



At Chellaston Infant School, we believe that everyone should reach their full potential in a safe, fun and happy environment which promotes independence, self-worth and excellence. Everyone is a learner whose values are respected.

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# CHELLASTON INFANT SCHOOL

## Child Protection and Safeguarding Policy

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**Author/s of policy: K.Leeder based on DDSCP model policy**

**Date of next review: September 2022**

Review date	By whom	Summary of changes made	Date implemented
24/1/18	LGA	Section 5a) added – Sexual Harassment and Sexual Violence guidance for staff taken from <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/667862/Sexual_Harassment_and_Sexual_Violence_-_Advice.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/667862/Sexual_Harassment_and_Sexual_Violence_-_Advice.pdf</a>	30/1/18 – now merged with section 5 in new policy 2018.
26/9/18	LGA	Section 6 – Disqualification by Association removed from pre-employment checks in line with KCSIE Paragraph 132 – new link to The Childcare (Disqualification) and Childcare (Early Years Provision Free of Charge) (Extended Entitlement) (Amendment) Regulations 2018.	
26/9/18	LGA	Section 7 - updated to clarify the point at which a school must make a referral to DBS.	

<b>26/9/18</b>	<b>LGA</b>	'Keeping children safe in education: for school and college staff (part 1)'. Flowchart titled 'Actions where there are a concern about a child' updated included as appendices.	
<b>21/09/2020</b>	<b>KLe</b>	Updated Policy by Derby and Derbyshire Safeguarding Children Partnership	<b>29/9/2020</b>
<b>22/09/2021</b>	<b>KLE/LGA</b>	Updated in line with DDSCP model policy with school contextualisation changes.	<b>27/09/2021</b>

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## 1. Introduction

Chellaston Infant School recognises that we have an important role to play in multi-agency safeguarding arrangements. We are committed to safeguarding and promoting the welfare of children, it is everyone's responsibility and that everyone has a role to play. We expect everyone in our school to share this commitment.

This document outlines Chellaston Infant School child protection / safeguarding policy. It applies to all adults, including volunteers, supply staff and contractors working in or on behalf of the setting.

Child protection is defined as safeguarding and promoting the welfare of children by:

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

Children includes everyone under the age of 18.

Everyone working in, or for our school, takes all welfare concerns seriously and encourages children to talk to us about anything that worries them. We share an objective to help keep children safe by contributing to;

- Providing a safe environment for children to learn in education settings
- Creating a zero tolerance approach to peer on peer abuse and a culture of vigilance to abuse, neglect, exploitation and radicalisation where we always act in the best interests of the child
- Identifying children who may be at risk of radicalisation, in need of extra help, or are suffering or likely to suffer significant harm, and taking the appropriate action, working with other services as needed.

We will ensure that parents and our partner agencies are aware of our child protection/ safeguarding policy by ensuring that it is displayed in reception area/s, by raising awareness at initial meetings with parents of new pupils and at parent teacher meetings and ensuring that it is on the school website. The school website will also have information about how parents/children/other agencies can contact the Designated Safeguarding Lead (DSL) and their deputy/ies and include their availability during out of school hours and school holidays.

### Policy Aims

The aim of this policy is to outline how the school will:

- Promote a positive school ethos and culture where children can learn, feel secure and be safe.
- Prevent unsuitable people working with children.
- Promote safe practice and challenge poor and unsafe practice.
- Identify instances in which there are grounds for concern about a child's welfare, and initiate or take appropriate action to keep them safe.
- Contribute to effective partnership working between parents and all those involved with providing services for children and young people.

The policy will be reviewed annually as a minimum, unless an incident or new legislation or guidance suggests the need for an earlier date of review.

### Principles

Safeguarding arrangements in the school are underpinned by the 2 key principles:

- Everyone who comes into contact with children and their families has a role to play in safeguarding children. All Governors, Trustees and or Proprietors, staff, supply staff, contractors, trainees and volunteers have a responsibility and role to identify concerns, share information appropriately and take prompt action. Staff members will maintain an attitude of “it could happen here” where safeguarding is concerned.
- When concerned about the welfare of a child, staff will always act in the best interests of the child. The school operates a child centred approach taking into account children’s views and voices. The child’s wishes and feelings will be considered when determining what action to take and services to provide to protect individual children, through ensuring there are systems in place for children to express their views and give feedback. The child’s wishes are particularly important when peer on peer sexual violence and/or harassment is reported and will be carefully considered, balanced with the need to protect other children.

### **Context**

This policy enables Chellaston Infant School to carry out its functions with a view to safeguarding and promoting the welfare of children under sections 175 and 157 of the [Education Act](#) (2002).

The school assesses the risks and issues in the wider community when considering the well-being and safety of its pupils. Due to the context of our school, our children may be at greater risk of of child abuse following domestic abuse (DA); aggression or bullying, anxiety, attention seeking, soiling and/or wetting, reports of insomnia or nightmares, regular sickness, difficulty learning, withdrawal and tantrums. In order to protect our pupils we are part of the Stopping Domestic Abuse Together initiative. Through the use of notifications from police, the DSL and deputy DSL’s are alerted to these and are able to liaise with agencies involved and engage with children, where support and safeguarding referrals can be implemented.

If a child talks about a domestic abuse incident staff will listen carefully, let them know they have done the right thing by telling them it is not their fault, take them seriously, explain what we will do next and report what has been said, following safeguarding procedures. Within the curriculum we teach and promote healthy relationships and children build relationships with teachers and support staff, enabling safe adults to share worries about relationships at home.

The policy is in line with the following legislation and guidance:

- [Working Together to Safeguard Children](#) (2018)
- [The Children Act](#) (1989) and [Children Act](#) (2004)
- [Keeping Children Safe in Education](#) (2021)
- [Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers](#) (2018)
- [Protection of Freedoms Act](#) (2012)
- [Data Protection Act](#) (2018)
- [The Prevent Duty Guidance for England and Wales](#) (2015)
- [The Prevent Duty: departmental advice for schools and childcare providers](#) (2015)
- [Prevent Duty Guidance: for further education institutions in England and Wales](#) (2015)
- [Mandatory reporting of Female Genital Mutilation – procedural information](#) (2015)
- [Sexual Offences Act](#) (2003) and [Serious Crime Act](#) (2015)
- [SEND code of practice: 0 to 25 years](#) (2014)
- Supporting pupils with medical conditions at school (2015)
- [Sexual violence and sexual harassment between children in schools and colleges](#) (2021)

- [Children Missing Education; statutory guidance for local authorities](#) (2016)
- [Mental Health and Behaviour in Schools](#) (2018)
- [Relationships Education, Relationships and Sex Education \(RSE\) and Health Education](#) (2019)
- [Teaching Online Safety in Schools](#) (2019)
- [Serious Violence Strategy](#) (2018)
- [Promoting the education of looked-after children and previously-looked after children; Statutory guidance for local authorities](#) (2018)
- [Designated teacher for looked-after and previously looked-after children](#) (2018)
- [Managing coronavirus \(COVID-19\) in education and childcare settings](#)
- [Promoting and supporting mental health and wellbeing in schools and colleges](#)
- [Elective home education](#) (2019)
- [Preventing and Tackling Bullying](#) (2017), including Cyberbullying: Advice for headteachers and school staff

The policy is consistent with [Derby and Derbyshire Safeguarding Children Partnership web-based procedures](#), including the local criteria for action (thresholds document) and local protocol for assessment. These can be found via the [Policy and Procedures](#) page of [www.ddscp.org.uk](http://www.ddscp.org.uk). The school will adhere to the Derby and Derbyshire Safeguarding Children Partnership procedures.

