



Baines' Endowed C of E Primary Academy **Pastoral Care and Child Protection Policy**

Our mission statement at Baines' Endowed Church of England Primary is:

"With God, nothing is impossible" Luke 1:37

To support our pupils, staff, parents and governors in their quest to achieve the 'impossible', we will teach, guide and nurture our community in the following twelve values:

generosity	compassion	courage	forgiveness
friendship	respect	thankfulness	trust
perseverance	justice	service	truthfulness

At Baines' Endowed, we believe that by valuing all God's children and teaching them to learn, develop and grow in the Gospel values, we will allow them the opportunity to believe that, with the help and love of God the Father, God the Son and God the Holy Spirit, they can achieve what they aim to achieve.

This policy should be read in conjunction with, and reference to, the following documents which can be found on the safeguarding noticeboard, shared drive or via the links given.

** The most recent guidance regarding issues relating to Covid 19 from the Government - Guidance for full opening of schools (Section 3 Curriculum, behaviour and pastoral support)

- Working Together 2018
- The government document 'What to do if you are worried a Child is Being Abused'
- Safer Working Practices Policy
- Online Safeguarding Policy/AUP - currently under review
- Managing Allegations Policy (Blackpool Policy)
- Managing Allegations Against other pupils Policy
- Care and Control of Pupils Policy
- Whistle Blowing Policy
- Behaviour Management Policy - currently under review
- Keeping Children Safe in Education 2021
- The Prevent Duty Guidance 2015
- Prevent Risk Assessment - currently under review
- Children Missing Education – Guidance for LA September 2016
- Key Messages - Child Sexual Exploitation – Professionals in school settings
- Multi Agency Practice Guidelines: Female Genital Mutilation
- <https://www.blackpoolsafeguarding.org.uk/children>
- CSAP - Blackburn with Darwen, Blackpool and Lancashire Safeguarding Assurance Partnership (Previously BSCB and LSCB)
- <https://www.lancshiresafeguarding.org.uk/>
- Information Sharing to Protect Vulnerable Children and Families
- DfE Disqualification Under the Childcare Act 2006

- UKCCIS – Responding to Sexting in Schools
- Revised Neglect Strategy - GCP2
- Working Well with Children and Families in Lancashire
- <https://www.lancshiresafeguarding.org.uk/>
- Preventing Youth Violence and Gang Involvement
- When to call the police
- Mental Health and Behaviour in Schools
- Statutory Guidance: Relationships Education Relationships and Sex Education (RSE) and Health Education
- RSE Policy
- Home visiting Policy - currently under review
- DATA Protection Act and GDPR
- Sexual Violence and Sexual Harassment between children in Schools and Colleges
- Blackpool Early Years Safeguarding guidance September 2021

KCSIE 2021 defines safeguarding as;

Safeguarding and promoting the welfare of children is defined as:

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

Child Protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm including the potential for peer on peer abuse, child sexual exploitation (CSE), child criminal exploitation (CCE), honour based abuse (HBA) and female genital mutilation (FGM).

Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. However, all agencies and individuals should aim to proactively safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

All procedures within this policy are in keeping with all of the above.

Philosophy

In order to maximise the potential for effective Pastoral Care and Child Protection procedures it is vital that there is one coherent policy and consistent procedures. This policy is to enable everyone to work for and in the best interests of all children within Baines’ Endowed Primary Academy.

We believe it is of paramount importance that we protect and care for all the members of our school community at all times.

Pastoral care, safeguarding and child protection is the responsibility of **all** adults involved in our community, employees, students and volunteers, representatives of other agencies and governors.

Pastoral care is concerned with promoting the moral, social, physical and emotional well-being of children. This is best achieved in an environment in which children can grow in confidence, personal awareness and in self-esteem. Pastoral care incorporates Child Protection.

Child Protection is concerned with protecting from, being alert to and making appropriate responses to, the possibilities of child abuse. Proactive pastoral care of children helps to strengthen a child's ability to prevent and/or report abuse.

Aims

- To provide a caring and secure environment in which all children feel respected and valued.
- To enhance each child's ability to ensure their own protection.
- To support and guide children who encounter difficulties, academic, physical, emotional, social or personal.
- To protect children from any form of abuse, including peer abuse.
- To protect staff from wrongful allegations of abuse.
- To respond appropriately and effectively to concerns regarding a child's safety and security
- To develop parents' understanding of the school's role in terms of safeguarding, pastoral care and child protection.
- To have appropriate filters and monitoring systems to protect learners from harmful online materials.
- To ensure that children do not use the internet on their own/unsupervised.
- To support appropriate use of online learning at home. (See ANNEX C KCSIE)

Content and Methodology – Pastoral Care

We adopt safer recruitment and selection procedures for all staff and volunteers. All persons who work directly with children have enhanced DBS clearance. Partner agencies are required to operate similarly safe procedures and provide evidence of such.

Child Protection training is provided for staff on an annual basis, at least, in the form of policy updates. Level 1 training for all staff and governors and level 2 for the Designated Safeguarding Leads, CP governor and other senior staff is provided externally, in person if possible, when required (every 2 years) although they will update/refresh skills and knowledge at least annually. Weekly briefings, training updates and quizzes will be provided for school staff via meetings, e-mail and staff notice boards.

A designated member of staff will be available at all times that the school is open in order that staff can raise any concerns.

Close contact with parents is promoted throughout the school. As well as formal parental consultation procedures we promote informal parental involvement in a variety of ways. Parents are constantly encouraged to discuss with school staff any concerns they have regarding their child, whether academic, social, medical or developmental.

Children's self esteem and confidence is actively promoted through well planned learning experiences provided in the school and EYFS (Nursery), and through the positive interactions throughout the school/EYFS (Nursery). It is important that children learn what is acceptable and unacceptable behaviour towards themselves or others and what to do in those situations. At Baines' we endeavour to maintain an environment and ethos where children feel safe and able to express concerns.

KCSIE (Paragraph 18) states 'All staff should be able to reassure victims that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting abuse, sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.'

At the end of the academic year class teachers update the children's new teachers with any relevant pastoral care details. A Designated Safeguarding Lead checks the information and also passes on any relevant safeguarding information to the next teacher with advice as to any necessary action the teacher needs to take over the coming year. Transition of EYFS (Nursery) information is undertaken in the same way both from room to room and EYFS (Nursery) to school.

