguarding training	The school values Safeguarding training at all levels. The Designated Safeguarding Lead (DSL) and two Alternate DSLs undergo training every 2 years. The school also uses Safeguarding from The Key, enabling all staff, governors and volunteers to undertake the e-learning of high quality training materials. New staff also have safeguarding training from one of the DSLs as part of their induction. The Head Teacher is signed up for Suffolk's Safeguarding Partnership's alerts keeping knowledge and awareness of Safeguarding up to date and at the heart of their practice. The also subscribe to updates from NSPCC, Safeguarding Pro.
Accessing external support	The DSL or ADSL (or other members of staff if necessary) readily seek advice from the Suffolk Children Safeguarding Partnership or MASH in the event of a disclosure, or if they are concerned about a child's wellbeing.
E-safety	<p>The school has an e-safety policy and follows a proactive e-safety programme, including an awareness of relevant issues as they arise. Useful links for parents and carers:</p> <p><a href="https://ceop.police.uk/safety-centre/">https://ceop.police.uk/safety-centre/</a></p> <p><a href="https://www.thinkuknow.co.uk">https://www.thinkuknow.co.uk</a></p> <p><a href="http://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/sexting">http://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/sexting</a></p> <p>E-safety advice is given through newsletters, magazines and awareness sessions.</p> <p>The school uses links to The Key E-Learning package for parents</p>
Mental health	<p>The school responds rapidly to concerns about mental health. The Mental Health lead, ELSA team and SENDCo have had mental health training. We signpost parents and carers to the <i>Emotional Wellbeing Gateway</i> –</p> <p><a href="https://infolink.suffolk.gov.uk/kb5/suffolk/infolink/infolink.page?infolinkchannel=2-1-1">https://infolink.suffolk.gov.uk/kb5/suffolk/infolink/infolink.page?infolinkchannel=2-1-1</a></p> <p>where they can self-refer for support.</p>
Anti-bullying	<p>The school is committed to tackling all forms of bullying and has behaviour and anti-bullying policies. The pastoral lead provides friendship group support for pupils to prevent the escalation of situations. Bullying and cyber bullying are part of the schools PSHCE curriculum. Useful links for parents/ carers: <a href="http://www.bullying.co.uk/">http://www.bullying.co.uk/</a></p>

### Examples of Early Help that may be provided by our school:


- Breakfast and/or After School Club places
- Provision of emergency school lunches
- Provision of breakfast and/or morning snack for families in crisis
- Provision of sports kit for families in crisis
- Providing a named member of staff for both pupils and parents to contact with concerns.
- Providing a named member of staff to monitor individuals and help assess their needs and feelings.
- Signposting parent/carers to other agencies for support – e.g. addiction support, bereavement support, Childline, Citizens Advice Bureau, domestic violence support, financial advice, food banks, housing advice, medical advice, parenting support, SEND support (e.g. Autism Suffolk), women’s refuge helpline, police and domestic violence support, school nursing service.
- Referral to Suffolk Young Carers
- Targeted support from one of our Well-being or ELSA team
- Suffolk Children and Young People’s Emotional Wellbeing Hub
- **CAF referrals.** CAF is the acronym for the Common Assessment Framework - a national, standard approach to assessing any additional/unmet needs a child or young person may have and for deciding how any such needs can be identified and should be met effectively.

This list is not exhaustive and wherever possible personalised responses to need will be tailored.

### Referrals for Early Help

- School staff are made aware that Early Help is available and it is part of the safeguarding training undertaken at least annually.
- If staff have concerns about a child or family they should refer the concerns to the DSL as detailed in the school’s Safeguarding policy. The referral forms are the universal forms used for Safeguarding, Welfare, Online Safety and Prevent and are stored in the staffroom.
- A member of the school’s safeguarding team will then decide on the appropriate support and liaise with the staff and parent/s.
- The school may complete a CAF in consultation with the parents. Parental consent is necessary for the CAF process.

**Job Description - Role of the Designated and Alternate Designated Safeguarding Lead**

<b>Job Title</b>		
<b>Name</b>		
<b>Date</b>		

***Taken from Keeping Children Safe in Education 2020***

Governing bodies, proprietors and management committees should appoint an appropriate **senior member** of staff, from the school or college **leadership team**, to the role of designated safeguarding lead. The designated safeguarding lead should take **lead responsibility** for safeguarding and child protection. This should be explicit in the role-holder’s job description. This person should have the appropriate status and authority within the school to carry out the duties of the post. They should be given the time, funding, training, resources and support to provide advice and support to other staff on child welfare and child protection matters, to take part in strategy discussions and inter-agency meetings – and/or to support other staff to do so – and to contribute to the assessment of children.