### **Multi-agency working**

The safeguarding partners in Derby and Derbyshire have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children in a local area. The local area safeguarding partners are Derby City Council, Derbyshire County Council, Derbyshire Constabulary, Derby and Derbyshire Clinical Commissioning group and Tameside and Glossop Clinical Commissioning group. The partners will agree on ways to co-ordinate their safeguarding services, acting as a strategic leadership group in supporting and engaging others and implementing local and national learning including from serious child safeguarding incidents. The school will work in partnership with the Derby and Derbyshire Safeguarding Children Partnership (DDSCP) and follow relevant local arrangements as published. See Derby and Derbyshire Safeguarding Children Partnership [webpage](#). Local schools and colleges are named as relevant agencies by the DDSCP and as such we will be under a statutory duty to co-operate with the published arrangements.

Safeguarding is not just about protecting children from deliberate harm, neglect or failure to act, it relates to broader aspects of care and education. This policy therefore complements and supports a range of other school policies, such as, but not exclusively;

- Agreement for visiting speakers
- Behaviour management, including pupils struggling to engage in school, mental health and behaviour, acceptable and non-acceptable behaviours incorporating bullying/cyber-bullying, discriminatory/prejudice-based bullying, peer on peer abuse as well as the use of reasonable force/physical intervention, including the increased vulnerability of children with special education needs (SEN) or disabilities and equality duties.
- Code of Conduct for Staff
- Communication
- Complaints procedure
- Educational visits
- Health and safety, including risk assessments, protective measures (prevention and protective measures), guidance to protect staff, pupils and others from coronavirus (COVID-19) within the education setting and contingency planning for outbreaks and local restrictions.
- Information sharing
- Intimate care

- Managing allegations against staff, including supply staff, contractors and volunteers and incorporating 'duty to refer'
- Meeting the needs of pupils with medical conditions
- Mobile and smart technology, including online safety at school and at home and other associated issues, including sharing nudes and semi-nudes (sexting/youth produced sexual imagery), use of pupil mobile phones in school and appropriate filtering and monitoring and how children can be kept safe from terrorist and extremist material
- Peer on Peer Abuse Policy
- Providing first aid
- Relationships education (RE)
- Relationships and Sex Education (RSE)
- Safer recruitment and selection, including single central record
- School attendance, including children who runaway or go missing from education, home or care
- School security and visitors
- SEND annual information report
- Whistle blowing

## 2. Safeguarding Roles and Responsibilities of School Staff

There is a whole school approach and ethos to safeguarding and protecting children. All adults working in, or on behalf of the school have a responsibility to safeguard and promote the welfare of children and prevent radicalisation and extremism. This includes;

- Responsibility to provide a safe environment in which children can learn.
- Creating a culture of vigilance where we always act in the best interests of the child.
- Taking all welfare concerns seriously and encouraging children and young people to talk to us about anything that worries them.
- Identifying children who may be in need of extra/early help, have complex or serious needs or who are suffering, or are likely to suffer significant harm. All staff then have a responsibility to take appropriate action, working with services as needed.

Staff induction will include organisation vision, aspirations and expectations of all staff, as well as what is considered acceptable and what is not. New staff will also receive information about systems within the school which support safeguarding, including online safety and paper/electronic copies of policies; this includes the child protection/ safeguarding policy, school behaviour policy (which includes measures to prevent bullying, including cyberbullying, prejudice-based/discriminatory bullying and peer on peer abuse), and staff behaviour policy (code of conduct). Staff will be informed about the safeguarding response to children who go missing from education, peer on peer abuse and the role and names of the designated safeguarding lead (DSL), their deputy/ies, the designated teacher for Looked After Children, the Senior Mental Health Lead and the designated governor.

All staff will:

- Receive a paper/electronic copy of, read and sign to say that they have received, read and understood:
  - Those who work directly with children at least [Keeping Children Safe in Education: for school and college staff \(part 1\)](#) and Annex B: Further information (2021).
  - School leaders, including Governors/Trustees/Proprietors and Designated Safeguarding Leads/deputies all of [Keeping Children Safe in Education](#) (2021).
  - Staff who do not work with children directly at least [Keeping Children Safe in Education: for school and college staff \(part 1\)](#)

- Receive safeguarding training which is regularly updated<sup>1</sup> as well as Prevent Duty, peer on peer abuse (incorporating [sexual violence and harassment in schools and colleges](#)) and online safety training, including sharing nudes/semi-nudes (also known as sexting/youth produced sexual imagery), so they are equipped with the knowledge and skills to keep children safe.
- Receive regular safeguarding and child protection (including online safety) updates at least annually via email, e-bulletins and staff meetings to help provide them with an awareness of safeguarding issues that can put children at the risk of harm (including private fostering arrangements, drug taking, alcohol abuse, family members who offend or are in prison, deliberately missing education, homelessness, sharing nudes and semi-nudes (known as sexting or youth produced sexual imagery), 'honour based' abuse/violence including FGM and forced marriage, mental health, sexual exploitation, serious violent crime, criminal exploitation, county lines, peer on peer / child on child abuse/ sexual violence and harassment and radicalisation/extremism), ensuring they have the relevant skills and knowledge to safeguard children effectively.
- Be aware that abuse, neglect and safeguarding issues are rarely standalone events and cannot be covered by one definition or one label; in most cases multiple issues will overlap with one another.
- Not assume a colleague or another professional will take action and share information that might be critical in keeping children safe.
- Discuss any concerns including emerging needs, complex/serious needs or child protection with the Designated Safeguarding Lead (DSL) or their deputy to agree a course of action. If staff members are unsure they should always speak to the Designated Safeguarding Lead (DSL) or their deputy.
- Promptly record all concerns using CPOMS incident alerts or the school traffic light concerns form and forward this to the Designated Safeguarding Lead (DSL) or their deputy.
- Be mindful that early information sharing is vital for the effective identification, assessment and allocation of appropriate service provision.
- Be aware of
  - The Stopping Domestic Abuse Together initiative, a police led early domestic abuse notification to schools
  - The safeguarding response to children who go missing from education
  - The early help process for low level and emerging needs and understand their role in it
  - The process for making referral to Children's Social Care and for statutory assessments that may follow this and the role they may play in such assessments.
- Work with the Designated Safeguarding Lead (DSL) and do everything they can to support Social Workers to help them carry out a statutory assessment.
- Know what to do if a child tells them about welfare concerns or that he/she is being abused or neglected and how to share information appropriately only involving those who need to be involved such as the designated safeguarding lead (or a deputy) and social care.
- Know what to do if a child shares, produces or receives a sexual communication, including sharing nudes/ semi-nudes (also known as sexting /youth produced sexual imagery).
- Be aware that children are capable of abusing their peers, and be clear about the school policy and procedures on peer on peer / child on child abuse and the important role they have to play in preventing it and responding where they believe a child may be at risk from it. See Section 5 Peer on Peer / Child on Child Abuse.