Year 6 teachers discuss relevant information with the secondary liaison teachers and, where necessary, written/electronic records are passed, in person wherever possible, on to the appropriate school. The Designated Safeguarding Lead is involved in these discussions for all children for whom there is a current CP/pastoral concern.

When children in other year groups leave school, the class teacher is responsible for ensuring that the class records are completed and passed onto the office to be forwarded to the child's new school. The office staff inform the Designated Safeguarding Lead of any children leaving so that they can liaise with the new school and pass on any relevant information (in person wherever possible or by confidential, signed for mail). Transfer of documentation forms will be signed by the receiving school and retained by Baines' along with a copy of the chronology and My Concern profile. Refer to CME (Children Missing from Education) procedure should a child leave the school and not arrive at their new school.

When new children arrive at the school the Designated Safeguarding Lead reads the children's files, retains any confidential information of a safeguarding nature, then passes them, along with any other relevant information to the class teacher.

Children Missing Education (see also Attendance Policy)

Children going missing, particularly repeatedly, can act as a warning sign of a range of safeguarding possibilities. (Further information in KCSIE 2021 Annex A)

When children are added to the admissions register, the school must record the expected start date of the pupil. If the young person does not arrive on the start date, the school should contact the local authority at the earliest opportunity.

For admissions to the school, apart from at the "start of the school's youngest year", schools are required to notify the local authority "within five days when a pupil's name is added to the

admission register and provide all the information held within the admission register about the pupil”.

Pupils whose name is deleted from the school roll

When a pupil leaves the school, the admission register must also record:

- the name of the pupil’s new school; and
- the expected start date at the new school

The school must inform the local authority and supply the following information:

- the full name of the pupil;
- the full name and address of any parent with whom the pupil lives;
- at least one telephone number of the parent with whom the pupil lives;
- if applicable, the full name and address of the parent with whom the pupil is going to live, and the date the pupil is expected to start living there;
- the name of pupil’s destination school and the pupil’s expected start date there, if applicable; and
- the grounds under which the pupil’s name is to be deleted from the admission register

** For those children who are known to be ‘Traveller Children’ schools must check their location after 5 days of not returning to school and inform the LA.

Content and Methodology – Child Protection

All staff, that is everyone in the School (including any supply staff), have a duty to protect children and report / record their concerns. In order to do this effectively they need to fully understand and follow the procedures within the policy. **All staff should be vigilant at all times in order to recognise changes in the behaviour, demeanour and/or physical appearance of the children along with any suspicious behaviour by other adults working with the children. This is of particular importance throughout the EYFS, and for those children with special educational needs or disabilities, where they may not be able to communicate verbally themselves or for whom there may be additional barriers that exist when recognising signs of abuse or neglect. These groups of children are particularly at high risk due to these barriers. Any such changes or suspicious behaviours should immediately be brought to the attention of the CP Designated Safeguarding Lead (see also Managing Allegations Policy).**

Staff should also be aware of the need for contextual safeguarding in that external factors in a child’s life (extra familial) such as their peers and experiences outside of the home may have an impact on the child’s behaviour. Referrals/concerns reported should include as much information as possible to enable social care to make full assessments. It should also be recognised that some children are exposed to familial and wider familial abuse - much abuse is inflicted by someone the child knows.

Staff who undertake home visits of any sort must also be vigilant during the visits and undertake continual dynamic risk assessments with regards to the physical environment, family dynamics and other factors such as smoking, animals in the

property and the risk factors associated with other visitors to the property. If there is known information about a person living at an address to be visited this would be recognised as a joint visit being required. Lone visiting/home visiting procedure to be followed by staff for their own safeguarding.

In order to protect children further, the use of mobile phones and cameras is regulated. Staff are not permitted to use personal mobile phones or cameras of any sort in school or EYFS (Nursery). In exceptional circumstances when a school phone or camera is unavailable, staff may use their own but images must be downloaded immediately on return to school and deleted from the device in the presence of a witness. For further explanation and procedures see Safer Working Practices Policy.

The school's role in child protection is three-fold:

- to develop children's self confidence and self esteem so that the possibility of them being abused is reduced and their ability and willingness to report abuse is enhanced.
- to monitor children's behaviour/demeanor for indications of abuse.
- to act as channels of communication between children, families and the agencies whose role it is to investigate and take action where there is a possibility of abuse.

Staff, governors and any volunteers deemed to need it, access the Child Protection training, provided either online or by the relevant safeguarding board. The Designated Safeguarding Leads, CP governor and other senior staff will access Level 2 (multi-agency) training and all other staff and governors Level 1. In addition to this some staff will access other more specific training to support their roles such as core group training and CSE training.

The Child Protection Designated Safeguarding Leads, Child Protection Governor and other relevant staff/colleagues are named in the procedures section 1.

The Child Protection Designated Safeguarding Leads are responsible for assessing (triaging) the information regarding a child protection concern, for making the decision regarding referral, for making the referral and for maintaining appropriate records regarding the concern. Before any of the persons authorised makes a referral they must make every effort to contact the head teacher and discuss the issue with them, if that proves not to be possible they must report the referral to them at the earliest opportunity.

** Should a child be resident in Lancashire, or any other authority, the referrer will refer to Lancashire Social Care, or the relevant authority's social care department, rather than Blackpool (See Procedures Section 1 for contact details)

The Prevent Duty

As a result of new duties placed on school by the Counter Terrorism and Security Act 2015, all staff in the exercise of their duties have to show "due regard to the need to prevent people from being drawn into terrorism" This is known as the Prevent Duty.

Terrorism is defined as;

‘An action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes with or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing political, religious or ideological cause (Section 1 of the Terrorism Act 2000)’

This means school must:

- Assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology.
- Have clear procedures in place for protecting children at risk of radicalisation, including when it is appropriate to refer to the Channel programme.
- Ensure all staff have had the relevant training (WRAP/Channel) to fulfil the Prevent Duty.

This means that adults must:

- Through PSHCE and classroom ethos build an environment where children can discuss sensitive issues or things that concern them.
- Be alert to changes in children’s behaviour which could indicate they may be in need of help or protection, including but not exclusively any comments they make.
- Follow general safeguarding processes in terms of passing on concerns to the Designated Safeguarding Leads.