**Deputy designated safeguarding leads**

It is a matter for individual schools and colleges as to whether they choose to have one or more deputy designated safeguarding lead(s). Any deputies should be trained to the same standard as the designated safeguarding lead. 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.

**Manage referrals**

The designated safeguarding lead is expected to:

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

**Work with others**

The designated safeguarding lead is expected to:

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

**Training**

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

The designated safeguarding lead should undertake Prevent awareness training.

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

- understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments;
- have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
- ensure each member of staff has access to and understands the school or college’s child protection policy and procedures, especially new and part time staff;
- are alert to the specific needs of children in need, those with special educational needs and young carers;

- understand relevant data protection legislation and regulations, especially the Data Protection Act 2018 and the General Data Protection Regulation;
- understand the importance of information sharing, both within the school and college, and with the three safeguarding partners, other agencies, organisations and practitioners;
- are able to keep detailed, accurate, secure written records of concerns and referrals;
- understand and support the school or college with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation;
- are able to understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online at school or college;
- can recognise the additional risks that children with SEN and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support SEND children to stay safe online;
- obtain access to resources and attend any relevant or refresher training courses; and
- encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.

### **Raise Awareness**

The designated safeguarding lead should:

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

### **Child protection file**

Where children leave the school or college the designated safeguarding lead should ensure their child protection file is transferred to the new school or college as soon as possible. This should be transferred separately from the main pupil file, ensuring secure transit, and confirmation of receipt should be obtained. Receiving schools and colleges should ensure key staff such as designated safeguarding leads and SENCOs or the named person with oversight for SEN in colleges, are aware as required.

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

### **Availability**

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

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



**BODY MAPS** (This must be completed at time of observation)

Name of Pupil:

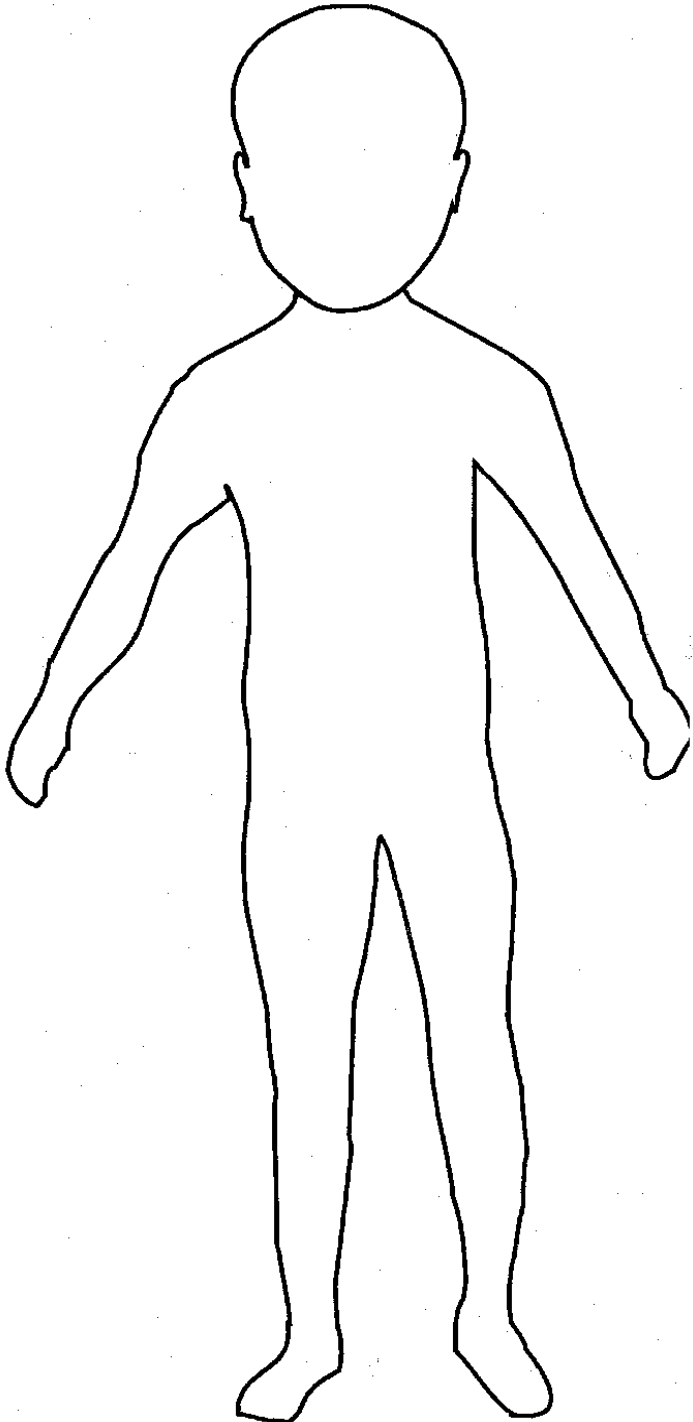
Date of Birth:

Name of Staff:

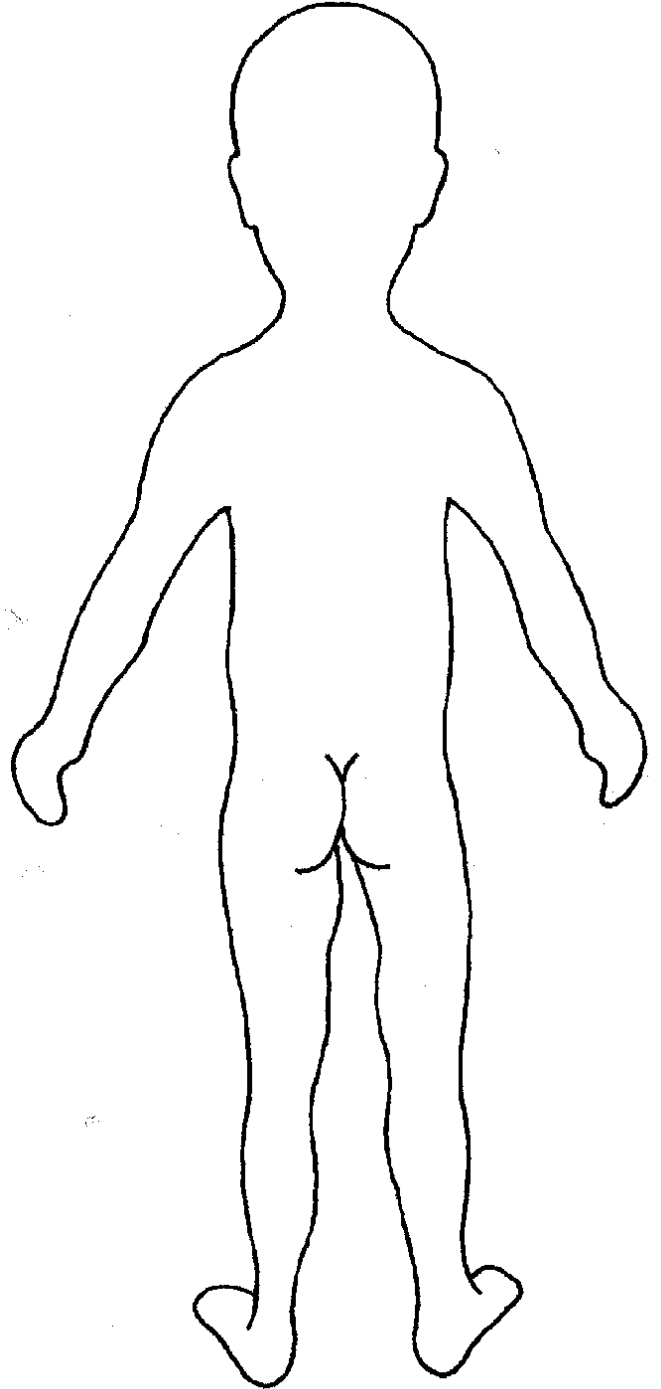
Job Title:

Date and time of observation:

**MAIN BODY MAP**



**FRONT**



**BACK**



## BODY MAPS (This must be completed at time of observation)

Name of Pupil:

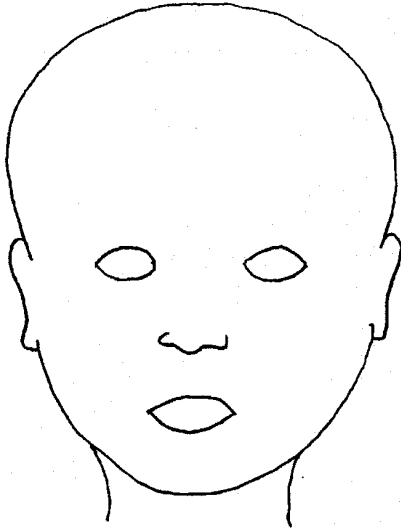
Date of Birth:

Name of Staff:

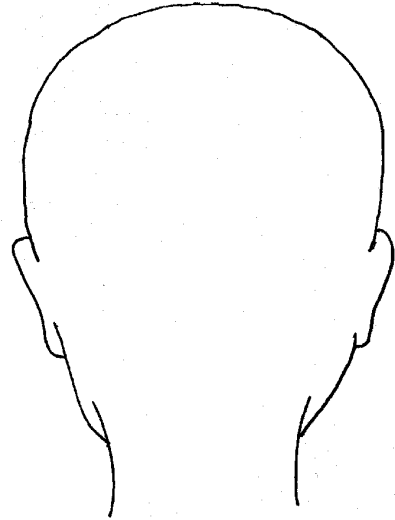
Job Title:

Date and time of observation:

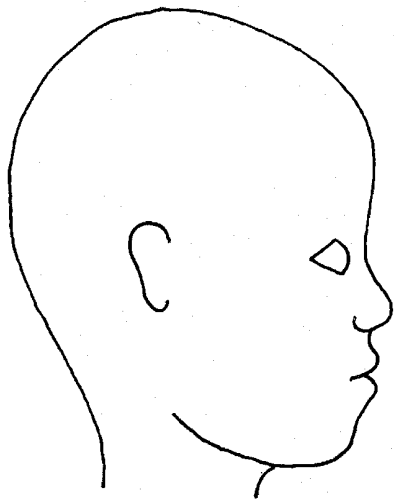
### HEAD



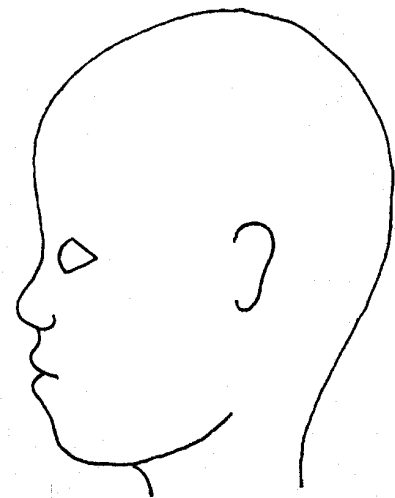
FRONT VIEW



BACK VIEW



RIGHT SIDE



LEFT SIDE

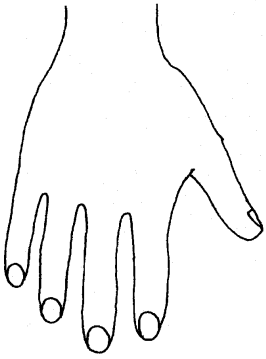




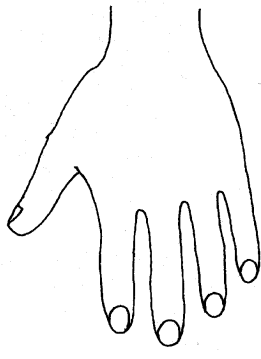
# BODY MAPS (This must be completed at time of observation)

Name of Pupil:
Date of Birth:
Name of Staff:
Job Title:
Date and time of observation:

## HANDS AND FEET



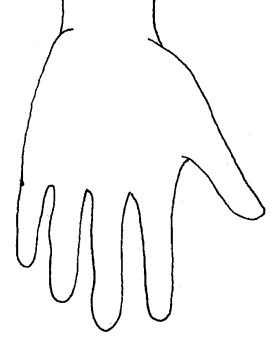
Back of R. Hand



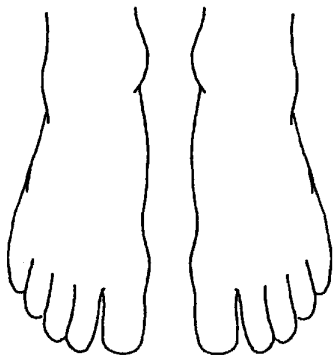
Palm of L. Hand



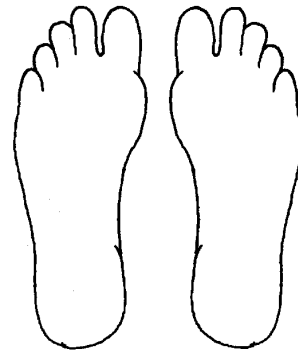
Back of L. Hand



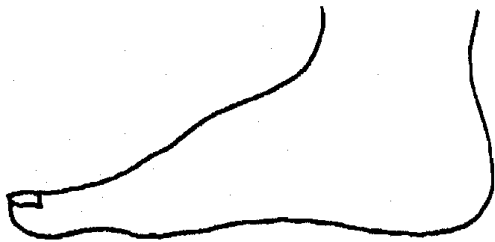
Palm of R. Hand



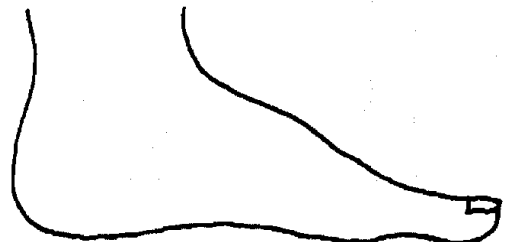
TOP OF FEET



SOLES OF FEET



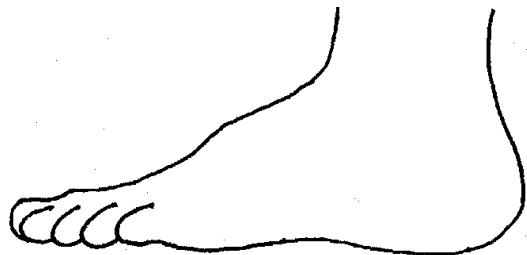
INNER RIGHT FOOT



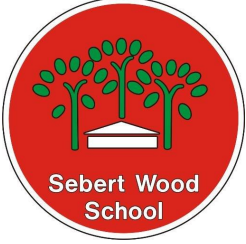
INNER LEFT FOOT



OUTER RIGHT FOOT



OUTER LEFT FOOT

	<b>Recording Form for Safeguarding/E-safety/Prevent &amp; Welfare Concerns</b>		
	<b>Name of person raising concern</b>		
	<b>Role</b>		
	<b>Date</b>		
<b>Name of child who made disclosure or you are concerned about</b>		<b>DOB</b>	<b>Class</b>
<b>Nature of Concern/Disclosure</b>			
<p><b>Guidance</b></p> <p>Listen to the child but do not ask leading questions give an opinion Make accurate notes immediately anyone</p> <p style="text-align: right;">Stick to the facts, do not try to investigate or Reassure the child but NEVER promise not to tell</p>			
<b>Continue overleaf if needed</b>			

Identified issue/risk factor (please tick all that apply)			
Abuse linked to faith or belief		Ill Health/Disability/mental health (child)	
Child Sexual Activity/exploitation		Ill Health/Disability/mental health (Parent)	
Domestic Abuse		Neglect	
Drug or Alcohol Abuse		Physical Abuse	
Emotional Abuse		Self-Harm	
Online safety		Sexual Abuse	
Fabricated Illness		Socially unacceptable behaviour	
Family in Acute Stress		Vulnerable to Radicalisation	
Female Genital Mutilation		Young Carer	
Honour Based Violence		Other (Please provide details on form)	