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<sup>1</sup> See DDSCP multi-agency training pathway on the [training page](#) of [www.ddscp.org.uk](http://www.ddscp.org.uk)

- Know that children's poor behaviour may be a sign that they are suffering harm or that they have been traumatised by abuse.
- Be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.
- Understand that where children have suffered abuse or neglect, or other potentially adverse childhood experiences, it can have a lasting impact throughout childhood, adolescence and into adulthood. These experiences can impact on children's mental health, behaviour and education and they may require additional support.
- Know that safeguarding incidents and/or behaviours can be associated with factors outside the school and/or can occur between children outside these environments. All staff will consider whether children are at risk of abuse or exploitation in situations outside of their families, including online, and be aware that children with SEND and autistic spectrum disorder are particularly vulnerable. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, radicalisation and serious youth violence.
- Be aware of the range of risk factors which increase the likelihood of involvement in serious violence, such as being male, being frequently absent or permanent excluded from school, having experienced child maltreatment and having been involved in offending, such as theft or robbery.

**We will engender the principle that safeguarding is 'everyone's responsibility'.**

All staff and volunteers should raise any concerns they have about poor or unsafe practice and potential failures in the school/college safeguarding regime. These concerns will be taken seriously by the senior leadership team. See the school Whistleblowing Procedures for how such concerns can be raised with the Senior Leadership Team and the other whistleblowing channels open to staff.

### **Roles and Responsibilities of Governors/Trustees/Proprietors**

The Governing Body/Trust/Proprietors have a strategic leadership responsibility for their school safeguarding arrangements and has the responsibility to ensure that the school complies with safeguarding duties under legislation. There is a senior board level lead to take leadership responsibility for the establishment's safeguarding arrangements. Safeguarding is a standing item at all governing body/trust meetings.

The Governing Body/Trustees will ensure that in line with Keeping Children Safe in Education (KCSIE) 2021:

- The school contributes to inter-agency working in line with statutory guidance Working Together to Safeguard Children (2018).
- They facilitate a whole school approach to safeguarding ensuring safeguarding and child protection are at the forefront and underpin all relevant aspects of process and policy development. All systems, processes and policies operate with the best interests of the child at their heart.
- Where there is a safeguarding concern, children's wishes and feelings are taken into account when determining what action to take and what services to provide.
- Systems are in place which are well promoted, easily understood and accessible for children to confidently report abuse, knowing their concerns will be treated seriously, and knowing they can safely express their views and give feedback.
- There is a recognition that some groups of children are potentially at greater risk of harm (such as children who need a social worker, children missing from education, home educated children, children requiring mental health support, looked after children and previously looked after children and children with special educational needs and

- disabilities or physical health issues) and appropriate supports and processes are in place.
- There is a zero tolerance approach to peer on peer abuse, including sexual violence and harassment, supported by a whole school approach to minimising risk, reporting, how allegations will be recorded, investigated, dealt with and how victims, alleged perpetrators and any other affected children will be supported.
  - There are policies in place in order for appropriate action to be taken in a timely manner to safeguard and promote children's welfare. Including:
    - an effective safeguarding/child protection policy
    - a behaviour policy
    - a staff behaviour policy (code of conduct)
    - appropriate safeguarding responses to children who go missing from education, particularly on repeat occasions
  - Staff receive relevant induction and a proportionate risk-based approach is taken to the level of information provided to temporary staff and volunteers.
  - All policies and procedures adopted by governing bodies/Trustees, particularly concerning referrals of suspected abuse and neglect, are understood and followed by all staff. Opportunity is provided to staff to contribute to and shape safeguarding arrangements and policies.
  - Child protection files are maintained, appropriate safer recruitment policies are in place and where reasonably possible ensure that the school hold more than one emergency contact number for each pupil.
  - A member of the Senior Leadership Team is appointed to the role of Designated Safeguarding Lead (DSL) to take lead responsibility for safeguarding and child protection (including online safety). This is explicit in the role-holders job description. A Deputy Designated Safeguarding Lead(s) has also been appointed in the same way and can be delegated the activities of the Designated Safeguarding Lead (the lead responsibility for safeguarding remains with the DSL).
  - Along with the senior leadership team and Designated Safeguarding Lead, there is an awareness of local partnership arrangements and an understanding of the school role in these. In particular, there is an understanding of the local Threshold document (criteria for action), child protection conference professional dissent policy, multi-agency dispute resolution and escalation policy and the local protocol for assessment (See [DDSCP documents library](#)) and the need to supply information as requested by the safeguarding partnership.
  - There is awareness of the obligations of the [Data Protection Act 2018](#) and UK [GDPR](#) and a recognition of the importance of information sharing between practitioners and local agencies. Arrangements are in place that set out clearly the process and principles for sharing information within the school and with children's social care, the Derby and Derbyshire Safeguarding Children Partnership and other agencies and practitioners as required.
  - There is a whole school approach to mental health with clear systems and processes for identifying possible mental health problems, including routes to escalate as well as clear referral and accountability systems.
  - All staff including governors/trustees and volunteers adhere to [The Prevent Duty](#) (2015) to prevent radicalisation.
  - There is a whole school approach to domestic abuse, this includes active participation in the police led Stopping Domestic Abuse Together (SDAT) initiative.
  - All staff members undergo safeguarding and child protection training (including online safety) at induction. Staff receive regular updated safeguarding training consistent with the [DDSCP multi-agency training pathway](#) and receive regular safeguarding and child protection updates. This is integrated, aligned and considered as part of the whole school safeguarding approach and wider staff training and curriculum planning, including regard to [Teachers Standards](#).

- There is a whole school approach to online safety to address the 4 areas of risk; content, contact, conduct and commerce. Appropriate e-security and filters and monitoring systems are in place. An annual review of the school approach to online safety will be undertaken, supported by an annual risk assessment.
- Ensure that children are taught about safeguarding, including mental health/well-being and online safety (this incorporates healthy online/offline relationships, sharing nudes/semi-nudes and terrorist/extremist material), through teaching, learning opportunities and tutorials. Where appropriate a more personalised/contextualised approach is used for more vulnerable children, victims of abuse and SEND children.
- There are robust recruitment procedures that deter and prevent people who are unsuitable to work with children from applying for or securing employment, or volunteering opportunities in the school/college.
- Procedures are in place to manage safeguarding concerns, or allegations against staff, supply staff, contractors and volunteers. Procedures are also in place to make a referral to the Disclosure and Barring Service (DBS) and/or the Secretary of State via the Teaching Regulation Agency when the criteria has been met.
- Any exclusions internal, fixed term and permanent will meet requirements of DfE statutory guidance, including obligations under the [Equality Act](#) (2010).
- Any deficiencies or weaknesses in regard to safeguarding arrangements that are brought to their attention are addressed without delay.
- An annual audit of the establishments safeguarding processes and procedures is undertaken using the DDSCP safeguarding audit for schools and colleges along with relevant reporting in line with partnership arrangements.