The designated governor for Child Protection (Lindsey Taylor) is responsible for liaising with the Child Protection Designated Safeguarding Leads over matters concerning child protection, and reporting to governors annually.

CSE (Child Sexual Exploitation) / CCE (Child Criminal Exploitation)

PSHE and other curriculum policies provide the basic platforms to ensure that the children are given the support to respect themselves and others along with standing up for themselves and as a result developing the skills to protect themselves. At Baines’ we keep up to date with the latest advice and guidance to assist in addressing specific issues. Staff are supported to recognise symptoms in relation to such issues and include them in an age appropriate and preventative way through the curriculum.

Where a Child or Young Person is identified as being at risk of Child Sexual Exploitation/Child Criminal Exploitation a practitioner should look to initiate an Early Help Assessment if one is not already in place and apply the Continuum of Need. To support the practitioner to identify the level of risk, it is recommended that the practitioner completes the Child Sexual Exploitation Screening Tool. The tool distinguishes between 3 levels to indicate the level of seriousness. For risk assessed as medium practitioners should contact the Early Help Hub for access to therapeutic support as part of their Early Help Action Plan. Or in the case of CCE complete a CE1 referral form (last section of Request for Support Form) for escalation as appropriate.

CSE Paragraphs 36-39 KCSIE and Annex B

'Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example, being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability'.

Signs and symptoms of CSE

Sexual exploitation can be very difficult to identify. Warning signs can easily be mistaken for 'normal' teenage behaviour.

Young people who are being sexually exploited may:

- go missing from home, care or education.
- be involved in abusive relationships, intimidated and fearful of certain people or situations
- hang out with groups of older people, or antisocial groups, or with other vulnerable peers
- associate with other young people involved in sexual exploitation
- get involved in gangs, gang fights, gang membership
- have older boyfriends or girlfriends
- spend time at places of concern, such as hotels or known brothels
- not know where they are, because they have been moved around the country
- be involved in petty crime such as shoplifting
- have unexplained physical injuries
- have a changed physical appearance, for example lost weight.

CCE Paragraphs 32-35 KCSIE and Annex B

Child criminal exploitation is a growing issue where gangs target vulnerable children to get them to carry out criminal activity. This type of exploitation is the act of using a minor child for profit, labour, sexual gratification, or some other personal or financial advantage. Children who have been exploited and or trafficked should be treated as victims and not criminals. How children are exploited may be a different experience for boys and girls and the indicators may also be different.

Serious violence Paragraphs 51 and 52 KCSIE

Staff need to know the indicators that may signal that children are at risk from, or are involved with, serious violent crime. These include:

- Unexplained gifts or new possessions - these can indicate that children have been approached by or involved with individuals associated with criminal networks or gangs
- Increased absence from school
- Change in friendship or relationships with others or groups
- Significant decline in performance
- Signs of self-harm or significant change in wellbeing
- Signs of assault or unexplained injuries

Staff should also be aware of the associated risk factors and understand the measures in place to manage them. (see Preventing youth violence and gang involvement document - Home Office and printed guidance for frontline staff from the DfE)

County Lines - 'County Lines' is a term used when drug gangs from big cities expand their operations to smaller towns, often using violence to drive out local dealers and exploiting children and vulnerable people to sell drugs. These dealers will use dedicated mobile phone lines, known as 'deal lines', to take orders from drug users. Heroin, cocaine and crack cocaine are the most common drugs being supplied and ordered. In most instances, the users or customers will live in a different area to where the dealers and networks are based, so drug runners are needed to transport the drugs and collect payment. (NCA - National Crime Agency)

A common feature in county lines drug supply is the exploitation of young and vulnerable people. The dealers will frequently target children and adults - often with mental health or addiction problems - to act as drug runners or move cash so they can stay under the radar of law enforcement.

In some cases the dealers will take over a local property, normally belonging to a vulnerable person, and use it to operate their criminal activity from. This is known as **cuckooing**.

People exploited in this way will quite often be exposed to physical, mental and sexual abuse, and in some instances will be trafficked to areas a long way from home as part of the network's drug dealing business.

Children often don't see themselves as victims or realise they have been groomed to get involved in criminality.

<https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/drug-trafficking/county-lines>

FGM (Female Genital Mutilation) Paragraph 40 and Annex B KCSIE

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways.

FGM is illegal in the UK and the age at which girls undergo FGM varies according to the community. It may be carried out when the girl is new-born, during childhood or adolescence, just before marriage or during the first pregnancy. The majority of cases are thought to take place between the ages of 5-8 and therefore girls within that age bracket are at a higher risk. It is predominantly African cultures that engage in this practice.

Signs and symptoms of FGM

A girl or woman who's had FGM may:

- have difficulty walking, sitting or standing
- spend longer than normal in the bathroom or toilet
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear.

A girl at immediate risk of FGM may not know what's going to happen. But she might talk about:

- being taken 'home' to visit family
- a special occasion to 'become a woman'
- an older female relative visiting the UK.

She may ask a teacher or another adult for help if she suspects FGM is going to happen or she may run away from home or miss school.

If you're worried that a child is being abused, watch out for any unusual behaviour.

- withdrawn
- suddenly behaves differently
- anxious
- clingy
- depressed
- aggressive
- problems sleeping
- eating disorders
- wets the bed
- soils clothes
- takes risks
- misses school
- changes in eating habits
- obsessive behaviour
- nightmares
- drugs
- alcohol
- self-harm
- thoughts about suicide

The Designated Safeguarding Leads know where to seek and get advice as necessary and will utilise experts and specialist materials in order to safeguard the children. Concerns about children will be discussed with parents/carers where this will not put the child in further danger.

It is a mandatory duty to report to the police any case where an act of FGM appears to have been carried out on a girl under 18.

Honour Based Abuse Annex B KCSIE

Honour based abuse can be either violent or non-violent abuse or incident which may have been committed to protect or defend the honour of the family or community.

It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour based abuse might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture

Women and girls are the most common victims of honour based violence however it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

- domestic abuse
- threats of violence
- sexual or psychological abuse
- forced marriage
- being held against your will or taken somewhere you don't want to go
- assault

A forced marriage is one that is carried out without the consent of both people. This is very different to an arranged marriage, which both people will have agreed to. There is no religion that says it is right to force you into a marriage and it is not betraying a faith to refuse such a marriage.