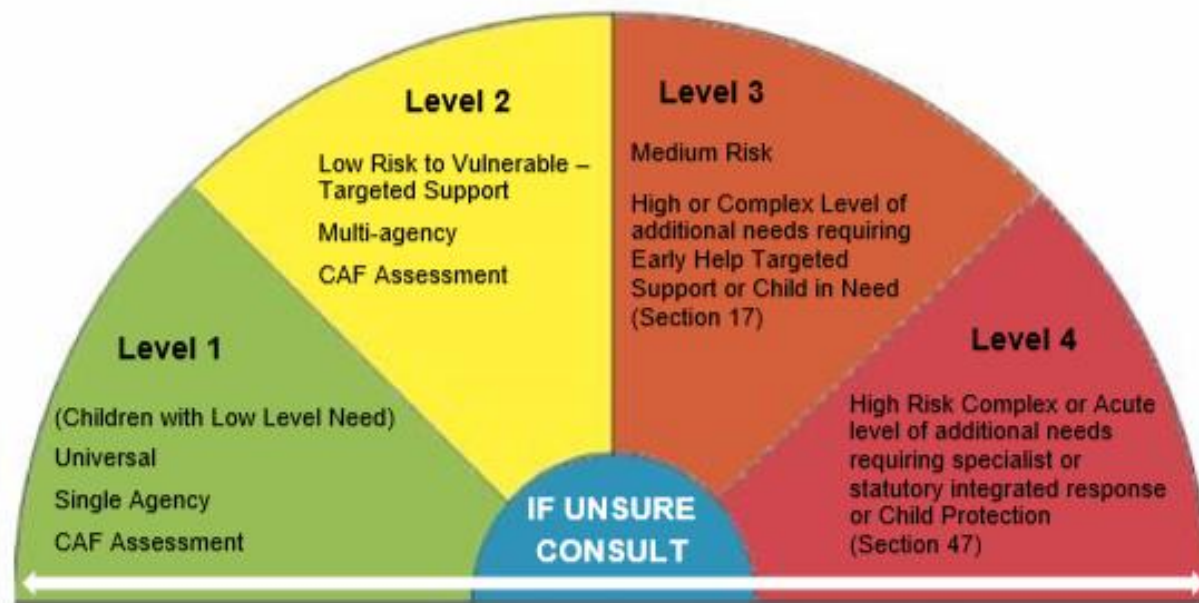
**This form is for guidance of content to be recorded. All concerns MUST be logged on CPoms**