### **The Roles, Responsibilities and Availability of the Designated Safeguarding Lead (DSL)**

The Designated Safeguarding Lead (DSL) is a senior member of staff who takes lead responsibility for safeguarding and child protection (including online safety). They co-ordinate the setting's safeguarding and child protection arrangements by providing advice and support to other staff on child welfare, safeguarding and child protection matters, including Stopping Domestic Abuse Together notifications, takes part in strategy discussions/ meetings and inter-agency meetings – and /or supports other staff to do so - and contributes to the assessment of children.

The establishment also has a deputy Designated Safeguarding Lead (DSL) to cover for when the Designated Safeguarding Lead (DSL) is not available; the lead responsibility however remains with the Designated Safeguarding Lead.

#### **Availability**

The Designated Safeguarding Lead (DSL) or a deputy is always available during school hours for the staff in the school to discuss any safeguarding concerns either in person or via the telephone. CPOMS alerts all members of the Safeguarding Team, via email, to a staff concern/incident record and these can be accessed securely from outside of school. During the school holidays all stakeholders can use the [safeguarding@chellastoni.derby.sch.uk](mailto:safeguarding@chellastoni.derby.sch.uk) email address to get in touch with the DSL.

The key roles of the Designated Safeguarding Lead (DSL) include:

- Referring cases of suspected abuse or neglect to children's social care or where radicalisation is a concern to the Channel programme - or supporting staff who refer cases. They are also responsible for referrals to the Disclosure and Barring Service and the police.
- Working with staff as a source of support, advice and expertise, a point of contact with safeguarding partners, liaise with the headteacher/principal, 'case manager' and

relevant staff (i.e. teachers, pastoral support, IT leads, senior mental health leads/mental health support team and SENCo's) to ensure children are effectively safeguarded and protected.

- Listening and understanding the views of children.
- Promoting supportive engagement with parents.
- Taking lead responsibility for promoting the educational outcomes of children who have or who have had a social worker
- Holding and sharing of information, sharing and managing safeguarding/child protection files, including the effective transfer of files when a child moves to a new provider.
- Raising awareness of and ensuring staff understand the school/colleges safeguarding/child protection policies and procedures, ensuring it is reviewed and updated at least annually.
- Having the knowledge and skills to carry out the role, including understanding and working knowledge of local assessment processes for providing early help and statutory assessments, child protection conferences, supporting and protecting children, information sharing, specific needs of vulnerable children, impact of adversity and trauma, Prevent Duty and online safety,

See [Keeping Children Safe in Education](#) Annex C for further information about the Role of the Designated Safeguarding Lead (DSL)

### **Chellaston Infant School staff with specific safeguarding responsibilities**

- Name of Designated Safeguarding Lead: *Lindsay Galley (Head)*
  - Contact details: *head@chellastoni.derby.sch.uk*
- Name of Senior Leader(s) available for contact in the absence of the Designated Safeguarding Lead: Rachel Layland (DHT) and Barbara Webster (AHT)
  - Contact details: [r.leyland@chellastoni.derby.sch.uk](mailto:r.leyland@chellastoni.derby.sch.uk)
  - *b.webster@chellastoni.derby.sch.uk*
- Name/s of deputy Designated Safeguarding Lead: *Lynn Hateley (Learning Mentor)*
  - Contact details: *l.hateley@chellastoni.derby.sch.uk*
- Other staff with safeguarding responsibilities: *Kelly Leeder (Learning Mentor)*
  - Contact details: *k.leeder@chellastoni.derby.sch.uk*
- Name of Designated Safeguarding Governor/Trustee: *Paul Steventon and Ross McCristal*
  - Contact details: *admin@chellastoni.derby.sch.uk*
- Name of Designated Teacher for Looked After /previously Looked After Children: Lindsay Galley (Head)  
Contact details: *head@chellastoni.derby.sch.uk*
- Senior Lead for Mental Health and Well-being: Rachel Leyland (DHT/DDSL)
  - Contact details: *r.leyland@chellastoni.derby.sch.uk*
- Governor/Trustee for Mental health and Well-being: Charlotte Convey
  - Contact details: *admin@chellastoni.derby.sch.uk*

## Other Key Local Safeguarding Contacts

- Children's Social Care
  - Children's Services Professional Consultation Line 07812 300329
  - Initial Response Team for urgent referrals 01332 641172
  - [Derby Children's Social Care Online Referral system](#) for non-urgent referrals
  - Careline (out of hours service) 01332 956606
  - Locality Vulnerable Children Meeting (VCM) for non-urgent social care referrals and requests for targeted early help via multi-agency team (MAT) via Locality Based Single Point of Access (SPA) Clerks:
    - Locality 1 and 5  
Derwent, Chaddesden, Spondon, Oakwood, Mackworth, Allestree and Darley  
Tel: 01332 642656  
Email: [vcm1and5@derby.gov.uk](mailto:vcm1and5@derby.gov.uk)
    - Locality 2  
Sinfin, Alvaston, Boulton, Chellaston, Osmaston and Allenton  
Tel: 01332 641011  
Email: [vcm2@derby.gov.uk](mailto:vcm2@derby.gov.uk)
    - Locality 3 & 4  
Blagreaves, Littleover, Mickleover, Normanton and Abbey  
Tel: 01332 641148  
Email: [vcm3and4@derby.gov.uk](mailto:vcm3and4@derby.gov.uk)
    - The Light House (Integrated Disabled Children's Service) Single Point of Access Clerk  
Tel: 01332 256990  
Email: [VCM-IDCS@derby.gov.uk](mailto:VCM-IDCS@derby.gov.uk)
- Local Authority Designated Officer (LADO) [Derby and Derbyshire LADO referral form](#) and email securely for the attention of LADO in Derby to [cypsafeguarding@derby.gov.uk](mailto:cypsafeguarding@derby.gov.uk)
- Derbyshire Police 999 for emergencies or 101 for non-emergencies
- Prevent (radicalisation/extremism) Police Prevent Team on 101 or directly via 0300 1228694
- Female Genital Mutilation (FGM) mandatory reporting via Police on 101
- School Police link officer *Stephanie Holt via 101*
- Public Health Nurse/other health contact *Hannah Gregory*  
077342077025/01332861193
- Education Welfare/ Local Authority Children Missing Education Officer:  
01332 641448 or [cme@derby.gov.uk](mailto:cme@derby.gov.uk)  
[Children Missing Education](#), including online referral form (form 13) to CME Officer  
[Notification of child on roll online form \(form 15\)](#)

[Notification of removal from roll online form \(form 11\)](#)  
[Notification of Removal from roll to Elective Home Education \(EHE\) online form \(form 12\)](#)