Procedure

If any practitioner has a concern about honour based abuse, it should be raised following the usual process of informing the DSL who will then refer through to the CSC/Police should this be deemed appropriate.

Peer on Peer Abuse Paragraph 46-50, 85 and 145 KCSIE

There is no clear boundary between incidents that should be regarded as abusive and incidents that are part of a child's developmental stage of learning. It may be appropriate to regard a young person's behaviour as abusive if:

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

- If the evidence suggests that there was an intention to cause severe harm to the victim, this should be regarded as abusive whether or not severe harm was actually caused.

Upskirting is a form of peer-on-peer abuse. It is a criminal offence and is listed in paragraph 49 KCSIE.

Definition: typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.

Other forms of peer on peer abuse is most likely to include, but may not be limited to:

- bullying (inc online)
- abuse in intimate personal relationships between peers
- physical abuse (may include online threatening and/or encouragement of physical abuse)
- sexual violence (may include online threatening and/or encouragement of sexual abuse)
- sexual harassment
- causing someone to engage in sexual activity without consent
- hazing/initiation activities (may also be online)

Risks

- Children are vulnerable to abuse by their peers. Such abuse should be taken as seriously as abuse by adults and should be subject to the same child protection procedures. Professionals should not dismiss abusive behaviour as normal between young people and should not develop high thresholds before taking action.
- Professionals should be aware of the potential uses of information technology for bullying and abusive behaviour between young people.
- Professionals should be aware of the added vulnerability of children and young people who have been the victims of violent crime (for example mugging), including the risk that they may respond to this by abusing younger or weaker children.
- The alleged perpetrator is likely to have considerable unmet needs as well as posing a significant risk of harm to other children. Evidence suggests that such children may have suffered considerable disruption in their lives, may have witnessed or been subjected to physical or sexual abuse, may have problems in their educational development and may have committed other offences. They may therefore be suffering, or at risk of suffering, 'Significant Harm' and in need of protection. Any long-term plan to reduce the risk posed by the alleged perpetrator must address their needs.

Protection and Action to be Taken

It is not enough to respond to incidents as they arise: all agencies that work with children should strive to create an environment that actively discourages abuse and challenges the attitudes which underlie it. Agencies should have a policy on bullying, and on sexual and racial harassment. They should also consider the effect of adult behaviour on children who may view them as role models.

Any professional who feels that a young person has abused another child or young person should notify children's social care without delay.

Points to consider:

- Whether the alleged perpetrator seems to pose a continuing risk to any child;
- How to protect any child who appears to be at immediate risk of significant harm;
- Whether Section 47 Enquiries should be initiated (or continued if they have already begun) and how they should be handled; and
- What action should be taken in respect of the alleged perpetrator, for example arranging a risk management meeting.

Procedure

If any practitioner has a concern about peer on peer abuse, it should be raised following the usual process of informing the DSL who will then refer through to the CSC/Police should this be deemed appropriate.

Issues

Particular difficulties arise in responding to a child or young person who abuses another child because:

- There is no clear dividing line between abusive behaviour and 'normal' childhood behaviour;
- Many adults who abuse children repeatedly established this pattern of behaviour in childhood or adolescence, but a single incident of abuse does not indicate that a young person is likely to abuse again; and
- Some young people who abuse have themselves been abused, but this cannot be assumed in any particular case.

The guiding principles for dealing with these situations are:

- The needs of the victim and the needs of the alleged perpetrator must be considered separately;
- In addition to safeguarding the identified victim, agencies must consider whether the alleged perpetrator seems to pose a risk to any other children;
- Children and young people who abuse others are responsible for their abusive behaviour, and safeguarding action must include addressing their behaviour and its causes;
- The alleged perpetrator is likely to have considerable unmet needs as well as posing a significant risk of harm to other children;
- There should be a coordinated approach by all agencies.

Youth Produced Sexual Imagery/Sexting

Definition: Imagery that is created by under 18's themselves and involves still photographs, video and streaming.

It is important to respond appropriately to the discovery of inappropriate images and assess the risk involved.

Procedure

- Refer to DSL
- DSL discusses with child
- DO NOT VIEW IMAGE (unless unavoidable)
- Always involve parents/carers – unless there is an issue where that is not possible
- Risk assess – has the image been shared/when/where/with whom?
- Record decision making process – (this is what I did because this is what I know)
- Child to delete image then sign to say done
- Assess for any further risk

***Consensual image sharing, especially between children of the same age, may require a different response. It might not be abusive - but children still need to know that it is illegal - whilst non-consensual is illegal and abusive. (See UKIS advice)**

**** If there is any concern that the young person is at risk of harm, contact social care or the police**

Considerations

Is the incident;

- part of normal sexual development ** refer to Brook Traffic Light Tool
- harmful sexual behaviour ** refer to Brook Traffic Light Tool
- indicative of abuse
- sexual but not indecent
- an image of themselves

Definition of inappropriate sexual behaviour – this is subjective however, as a school we are adopting the Brook Traffic Light Tool to support defining normal and concerning sexual behaviours.

The Law

Making, possessing, and distributing any imagery of someone under 18 which is indecent is illegal. This includes imagery of yourself if you're under 18.

Indecent is not definitively defined in law, but images are likely to be considered indecent if they depict:

- a naked young person

- a topless girl
- an image which displays genitals, and
- sex acts including masturbation.
- indecent images may also include overtly sexual images of young people in their underwear

These laws weren't created to criminalise young people but to protect them.

Although sharing sexual images of themselves is illegal and risky, it is often the result of curiosity and exploration. Young people need education, support, and safeguarding, not criminalisation.

The National Police Chiefs' Council (NPCC) is clear that "youth-produced sexual imagery should be primarily treated as a safeguarding issue."

Schools may respond to incidents without involving the police. (However, in some circumstances, the police must always be involved.)

Crime recording

When the police are notified about youth-produced sexual imagery, they must record this as a crime. The incident is listed as a crime, and the young person is the suspect. This is, however, not the same as a criminal record.

Every crime reported to the police must have an outcome code. The NSPCC, Home Office and the DBS have agreed a new outcome code for youth-produced sexual imagery.

Outcome 21: This outcome code allows the police discretion not to take further action if it is not in the public interest, even though there is enough evidence to prosecute.

Using this outcome code is likely to mean the offence would not appear on a future Enhanced DBS check, although not impossible, as that disclosure is a risk-based decision. Schools can be assured that the police have the discretion they need not to adversely impact young people in the future.