## Appendix 9 - Thresholds Matrix for Referrals

	Level 1 Universal	Level 2 Low Risk to Vulnerable – targeted support (usually school based)	Level 3 Medium Risk High or Complex Level of Additional Needs Requiring Integrated Targeted Support OR Child in Need (section 17) - Referrals	Level 4 High Risk Complex or Acute Level of Additional Needs Requiring Specialist or Statutory Integrated Response OR Child Protection (Section 47) – Referrals
	Children and young people are achieving expected outcomes within universal provision without additional support.  Children, young people, parents and carers can access these services directly by self- referral or open access	Child or young person has low level additional needs, likely to be short term and that may be known but are not being met. Child's needs are unclear or child with additional needs requiring multi agency intervention	Children with complex needs likely to require longer term intervention from statutory and/or specialist services.  Children in need who may be eligible for a child in need service from children's social care and area at risk of moving to high level of risk if they do not receive early intervention.  Children who have been assessed as 'high risk' in the past or children who have been adopted and now require additional support	Complex additional unmet needs. These children require specialist/statutory integrated support.  Children experiencing significant harm that require statutory intervention such as child protection of legal intervention.  Children that may also need to be accommodated either on a voluntary basis or by way of a Court Order.
<b>HEALTH</b>	Good physical health with age appropriate milestones including speech and language  Accessing health services and developmental checks/immunisations up to date  Sexual activity appropriate for age  Good mental health  No substance misuse (including alcohol)	Slow in reaching developmental milestones, missing health checks and immunisations  Minor Health problems which can be maintained in mainstream school  Missed appointments – routine and non-routine	Disability requiring specialist support to be maintained in a mainstream setting  Physical and emotional development raising significant concerns  Chronic/recurring health problems  Missed appointment – routine and non-routine	High level disability which cannot be maintained in a mainstream setting  Physical and emotional problems raising significant concerns  Chronic/recurring health problems
<b>SOCIAL, EMOTIONAL BEHAVIOUR AND IDENTITY</b>	Good mental health and psychological well-being  Good quality early attachments, confident in social situations  Knowledgeable about the effects of crime and antisocial behaviour  Appropriately knowledgeable about sex and relationships and consistent use of contraception if sexually active  Age appropriate independent living skills	Low level mental health or emotional issues requiring intervention, including poor self esteem  Early onset of offending behaviour or activity (age 10-14)  Early onset of sexual activity (13-14) or sexually active (15+) with inconsistent use of contraception  Low level substance misuse (current or historical)  Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion	Under 16 and has had (or caused) a previous pregnancy ending in still birth, abortion or miscarriage  16+ and has had (or caused) 2 or more previous pregnancies or is a teenage parent  Coming to notice of Police on a regular basis but not progressed  Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention  Evidence of regular/frequent drug use which may be combined with other risk factors  Evidence that the child or young person has or is likely to be exposed to the risk of sexual exploitation  Evidence of changing attitudes and more risk taking behaviour  Mental Health issues requiring specialist community intervention  Significant low self esteem  Lack of appropriate behaviour and independent living skills, likely to impair development	Challenging behaviour resulting in serious risk to the child and others  Suspicion of physical, emotional, sexual abuse or neglect  High levels of domestic violence that put the child at significant harm  Children who need to be looked after outside the home/parents or other family members unable to care for the child  Failure or rejection to address serious (re) offending behaviour  Known to be part of a gang or neighbourhood group engaged in antisocial behaviour  In sexually exploitative relationship  Teenage parent under 16, Under 13 engaged in sexual activity  Evidence of regular/frequent drug use which may be combined with other risk factors  Frequently missing from home for long periods  Complex mental health issues requiring specialist interventions  Significant low self-esteem/distorted self- image  Complicated substance problems requiring specific interventions and/or child protection  Lack of appropriate behaviour and independent living skills, likely to impair development
<b>LEARNING/ EDUCATION</b>	Accessing early education at two, three and four years prior to starting school (and/or parents providing suitable opportunities for learning and development in the home environment)  Good attendance at school/college/training  No barriers to learning, achieving key stages	Removal from early education / resistance to attending early education  Occasional truanting or non-attendance  Identified language and communication difficulties  Reduced access to books, toys or educational materials  Few or no qualifications/NEET	No previous participation in early education even though it has been offered to the parent/family  Short term exclusions or at risk of permanent exclusion, persistent truanting  Statement of special educational needs/Education, Health, and Care Plan  No access to books, toys or educational materials	No previous participation in early education and active resistance to accepting a free place (especially where a child protection plan is in place)  Chronic non- attendance/persistent truanting  Permanently excluded, frequent exclusions or no education provision  No access to books, toys or educational materials  No parental support for education
<b>PARENTS AND CARERS/ FAMILY AND ENVIRONMENTAL FACTORS COMMUNITY AND CONTEXTUAL FACTORS</b>	Supportive family relationships, parents able to provide care for child's needs, child fully supported financially and with good community, social and friendship networks  An appropriate home environment that supports the child's physical, developmental and emotional needs.  Parents/carers interested in and supporting their child's development and learning.  Appropriate boundaries and guidance to help child develop appropriate values  Positive activities are available and appropriate access to universal and community resources  Community is a supportive community	Children affected by difficult family relationships or bullying  Parent unable to meet child's needs without support,  Reduced access to books, toys or educational materials in the family home  Inconsistent care/care arrangements, lack of response to concerns raised regarding child  Adequate community resources but family may have difficulty gaining access to them.  Community characterised by negativity towards a child/young person  Note: Consider the use of the Graded Care Profile.	Physical care or supervision of the child is inadequate, inconsistent parenting having significant impact  Family home lacking in appropriate resources that would support the child's physical, developmental and emotional needs  Parental learning disability, parental substance misuse or mental health impacting on parent's ability to meet the needs of the child  Parental non-compliance  History or a serious incident of domestic violence  Risk of relationship breakdown with parent or carer and the child  Young carers, privately fostered, children or prisoners, periods of LAC  Child appears to have undifferentiated attachments  Family require support services as a result of social exclusion – parents socially excluded  Lack of community support/tolerance or hostility towards the child/young person or family  Parents/carers do not access or there is significantly poor access to local facilities and targeted services to meet need	Physical care or supervision of the child is inadequate, inconsistent parenting having significant impact  Parental learning disability, parental substance misuse or mental health impacting on parent's ability to meet the needs of the child  Parental non-compliance  History or a serious incident of domestic violence  Risk of relationship breakdown with parent or carer and the child  Young carers, privately fostered, children of prisoners, periods of LAC  Family require support services as a result of social exclusion – parents socially excluded  Parents unable to meet child's needs without support/unable to manage/risk of family breakdown  Substantial multiple problems preventing the family/young person from engaging with services/non engagement with services  Community is hostile and dangerous  Note: Use of the Graded Care Profile.