- Virtual School for Looked After Children
  - Virtual School Head - 07812 301044 or [graeme.ferguson@derby.gov.uk](mailto:graeme.ferguson@derby.gov.uk)
  - Specialist Education Support Officer for LAC - *Sarah Parkman 07748624590*
- Locality Multi-agency Team (MAT), Early Help Advisor, and Education Welfare Officer  
*Fiona Tizzard, Education Welfare Officer 01332 641072/07812300956*  
*Locality 2 MAT 01332641028/715625*
- [Emotional Health and Well-being Services](#)  
*Specialist Community Advisor Miriam Krepa 07717538764 [Miriam.Krepa@nhs.net](mailto:Miriam.Krepa@nhs.net)*
- [Domestic abuse support services](#)
- Cyberchoices (for children at risk of being drawn into cybercrime) via [East Midlands Cyber Secure](#)
- [Homelessness or at risk of homelessness](#)

## Key National Contacts

- NSPCC
  - NSPCC helpline - helping adults protect children 24 hours a day. For help and support, including anyone needing advice about female genital mutilation, young people affected by gangs, concerns that someone may be a victim of modern slavery contact the NSPCC trained helpline counsellors on:
    - [help@nspcc.org.uk](mailto:help@nspcc.org.uk)
    - Text 88858
    - 0808 800 5000
  - NSPCC helpline Report Abuse in Education - a bespoke helpline for children and young people who've experienced abuse at school, and for worried adults and professionals who need support and guidance.
    - 0800 136 663
    - [help@nspcc.org.uk](mailto:help@nspcc.org.uk).
  - NSPCC Whistleblowing Advice Line - free advice and support for professionals concerned about how child protection issues are being handled in their organisation.
    - 0800 028 0285
    - [help@nspcc.org.uk](mailto:help@nspcc.org.uk)
- UK Safer Internet Centre professional advice line - helpline for professionals working with children and young people in the UK with any online safety issues they may face themselves or with children in their care.
  - [helpline@saferinternet.org.uk](mailto:helpline@saferinternet.org.uk)
  - 0844 381 4772
- Police Anti-Terrorist Hot Line number 0800 789 321

- Department for Education coronavirus (COVID-19) helpline 8am to 6pm (Monday to Friday) and 10am to 6pm Saturday and Sunday
  - 0800 046 8687
  - DfE.coronavirushelpline@education.gov.uk
  
- Domestic Abuse
  - National Domestic Abuse Helpline 0808 2000247
  - [Domestic abuse: specialist sources of support](#)

### **3. Safe Environment – children are safe and feel safe**

Chellaston Infant School adopts an open and accepting attitude towards children as part of our responsibility for pastoral care. Children, parents and staff will be free to talk about any concerns and will see the setting as a safe place when there are difficulties. Children's worries and fears will be taken seriously, and children encouraged to seek help from school staff.

Chellaston Infant School will therefore ensure that:

- All staff remain vigilant to the indicators of abuse, neglect and specific safeguarding issues such as child criminal exploitation, child sexual exploitation and peer on peer abuse.
- Staff are aware that technology is a significant component in many safeguarding and well-being issues; abuse may occur online and/or offline.
- There is a whole school approach to online safety to address the 4 areas of risk; content, contact, conduct and commerce
- An ethos is established and maintained where children feel secure and are encouraged to talk and are listened to, taken seriously, kept safe and responded to appropriately.
- Children are involved in the decision-making which affects them.
- Children know that there are adults in the school whom they can approach if they are worried or have difficulties and the setting has well developed listening systems.
- Information is provided to children and their families which detail information and contact numbers for appropriate support services and helplines in and outside of school.
- Curriculum activities and opportunities (including any remote learning) are planned/provided to equip children with the resilience and skills they need to stay safe from abuse, exploitation and radicalisation.
- All remote learning activities will incorporate safeguarding procedures and follow the same principles set out in the school's staff behaviour policy (Code of Conduct) and/ or online safety policy.
- There is a clear written statement of the standards of behaviour and the boundaries of appropriate behaviour expected of staff and pupils that is understood and endorsed by all.
- Positive and safe behaviour is encouraged among children; staff are alert to changes in a child's behaviour and recognise that changes in behaviour may be an indicator of exploitation, abuse or neglect and/or an indicator the child may be experiencing a mental health problem or be at risk of developing one.
- Effective working relationships are established with parents and colleagues from partner agencies.
- There is awareness that there may be wider environmental factors present in a child's life that are a threat to their safety and welfare (contextual safeguarding/place-based risk). For example, personal and family circumstances and lifestyles of some children lead to an increased risk of neglect and or abuse.
- There is a recognition that children who do not attend school regularly or go missing from education are particularly vulnerable and at increased risk of neglect, exploitation and abuse.
- Staff are appropriately trained in safeguarding according to their roles and responsibilities, have regular opportunities for safeguarding briefings and records are kept of all training undertaken.
- Robust safer recruitment procedures are followed that deter and prevent people who are unsuitable to work with children aren't able to secure employment or volunteering opportunities at the school.
- Volunteers and visitors are appropriately supervised.
- The environment is safe and secure; this includes ensuring that all visitors to the setting are suitable and checked and monitored as appropriate. The school "Visitors' Policy"

sets out how visitors will be checked and monitored. Also see [DDSCP Access to Schools by Staff from Other Agencies Briefing Note](#).

- Where the school has invited external agencies in i.e. to support delivery of subjects such as online safety, relationships /relationships and sex education and health education, there will be an agreement made in advance of the session on how a safeguarding report should be dealt with by the external visitor.
- Any groups using school premises for the provision of services to children have their own safeguarding policies, or adopt the school policy, and have satisfactorily completed all appropriate checks.
- All visiting speakers present materials appropriate to the age and maturity level of pupils, that do not insult or promote intolerance of other faiths or groups, adhere to the school's equalities duties and are not permitted to incite hatred, violence, call for the breaking of the law or promote any acts of terrorism or extremism.

### **Pupil well-being and support**

Our pupils may be experiencing a variety of emotions in response to on-going challenges of the coronavirus (COVID-19) pandemic, such as anxiety, stress or low mood. This may particularly be the case for vulnerable children, including those with a social worker and young carers. We will offer support to contextualise these feelings as normal responses to an abnormal situation.

Focused pastoral support through our Learning Mentor Team and ELSA Teaching Assistant will be provided where issues are identified that individual pupils may need help with, drawing on external support where necessary and possible. We will also consider support needs of particular groups we are already aware need additional help (for example, children in need, children with a protection plan, looked after children as well as those in receipt of early help support), and any groups we identify as newly vulnerable.

Where needed we will seek advice, support and refer as appropriate to external agencies such as school nursing 0-19 services, emotional well-being and mental health agencies and children's services.

### **Opportunities to teach safeguarding**

We are committed to ensuring that our pupils are offered a broad and balanced curriculum that aims to prepare them for life in modern Britain. Teaching the school's core values alongside the fundamental British Values supports quality teaching and learning, whilst making a positive contribution to the development of a fair, just and civil society. We ensure that our pupils are taught about safeguarding, including online, through various teaching and learning opportunities, as part of providing a broad and balanced curriculum. We recognise that a one sized approach may not be appropriate for all children and more vulnerable children, victims of abuse and some SEND children might need a more personalised or contextualised approach.

Any remote education, where needed, is high quality and aligns as closely as possible with in-school provision. We will continue to build and develop our capability to educate pupils remotely, where this is needed. In situations where a class, group or small number of pupils need to self-isolate, or there are local restrictions requiring pupils to remain at home, we have the capacity to offer immediate remote education.