** Always refer to the police or social care if the incident involves;

- an adult
- any coercion, blackmail or grooming
- concern about capability to consent,
- any violence,
- atypical sexual behaviour for the age of the child,
- sex acts under 13yrs,
- a young person at risk of harm including self-harm or suicide.

Supporting Families

When a family/child is identified, by a practitioner, as requiring early help intervention, a school practitioner will complete an Early Help Assessment and support the family to identify desired outcomes and actions and then to complete them. The practitioner will hold the case on an Early Help Assessment, documenting as appropriate when actions are completed and

any further ones identified. The completed Early Help Assessment may also be used as a step up document to support families who require escalation to statutory or further (non-statutory) support services. The MASH (Multi-Agency Safeguarding Hub) may contact the School regarding domestic violence incidents and vulnerable child reports. The Advice and Support Hub may request that the setting completes an Early Help Assessment (EHA) to support the family. This is a voluntary process for families. The Advice and Support Hub is an available resource, staffed by social workers, for practitioners to utilise for advice and guidance along with further support during the EHA process.

Early Help may take many forms. Blackpool's FYI directory (previously the Family Information Service) offers information about a wide variety of Early Help services. Where necessary, multi-agency meetings will be held to support the family. All staff should be prepared to identify children who may benefit from Early Help (providing support as soon as a problem emerges). At this point staff should raise the concerns and discuss with the DSL. Further information sharing with relevant professionals may be required. It may also be necessary for staff to act as 'Lead Professional' in a case.

"If early help is appropriate the DSL should support the staff member in liaising with other agencies and setting up inter-agency assessment as appropriate".

"If early help or other support is appropriate the case should be kept under constant review and consideration given to a referral to children's social care if the child's situation doesn't appear to be improving".

Further information will be sourced via access to Blackpool Rocks Advice and Support Hub and Blackpool Rocks Request for Support Hub and Blackpool School's Early Help and Safeguarding Officer/Team.

When a family/child is identified, by a practitioner, as having a cause for concern, beyond an Early Help level – further support should be sought. A referral is made to the Blackpool Families Rock Advice and Support Hub via the completion of an Early Help assessment, plus a completed Online Request for Support Form form (Multi Agency Referral Form). If the referral is a step up request to statutory services (CSC-Assessment and Support Team) there is the option to attach a Completed Early Help Assessment (this is required), and a completed Thriving Families Checklist and Neglect Tool scoring record for those families where there are concerns around neglect.

Consent is required for all referrals via the MASH, referrals will only be considered when consent has not been obtained if it is deemed that by requesting consent it may put the child at further risk from harm (Section 47). Practitioners will undertake the following procedure;

*Call 477299 (Bickerstaffe - admin)

*Give child's name and address

*Details will be checked and;

- if family is already open the information will be shared with their social worker

- if not open the referral will be passed through to the Referral Coordinator who will give the practitioner further instruction

*Details passed through MASH if appropriate and CAFA (Child and Family Assessment) instigated or passed to EHH (Early Help Hub)

*Practitioner follows up call with a completed Request for Support Form

This team triages each assessment of the family and makes recommendations for next steps support. Each case will be allocated to the appropriate service to coordinate a support package.

Early Help Assessment.

This is a shared assessment based around a Think Family approach, identifying all areas of need. It is for use across all children's services throughout Blackpool. It aims to help the early identification of a family's additional needs and promote coordinated service provision to meet them. The process aims to identify each family member's strengths and needs. An action plan for change is established and is then reviewed with the family and multi-agency partners at review meetings.

Every manager offering services to children and young people should ensure at least some of their staff are equipped to undertake these assessments and have received relevant training to do so.

Practitioners should consider undertaking an early help assessment for families;

- who have been identified as requiring early help;
- where there are concerns a child is not meeting any of the five outcomes (Every Child Matters) and services may be required to enable the child to meet any of the five outcomes; or
- where services are required from more than one agency; or
- where the child/family has additional needs and an assessment would help to clarify what these needs are.
- where children and families are facing complex problems that require a coordinated response from a number of agencies.

An early help assessment should only be undertaken if it will help the family. It should be used to monitor the support and also as a referral pathway for higher level services.

If it is identified a child or young person is suffering or at risk of suffering significant harm safeguarding procedures (as detailed below) should be followed.

All children, young people and families who are receiving support through this process should have an individual case file (electronic/hard copy), which contains all information about the support they have received. This should include:

- The early help assessment form
- Copies of all action plans
- Any additional correspondence relating to the family and their continuous assessment process

All files should be stored in secure locked cabinets which adhere to the principles of data security under the Data Protection Act 1998 and GDPR 2018.

All documentation are to be completed electronically. Skin maps should be completed online via My Concern where necessary using the sample diagram and areas of non accidental injury indicators to support.

Mental Health and Safeguarding Paragraphs 41-45 KCSIE

Staff should be aware that mental health issues could be an indicator that a child has been abused or is at risk of being abused. Staff should alert the DSL and SENDCO if they have a mental health concern about a child. The DSL and SENDCO will follow procedures to ensure that the child accesses the correct services. See Rise Above for support <https://campaignresources.phe.gov.uk/schools/topics/rise-above/overview>

Private Fostering

Situations occur sometimes where a child becomes 'Looked After' by someone other than their parents. This can occur in various formats and children may be 'Looked After' by the Local Authority (Foster Care) or by another member of their family. There are some circumstances where a child may be 'Looked After' by someone else as a private arrangement – this is known as Private Fostering. Private Fostering is where someone other than an immediate family member takes care of the child for a period of 28 days or more. In these circumstances there is a mandatory duty to inform the Local Authority of these arrangements. Immediate family in this circumstance is classed as grandparents, step-parents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).

Protection of Staff and Pupils

In order to minimise the potential for abuse by any adult in the school and to maximise the protection of adults from wrongful allegations of abuse, the following procedures should be followed:

- When changing for P.E. children should be encouraged to be as independent as possible.
- When attending the swimming pool, it is necessary to monitor the changing facilities in order to ensure the safety of the children. Teachers will patrol the exterior of the changing rooms and only enter a cubicle if it is essential, only then after alerting children they are about to do so. They will ensure the cubicle door is open and more than one child is present. They will alert other staff to come to help if necessary.
- Individual staff should be alone with an individual child as little as possible. In situations where this is not possible a door should be left open.
- In school, staff should not sit children on their knees. If a child is distressed it is appropriate to extend a comforting arm around their shoulder. For younger children it is appropriate to hold them by the hand. In EYFS (Nursery), it is appropriate for staff to sit children on their knees and carry them.
- Children are not physically restrained, except to protect them from harming themselves or others, or significantly damaging resources. When this is necessary the minimum force necessary should be used, see Care and Control Policy for further explanation.