## Threshold of Need



### UNDERSTANDING THRESHOLDS

The diagram above illustrates the different thresholds of need and appropriate responses

**LEVEL 1 – Universal** – all children and young people accessing mainstream services with low-level need that can be met by a single agency CAF assessment and family network plan

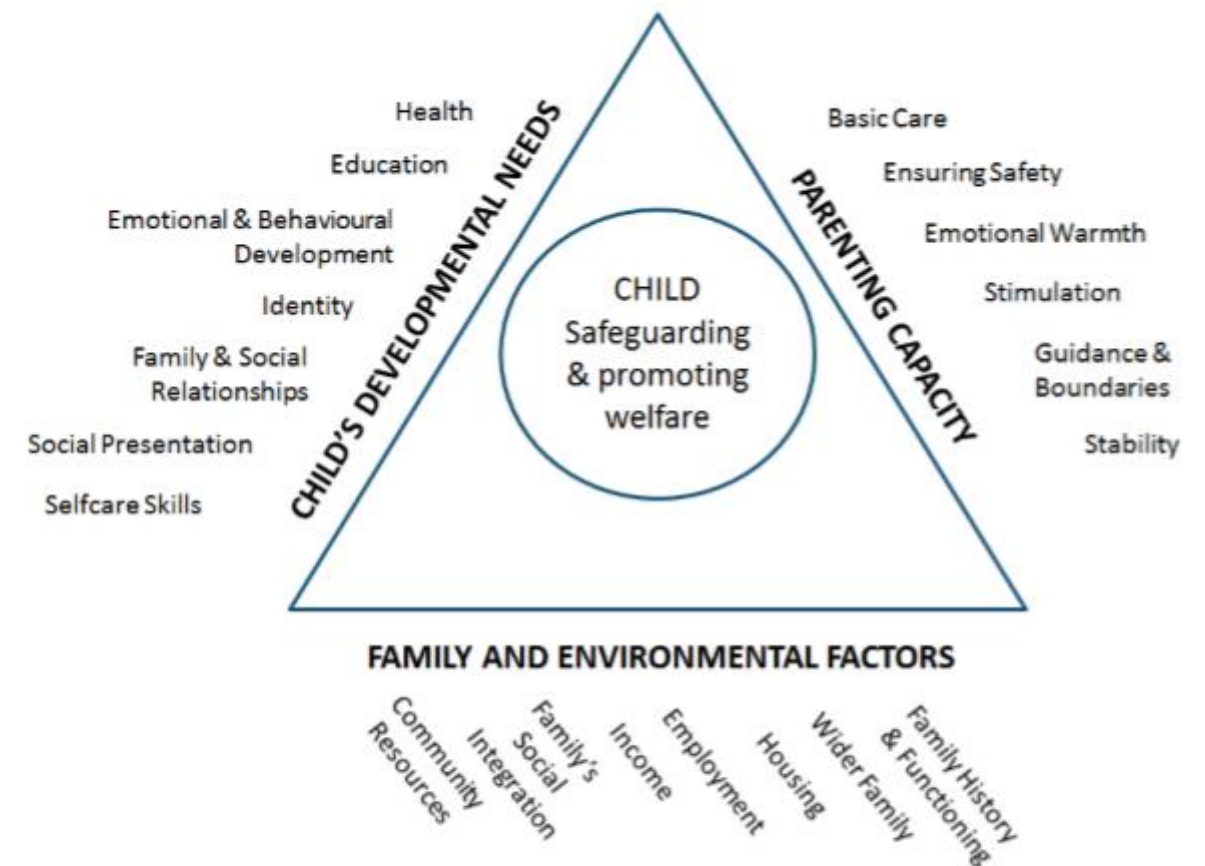
**Level 2 – Low Risk to Vulnerable – Targeted Support** – Children with emerging needs or low level Child Criminal Exploitation (CCE) / Child Sexual Exploitation (CSE) concerns can be met by the support of a multi-agency CAF assessment and Family Network or for the CCE a Diversion Referral to the Youth Justice Service

**Level 3 – Medium Risk** – Children with multiple or complex needs including medium risk of CCE/CSE have been met by targeted services or by a multi-agency CAF assessment, or for CCE a Diversion Referral to Suffolk Youth Justice Service or by a Child in Need social work assessment.

**Level 4 – High Risk** – Children and young people who present with complex needs/risk, including high level CCE/CSE risk. They will require specialist services and multi-agency statutory response.

Understanding thresholds and how they relate to the support of identified needs is vital to provide a multi-agency intervention that will help children and young people achieve their full potential. The needs of children and young people change and the communities and environments they live in will also change.

## SIGNS OF SAFETY (SoS)



Use the Assessment of Need triangle to support the SOS framework and practice.

### Factors to consider when considering making a referral