Our learners are helped to talk about their feelings, know about their rights and responsibilities, understand and respond to risks, to deal assertively with pressures and know who they can turn to for advice and help both in and out of the school and how to make a complaint. This means that they are able to recognise when they are at risk and are able to get help when they need it.

The following areas are addressed within PSHE/Relationships Education/Relationships and Sex Education and Health Education and in the wider curriculum:

- Bullying, including cyber-bullying
- Online/e safety
- Road, fire and water safety
- Physical health and mental well-being, including prevention i.e. fitness, healthy eating and sleep, basic first aid and changing adolescent body
- Emotional well-being and mental health
- Relationships, including families, caring/respectful friendships, respectful, healthy offline/online and relationships, being safe and the law
- NSPCC 'Pants' Principle
- Good Touch, Bad Touch

### **Vulnerable Children**

We recognise that some children will be at increased risk of neglect and abuse, particularly those with special educational needs (SEN), certain health conditions and disability. Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion, communication issues and reluctance on the part of some adults to accept that abuse happens, or who have a high level of tolerance in respect of neglect.

To ensure that all of our children receive equal protection, we will give special consideration and attention to children who are;

- Disabled or have certain health conditions or specific additional needs
- Have special educational need (whether or not they have a statutory Education and Health and Care Plan)
- In a family circumstance presenting challenges for the child, such as parental substance (drugs and/or alcohol) misuse, adult mental health issues and domestic abuse
- Misusing drugs and or alcohol
- Asylum seekers/refugees
- From our New Communities
- Living away from home, including private fostering arrangements or have returned home to their family from care
- Vulnerable to being bullied or peer on peer abuse, or engaging in bullying or peer on peer abuse
- Going missing from school/college, particularly on repeat occasions
- Are at risk of homelessness or living in temporary accommodation
- Living transient lifestyles
- Living in chaotic, neglectful and unsupportive home situations
- Vulnerable to discrimination and maltreatment on the grounds of age, gender reassignment, marriage/civil partnership, pregnancy/maternity leave, disability, race (including colour, nationality, ethnic or national origin), religion/belief, gender, sex or sexual orientation
- Has a mental health need
- Is showing signs of being drawn into anti-social or criminal or violent behaviour, including gang involvement and association with organised crime groups or county lines
- At risk of modern slavery, trafficking, sexual exploitation and/or criminal exploitation (also known as child at risk of exploitation/CRE)
- At risk of hate crime, serious violent crime
- At risk of radicalisation or exploitation
- At risk of so-called honour based abuse/violence including forced marriage and female genital mutilation (FGM)

- Young carers
- Looked after Children and previously looked after children
- Not speaking or not having English as a first language
- Children in the court system
- Children affected by parental offending or with family members in prison.

Special consideration includes the provision of safeguarding information, resources and support services in community languages and accessible formats. Where appropriate this may also mean extra pastoral support. See the school SEND annual information report.

We also recognise that some children are potentially at greater risk of harm, in particular;

- **Children who need a social worker (Child in Need and Child Protection Plans)** - due to safeguarding or welfare needs as a result of abuse, neglect and complex family circumstances. These experiences of adversity and trauma can leave them vulnerable to further harm as well as educationally disadvantaged in facing barriers to attendance, learning, behaviour and mental health. The Designated Safeguarding Lead (DSL) will hold and use the information that the child has a social worker to ensure that as a matter of routine decisions can be made in the best interests of the child's safety, welfare and educational outcomes.
- **Children missing from education** - Knowing where children are during school hours is an extremely important aspect of Safeguarding. Children missing from education, particularly persistently, is a vital warning sign to a range of safeguarding issues including neglect, sexual abuse, and child sexual and criminal exploitation. The school response to children missing from education supports identifying such abuse and also helps prevent the risk of them going missing in the future. This includes when problems are first emerging but also where children are already known to local authority children's social care and need a social worker (such as on a child in need or child protection plan, or as a looked after child), where going missing from education may increase known safeguarding risks within the family or in the community. We monitor attendance carefully and address poor or irregular attendance without delay. Our School Attendance Officer alongside the Safeguarding Team manage the school protocol in line with the Derby City Council [Children Missing Education](#) guidance.
- **Elective Home education** - parents' decision to home educate to be made with their child's best education at the heart of the decision. However, home education can mean some children are less visible to the services that are there to keep them safe and not supported in line with their needs. Where a parent/carer has expressed their intention to remove a child from school with a view to educating at home, the school will seek to coordinate a meeting with the parents/carers, Local Authority and other key professionals where possible. This would be before a final decision has been made, to ensure the parents/carers have considered what is in the best interests of each child and is particularly important where a child has SEND, is vulnerable, and/or has a social worker. Where a child is taken off roll we will inform the Local Authority of the deletion from our admission register via the system outlined on the [Education Welfare](#) webpage.
- **Children who require mental health support** – we have an important role to play in supporting the mental health and well-being of our learners. Mental health problems can be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. We have clear systems and processes in place for identifying possible mental health problems, seek advice from external agencies where appropriate and have clear referral and accountability systems. We aim to ensure that our Jigsaw PSHE and RSE curriculum is relevant to children living in today's world and will help them

understand and be equipped to deal with mental health, bullying and internet safety. We have a Senior Mental Health Lead identified in school and Adult and Children's Mental Health First Aiders trained in school who will be a first port of call for children, staff and parents wishing to discuss mental health and wellbeing; the school Mental Health First Aider can signpost external agencies who can offer more specialist support if necessary.

- **Looked after children and previously looked after children** - most children become looked after as a result of abuse and/or neglect. Staff have the skills, knowledge and understanding to keep looked after children safe and appropriate staff have the information they need in relation to a child's:
  - looked after legal status (whether they are looked after under voluntary arrangements with consent of parents, or on an interim or full care order)
  - contact arrangements with birth parents or those with parental responsibility.
  - care arrangements and the levels of authority delegated to the carer by the authority looking after him/her.

The Designated Safeguarding Lead (DSL) has

- details of the child's social worker, and
- the name of the virtual school head in the authority that looks after the child.
- the name of the Personal Advisor appointed to support children who have left care

We recognise that a previously looked after child potentially remains vulnerable and all staff have the skills, knowledge and understanding to keep previously looked after children safe. When dealing with looked after children and previously looked after children, the school will work with all children's social care, health and all relevant agencies and take prompt action when necessary to safeguard these children, who are a particularly vulnerable group.

The school has a Designated Teacher (Headteacher) who works with the Virtual School Head to promote the educational achievement of pupils who are looked after, have left care through adoption, special guardianship, or child arrangement orders or adopted from state care outside of England and Wales. The Designated Teacher has appropriate training, relevant qualifications and experience.

- **Children with special educational needs and disabilities or physical health issues** - Children with special educational needs or disabilities (SEND) or certain health conditions can face additional safeguarding challenges. All school staff are aware of the additional barriers which can exist when recognising abuse and neglect in this group of children. These can include:
  - assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration
  - being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children
  - the potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
  - communication barriers and difficulties in managing or reporting these challenges.