- If a child receives an injury to a part of the body covered by outer clothing, then the child is asked for permission for a member of staff to look at the injury. Two members of staff should be present. Similarly, if a school age child has a “toilet accident” which requires assistance from a member of staff, another member of staff attends to observe.

*In EYFS (Nursery) a Nappy Changing Protocol/Intimate Care Policy is closely followed.

Should an allegation be made against a member of staff (including supply staff - KCSIE Paragraph 74 and Part 4), the following procedure must be adhered to;

- Inform the Head teacher (unless the allegation is about the Head teacher in which case the Chair of Governors should be informed)
- Refer to the Managing Allegations Against Staff Policy and Procedures
- Inform the LADO (see contact details in Procedures Section)

** This procedure also applies should a member of staff fail to uphold safeguarding procedures eg. ensuring appropriate supervision of children and the safety of the environment.

Responsibility of Partner Agencies

Promoting children’s wellbeing and safeguarding them from harm depends upon effective information sharing, collaboration and understanding between agencies and professionals. Staff and volunteers from partner agencies undertaking work in school or through outreach must follow their own agency’s policy **and this policy**, i.e. they may make their own referral according to their procedures, but they must formally report any incident and action taken to our Designated Safeguarding Lead.

Confidentiality

All information regarding Child Protection is kept in a secure area and can only be accessed by the Designated Safeguarding Leads which includes the Head teacher. Information is only conveyed to other staff on the site on a ‘need to know’ basis, to the extent necessary to ensure they are able to care for the child and keep them safe. Information regarding a child will not normally be disclosed to other professionals or agencies without the prior approval of the family. However, if disclosure is necessary to safeguard a child or children then information will be passed on.

Monitoring, Evaluation and Review: Pastoral Care and Child Protection

The policy and procedures will be monitored by the Child Protection Designated Safeguarding Leads, the Head teacher, the Designated Governor and the Chair of Governors.

The Designated Safeguarding Leads meet with the Designated Governor on at least an annual basis to update him/her on procedures, their effectiveness and the impact on school and centre of the previous year’s safeguarding and pastoral issues. This discussion will also include information on:

- staff training
- policy changes

- school procedures and their effectiveness
- impact on school of safeguarding and pastoral issues
- number of incidents over year
- how safeguarding and pastoral care has been enhanced through the curriculum

The Designated Safeguarding Leads and Early Years staff meet with an external safeguarding consultant half termly for supervision and to discuss all children who are a safeguarding or pastoral care concern.

PROCEDURES SECTION

1. CONTACTS

The Designated Child Protection Safeguarding Leads for Baines Endowed Church of England Primary Academy are;

Deputy Headteacher	- Nicola Sawyer
Headteacher	- Debi Rusling
Pastoral Lead	- Alison Jacobs
EYFS (Nursery) Lead Duckworth	- Rebecca

A designated member of staff will be available at all times that the school is open.

Other contacts for particular reasons as detailed in this policy are:

Executive Director of Education and Children's Services	- 01253 476530
Chair of Governors, Mrs Adele Langford 762532	- 01253
OFSTED 03001233152	-
Diocesan Safeguarding Advisor – Sharon Hassall 503088	- 01254

Sharon.hassall@blackburn.anglican.org

Thirtyone:eight - Emergency safeguarding advice

(when Diocesan advisor unavailable) - 0303 003 1111

Safeguarding & Quality Assurance – Simon Fisher - 01253 478054

Cidari (Safeguarding & LADO) – Peter Ashworth - 01254 958888

Duty Social Care number (Out of Hours) - 01253
477600

Request for Support Hub - MASH 477299	- 01253
Mental Health Crisis Team	- 01253 956280
LADO – Billy Evans 477541	- 01253
BCSB - Paul Threlfall 477907	- 01253
Lancashire Social Care 03001236720	-
Lancashire Social Care out of hours	- 03001236722
Prevent – Maxine Monks 412914	- 01772
Jeremy Manino	- 01253 477261 07548269748
Awaken (Exploitation/Missing from Home Team)	- 01253 607063
Request for Support Hub Advice Line - EHH 478959	- 01253

The designated governor responsible for Child Protection is **Lindsey Taylor**

2. POSSIBLE SIGNS OF ABUSE

2.1 The following table gives some examples of possible abuse. The examples given are not meant to be exhaustive. When making professional judgements around signs and symptoms of abuse it is crucial that all available information and presenting injuries or behaviours are considered and that they are considered in the context of the child’s overall development- both physical and psychological.

Possible signs of physical abuse	Possible signs of emotional abuse
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<ul style="list-style-type: none"> ●unexplained injuries or burns, particularly if they are recurrent ●parent's refusal to discuss injuries ●untreated injuries or lingering illness not attended to ●admission of punishment which appears excessive ●shrinking from physical contact ●fear of returning home or of parents being contacted ●fear of undressing ●fear of medical help ●aggression or bullying ●overly-compliant behaviour or a watchful attitude ●running away ●significant changes in behaviour without explanation ●deterioration in work ●unexplained pattern of absences which may serve to hide bruises or ●other physical injuries 	<ul style="list-style-type: none"> ●continual self-deprecation ●fear of new situations ●inappropriate emotional responses to painful situations ●self-harm or mutilation ●compulsive stealing or scrounging ●drug or solvent abuse ●“neurotic” behaviour – obsessive rocking, thumb-sucking, and so on ●air of detachment – “don’t care” attitude ●social isolation – does not join in and has few friends ●desperate attention-seeking behaviour ●eating problems, including over-eating and lack of appetite ●depression, withdrawal
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Possible signs of neglect	Possible signs of sexual abuse
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<ul style="list-style-type: none"> ●constant hunger, tiredness ●poor personal hygiene ●Inappropriate clothing ●frequent lateness or non-attendance at school etc ●untreated medical problems ●low self-esteem ●poor social relationships ●compulsive stealing or scrounging 	<ul style="list-style-type: none"> ●bruises, scratches, burns or bite marks on the body ●scratches, abrasions or persistent infections in the anal or genital regions ●sexual awareness inappropriate to the child's age – shown for example in drawings, vocabulary, games and so on ●frequent public masturbation ●attempts to teach other children about sexual activity ●refusing to stay with certain people or go to certain places ●aggressiveness, anger, anxiety, tearfulness ●withdrawal from friends
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3. IMMEDIATE ACTION TO BE TAKEN ON IDENTIFICATION OF A CHILD PROTECTION CONCERN

3.1 Any member of staff who identifies a child protection concern should alert a Designated Safeguarding Lead by immediately recording all information they have on My Concern

electronic recording system. If there is an immediate risk of harm to the child the member of staff must find a DSL immediately in person to discuss the concern.