The school will consider extra pastoral support and attention for these children, along with ensuring any appropriate support for communication is in place.

## **Working with parents and carers**

We recognise the importance of working together with parents/carers to educate as well as safeguard and promote the welfare of children.

*Chellaston Infant School* will ensure that;

- We work with parents positively, openly and honestly.
- Parents are encouraged to discuss their issues or concerns about safety and welfare of children, including any worries about a child's emotional well-being or mental health. They will be listened to and taken seriously.
- We will provide parents with information about safeguarding issues, such as child exploitation (sexual and criminal) known as child at risk of exploitation (CRE), peer on peer abuse, emotional well-being/mental health, online safety, including sharing nudes and semi-nudes (known as sexting or youth produced sexual imagery), harmful sexual behaviour and terrorist/extremist material. We will also outline the support available to keep children safe within the school, locally and nationally.
- Up to date and accurate information is kept about pupils/students i.e.
  - names and contact persons with whom the child normally lives
  - those with parental responsibility
  - where reasonably possible hold more than one emergency contact number
  - if different from above, those authorised to collect the child from the setting
  - name and contact details of GP
  - any relevant court orders or any other factors which may impact on the safety and welfare of the child.
- Information about pupils given to us by children themselves, their parents or carers or by other agencies will remain confidential. Staff will be given relevant information on a 'need to know' basis in order to support the child.
- Parents and carers are informed that the school is part of the Stopping Domestic Abuse Together initiative.
- It is made clear to parents and carers that the school has a duty to share information when there are any safeguarding concerns. Also, that there is a duty to keep records which relate to safeguarding work by the school, or partner agencies. These will be kept securely, kept apart from the main pupil record and only accessible to key members of staff. Copies of these records will be securely sent to any education provider to which the child transfers.
- Where we have reason to be concerned about the welfare of a child we will always seek to discuss this with the child's parents or carers first, however there may be occasions where we are not able to do this.

## 4. Taking Action on Concerns

Key points to remember for taking action are:

- In an emergency take the action necessary to help the child, for example, call 999.
- Do not assume a colleague or another professional will take action and share information that might be critical to keeping a child safe. Early information sharing is vital in keeping children safe, whether this is when problems first emerge, or when a child is already known to Children's Social Care.
- Report your concern to the Designated Safeguarding Lead (DSL) or their deputy as soon as you can and by the end of the day at the latest.
- If you are unsure, speak to the Designated Safeguarding Lead (DSL) or their deputy.
- If the Designated Safeguarding Lead (DSL) or their deputy is not around, ensure the information is shared with the most senior person in the school that day and ensure action is taken to report complex or child protection concerns to Children's Social Care. Do not start your own investigation.
- If the concerns are about sharing nudes and semi-nudes (sexting/youth produced sexual imagery) do not view, copy, print or share the images. Any relevant devices should be confiscated; this should be on a case by case basis in consultation with the Designated Safeguarding Lead or their deputy.
- Share information on a need-to-know basis only – do not discuss the issue with colleagues, friends or family.
- As soon as you are able complete a record of the concerns. At the latest this should be on the same day and before the child is due to leave the school premises (see Appendix 2: Concerns Form).
- Seek support for yourself if you are distressed.

### Stopping Domestic Abuse Together (SDAT) Notifications

**All SDAT notifications will be treated as any other safeguarding concern.** When the school receives a notification into the safeguarding email account, the Designated Safeguarding Lead and or the deputy Designated Safeguarding Lead will consider:

- What is already known about the child and their family? Are they known to Children's Services?
- What is known about the child when they arrived (or not) at school today? How are they presenting physically and emotionally? Are there any changes in their behaviour?
- Who in the school needs to be informed? i.e. class teacher
- What 'checks' need to be carried out and how best can these be achieved?

The child or parent/carer will not be directly approached about the incident; however, we will make general enquiries with the child about how they are. There may be times when the child may initiate a conversation about the incident, and in these circumstances all staff will follow the guidance outlined in the section 'If information is disclosed to you'.

We will refer to the [Domestic Violence Risk Identification Matrix](#) (DVRIM) to help us reflect on what is known, not known and make a judgement about risk. In all cases there will be a consideration of what support the child may need in school and if any actions are required to promote the child's welfare and ensure they are protected from harm.

If a child and their family are open to local authority Children's Services, the school and the Social Worker or Family Support Worker will liaise to share any relevant information and agree a plan of support.

**All staff should follow the Derby and Derbyshire Safeguarding Children Procedures.** These can be found via the Safeguarding Team in school and can also be accessed via the following link <https://derbyshirescbs.proceduresonline.com/index.htm>

The Derby and Derbyshire [Thresholds document](#) will support the Designated Safeguarding Lead (DSL), their deputy/ies and staff in their decision making about the child's needs and the appropriate assessment and interventions.

It is **not** the responsibility of the school staff to investigate welfare concerns or determine the truth of any disclosure or allegation; this is the responsibility of Children's Social Care. All staff however have a duty to recognise where extra support is needed or where there are complex needs or child protection concerns requiring intensive or specialist support. All concerns regarding the welfare of pupils/students will be recorded and discussed with the Designated Safeguarding Lead or their deputy (or another senior member of staff in the absence of the designated lead or deputy) prior to any discussion with parents.

### **If you suspect a child has emerging, complex needs or there are child protection concerns**

Information about abuse and neglect can be found in Appendix 1. Please see Section 5 for further guidance on Peer on Peer / Child on Child abuse, Appendix 4 for additional information about domestic abuse, 'honour based abuse/violence' (HBV) including female genital mutilation (FGM) and forced marriage, Appendix 5 for information about private fostering, Appendix 6 for information about Radicalisation and Extremism and Appendix 7 Child Sexual Exploitation and Child Criminal Exploitation, including county lines.

There will be occasions when you suspect that a child may be at risk, but you have no 'real' evidence or that the child may need support with their mental health. The child's behaviour and or appearance may have changed, their attendance at school may have reduced, their ability to concentrate and focus may have altered or you may have noticed other behavioural and or physical but inconclusive signs. In these circumstances, you should try to give the child the opportunity to talk. The signs you have noticed may be due to a variety of factors and it is fine to ask the child if they are alright or if you can help in any way.

Ensure you record these early concerns using concern form, CPOMS and inform DSL, to make appropriate referrals, monitor concerns and put support in place. If a child or adult does begin to reveal that a child is being harmed you should follow the advice in the section 'If information is disclosed to you'.

### **If information is disclosed to you**

It takes a lot of courage for a child, parent, carer or other significant adult to disclose that they are worried or have concerns. They may feel ashamed, the abuser may have threatened what will happen if they tell, they may have lost all trust in adults, or they may believe, or have been told, that the abuse is their own fault. It is important they are reassured that they are being taken seriously, and that they will be supported and kept safe. They should not be made to feel they are creating a problem or feel ashamed for making a report. If possible reports, particularly those about sexual violence and harassment, should be managed with 2 members of staff present (preferably one being the Designated Safeguarding Lead or a deputy), however this might not be possible in all cases.