3.2 A DSL will 'read' the concern and assess (triage) the situation.

3.3 If a referral is to be made the Designated Safeguarding Lead will telephone the Request for Support Hub/MASH to make a verbal referral. The time of the referral and the name of the practitioner spoken to should be recorded in the 'actions' section on My Concern.

3.4 The identified concerns should be explained to the practitioner, giving as much information as possible. The practitioner should be asked for advice on any concerns about the immediate course of action, for example, if a child is in the school and the parent is due to collect them.

3.5 The Designated Safeguarding Lead will follow up the verbal referral with completion of a Multi-Agency Referral Form. The completed form will then be e mailed to the MASH on the same day if possible but no later than 24 hours after the verbal referral.

3.6 The consent of a parent/carer **is** required to make a child protection referral however, consent will **not** be sought only if:

- Doing so may increase the risk of significant harm to the child;
- May impede an investigation;
- It could result in undue delay which would not be in the child's best interest.

3.7 If the person making the referral is not the overall Designated Safeguarding Lead, they should inform them of the concern as soon as possible and pass relevant documentation to them. They will inform other staff on a 'need to know' basis.

3.8 The Designated Safeguarding Lead will monitor and review concerns along with updating My Concern as appropriate.

4. RESPONDING TO DISCLOSURE OR REPORTED ABUSE

4.1 Direct disclosure from a child: In responding to direct disclosure of abuse from a child:

Remember

- children may be afraid they will not be believed
- children may be afraid they will be blamed
- children may be afraid their family life will be disrupted.

Do

- take the disclosure seriously
- tell the child that you believe her/him
- say that you are sorry that this has happened to her/him
- tell the child that it is not her/his fault
- say that you are glad she/he has told you
- say that to help her/him you are going to have to tell someone else
- keep an open mind
- allow the child to speak freely
- listen carefully to what you are told and record it accurately and factually as soon as possible
- look after yourself – disclosure will have a major effect on you – talk to a DSL/Safeguarding Supervisor

Do not

- ignore it
- deny the child's feelings or imply she/he is lying
- agree that it is a secret and you won't tell anyone else
- ask any questions that are not necessary
- ask leading questions or yes/no questions
- fish for information
- inflict your suspicions on the child

Children need to understand the extent and nature of their involvement in any subsequent decision making and planning, including the fact that ultimately decisions will be made in the light of all available information including theirs, that from their family and from all agencies involved.

4.2 Abuse Reported by a Third Party

In responding to an allegation of abuse reported by a third party:

- listen carefully to the information given and record it on 'My Concern';
- ask the informer to contact the Children and Young People's Department; Social Care Division or the Police directly;
- if the informer is an adult (parent, relative, non-professional), tell them that they have a duty to refer to the Children and Young People's Department; Social Care Division;
- if the informer is a child, support the child in the process of contacting the Young People's Department; Social Care Division;
- if the informer is another professional, request that they make a direct referral to the Social Care Division following their agency's procedures. Ask the other professional to inform Baines' Designated Safeguarding Lead to confirm they have made a referral. If this confirmation is not received, contact the Social Care Division to check if a referral has been made. If this is not the case, consider whether to make the referral.

Allegations of Child Abuse by Staff, Supply Teachers or Volunteers/Students

4.3.1 Internal – Inform the Head teacher immediately. They will contact the Director of Education, LADO, Cidari LADO and the Chair of Governors. Together they will assess the situation and make the necessary referrals, including Cidari, Social Care Division, Police, OFSTED and Diocese. If the allegation is against the Head teacher the person raising the concern should contact the Chair of Governors, LADO, Cidari LADO or Director of Education and Children’s Services who will meet and take the appropriate action.

4.3.2 External – complainants should be encouraged to go directly to the Social Care Division but if they are unwilling, all complaints must be referred to the Designated Safeguarding Lead who will then inform the Social Services Department

A FLOWCHART FOR WHAT TO DO IF YOU IDENTIFY CHILD PROTECTION CONCERNS

Practitioner has concerns about the child’s welfare

Practitioner discusses with Designated Safeguarding Lead: **Nicola Sawyer (Deputy Head Teacher)** or in their absence another authorised person;
Debi Rusling (Head Teacher) Alison Jacobs (Pastoral Lead) Rebecca Duckworth (Nursery Manager)

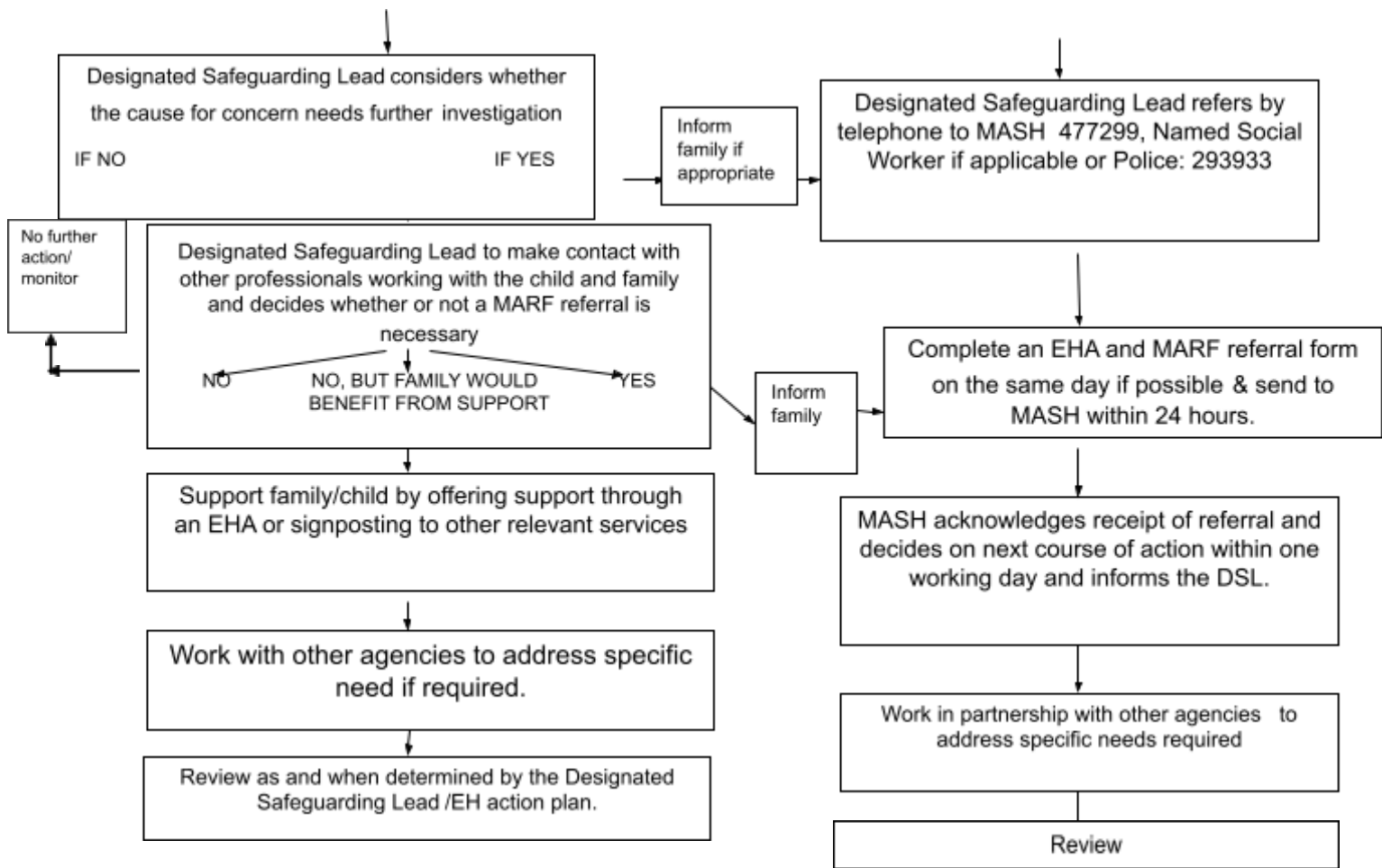
Designated Safeguarding Leads should ask themselves: is the child currently in danger, or about to return to a situation of immediate danger or further harm?

NO
But there seems to be a cause for concern.

YES
Take 'Immediate Action' as below

The person raising the concern should log the concern on the electronic system – My Concern.

Designated Safeguarding Lead considers whether informing parent would place the child or staff at risk, if not calls parents, but continues to follow the procedures below



Thresholds for Intervention

(To be used with Blackpool's (Pan Lancs) Continuum of Need)

Level 4

Children at risk of significant harm/or have suffered abuse and for whom there is continued risk.

Indicators include:

- Child in a household where parents/carers have mental health, substance dependency or domestic abuse issues which put the child at risk of significant harm.
- Persons identified as posing a risk to children identified as living in the house.
- The child's life is endangered.
- There is evidence of serious or significant injury or illness.
- The possibility of non-accidental injury.
- Evidence of gross neglect.
- Children who are persistently missing from home and who put themselves at significant risk.
- Actually homeless and no housing agency able or willing to assist.
- Unsanitary or dangerous home conditions.
- Sexual exploitation and/or abuse.
- Serious injury/harm/abuse to self or other.
- Seriously challenging behaviour.
- A child abandoned.
- Life threatening drug abuse.
- Trafficked child.
- Risk of long-term psychological damage/deprivation.
- Significant impairment of physical/emotional development.
- Damaging history of separations.
- Children at risk of forced marriage.
- Children who abuse other children.

Level 3

Children whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development.

Indicators include:

- Children with disabilities.
- Children with high level needs whose parents, for whatever reason, are unable to meet those needs.
- Children from families where there has been one serious or several significant instances of domestic violence.
- Children where an Early Help Action Plan has no significant impact.
- Children who have been subject to a CP Plan, or who have been previously looked after where there are new/further concerns.
- Children with high level/ un-assessed needs whose parents have a history of non-engagement with services, or fail to recognise concerns of professionals.

- Pregnant women where the safety of the unborn child might be compromised.
- Children in families experiencing a crisis that is likely to result on a breakdown of care arrangements.
- Persistent and serious offending.
- Unaccompanied asylum seekers.
- Children who are persistently going missing from home.
- Children with a significant emotional and or behavioural disorder.
- Young carers.
- Children with chronic absence from school.
- Children in families without permanent accommodation.
- Children with chronic ill health/terminal illness.
- Children involved in substance misuse.
- Children in households where parenting is compromised as a consequence of parental discord, mental health, substance misuse or domestic abuse, although child's needs are not at a high level.
- Children and young people involved in acrimonious contact/residence disputes.
- Children who are experiencing adverse effects from bullying.

Level 2

Disadvantaged children who would benefit from extra help – to make the best life chances. Services operating at a preventative level.

Indicators include:

- Parents unable to secure some aspects of health or development; poor health; poor school attendance.
- Inappropriate age related behaviour, which is difficult to handle.
- Inhibited/restricted development opportunities in own home and community.
- Demands of caring for another person undermining aspects of health and development.
- Poor standard of physical care or health causing concern; unhealthy diet; unsatisfactory accommodation.
- Insufficient stimulation to achieve full potential; no opportunities to play with other children; experiencing difficulties in relationship with peers.
- Scape-goating or victimisation causing emotional harm including continual/regular periods of stress, conflict, tension causing instability and insecurity in relationships; absence of appropriate stimulation.
- Relationships strained; normal health and development constrained by environmental circumstances and/or limited play opportunities.

Level 1

All children within the borough and who are routinely in receipt of community services. Assumes backdrop of universal Education and Health services

Review

Policy to be reviewed August 2022 by DSL/SLT

signed date DSL/SLT

signed date chair of governors