If a child or adult talks to you about any risks to a child's safety or wellbeing you will need to let them know that **you must** pass the information on – you are not allowed to keep secrets. The point at which you do this is a matter for professional judgement. If you jump in immediately the child or adult may think that you do not want to listen, if you leave it till the very end of the conversation, they may feel that you have misled them into revealing more than they would have otherwise.

During your conversation with the child or adult:

- Allow them to speak freely, listen to what is being said without interruption and without asking leading questions.
- Keep questions to a minimum and of an open nature (TED questions tell me, explain, describe) i.e. 'can you tell me what happened?' rather than 'did x hit you?'
- Remain calm and do not overreact – the child or adult may stop talking if they feel they are upsetting you.
- Give reassuring nods or words of comfort – 'I'm so sorry this has happened', 'I want to help', 'This isn't your fault', 'You are doing the right thing in talking to me'.
- Do not be afraid of silences – remember how hard this must be for the child or adult.
- Under no circumstances ask investigative questions – such as how many times this has happened, whether it happens to siblings too, or what do other family members think about all this.
- At an appropriate time tell the child or adult that in order to help them you must pass the information on.
- Do not automatically offer any physical touch as comfort; it may be anything but comforting to a child who has been abused.
- Avoid admonishing the child or adult for not disclosing earlier. Saying 'I do wish you had told me about this when it started' or 'I can't believe what I'm hearing' may be your way of being supportive but they may interpret it that they have done something wrong.
- Tell the child or adult what will happen next. The child or adult may agree to go with you to see the Designated Safeguarding Lead. Otherwise let them know that someone will come to see or contact them before the end of the day.
- Report verbally to the Designated Safeguarding Lead (DSL).
- Write up your conversation as soon as possible and hand it to the Designated Safeguarding Lead.
- Seek support if you feel distressed.

If you are unsure you should always have a discussion with the Designated Safeguarding Lead to agree the best way forward.

**Staff must always immediately inform the Designated Safeguarding Lead (DSL) or their deputy if there is:**

- Any suspicion that a child is injured, marked, or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play.
- Any explanation given which appears inconsistent or suspicious.
- Any behaviour which gives rise to suspicions that a child may have suffered harm.
- Any concerns that a child may be suffering from inadequate care, ill treatment, or emotional maltreatment.
- Any concerns that a child is presenting signs or symptoms of abuse or neglect.
- Any significant changes in a child's presentation, including non-attendance.
- Any hint or disclosure of abuse about or by a child / young person.
- Any concerns regarding person(s) who may pose a risk to children e.g. living in a household with children present.
- Any concerns about online abuse including cybercrime, exploitation, harmful sexual behaviour, sharing nudes and semi nudes (sexting/youth produced sexual imagery) and/or where any adult appears to be sexually communicating (e.g. email, text, written note or verbally) with a child; see [DDSCP Briefing Note Offence of Sexual Communication with a Child](#).
- Any concerns about peer on peer / child on child abuse/sexual violence and harassment; this should never be tolerated and passed off as banter, having a laugh, boys being boys or part of growing up (see Section 5).
- Information which indicates that the child is living with someone who does not have parental responsibility for them (this known as private fostering). See Appendix 5.

- Any concerns that a child is at risk of domestic abuse, honour based abuse/violence including forced marriage or female genital mutilation (FGM). See Appendix 4.
- Any concerns that a child is at risk of radicalisation. See Appendix 6.
- Any concerns about child sexual exploitation or criminal exploitation, including county lines; this is also known as child at risk of exploitation (CRE). See Appendix 7.
- Any concerns that a child or their parent/carer may be a victim of modern slavery (trafficked). See Appendix 7.

### **Role of the Designated Safeguarding Lead following identification of needs or concerns, including all Stopping Domestic Abuse Together notifications**

The Designated Safeguarding Lead (DSL) will:

- Assess any urgent medical needs of the child.
- Consider whether the child has low level, emerging needs or complex/serious needs or if there are child protection concerns.
- Where appropriate use relevant national, [local](#) and education based assessment tools and guidance to support the identification of needs and decision making. For example:
  - School/college based records, assessments and chronologies, including any contextual factors/placed based risks
  - [DDSCP Threshold document](#) and [safeguarding children procedures](#)
  - DDSCP [Self-harm and Suicidal Behaviour Guidance Working with children and young people in Derby City and Derbyshire](#) (2020)
  - DDSCP [Guidelines for gathering information and assessing the needs of children whose parents have drug/alcohol issues](#)
  - DDSCP [Child Sexual Abuse within the Family Guidance for practitioners and managers](#) (2021)
  - [Sharing nudes and semi-nudes: advice for education settings working with children and young people](#) (2020)
  - [DfE Sexual violence and sexual harassment between child in schools and colleges](#) (2021)
  - [Stop it Now Sexual Behaviours Traffic Light Tool](#)
  - DDSCP [Child at Risk of Exploitation \(CRE\) Toolkit](#)
  - DDSCP [Graded Care Profile for Neglect \(GCP\)](#)
  - [Domestic Violence Risk Identification Matrix \(DVRIM\)](#)
  - [Safelives DASH Risk Identification Checklist](#) for when domestic abuse, 'honour'-based violence and/or stalking are disclosed
  - Body Maps – Appendix 4
  - [Contextual safeguarding tools](#)
- Check whether the child is currently subject to a Child Protection Plan, or has previously been subject to a plan, is Looked After, has a Child in Need plan or an Early Help Assessment (EHA) or is open to a Multi-Agency Team (MAT) or known to another agency.
- Confirm whether any previous concerns have been raised by staff.
- Consider whether the matter should be discussed with the child's parents or carers or whether to do so may put the child at further risk of harm (see below).
- If unsure about the action to take, including that a child protection referral should be made, seek advice from Children's Social Care or another appropriate agency.
- If the concerns are about radicalisation or violent extremism, make a referral to the Police Prevent Team.
- Where the child has complex needs or where there are child protection concerns, refer as appropriate to Children's Social Care or locality based Vulnerable Children's Meeting (VCM).

- If a child is at risk of immediate harm, and/or where it is believed a criminal offence has been committed, including sexual violence and harassment refer to the Police. See [NPCC When to call the police; guidance for schools and colleges](#).

### **Notifying parents**

The school will normally seek to discuss any needs or concerns about a child with their parents or carers. This must be handled sensitively. Where an Early Help Assessment would benefit the child and their family the most appropriate member of staff should approach the parent/carer to take this forward. In situations where there are serious needs or child protection concerns the Designated Safeguarding Lead (DSL) will make contact with the parent or carer. However, if the setting believes that notifying parents could increase the risk to the child or exacerbate the problem, then advice will first be sought from Children's Social Care.

### **Getting early help for the child**

If a referral to Social Care is not considered appropriate, consideration should be made to what support the child and family needs. The school will consider what support could be offered within the setting via pastoral support processes or whether it may be useful to undertake an Early Help Assessment (EHA) to clarify the child's needs/strengths and the support required and/or make a referral for other services.

Full written records of the information that the Designated Safeguarding Lead (DSL) or deputy received, detailing the actions taken or not taken and the reasons for these will be made. See [Derby Education Providers Safeguarding/Child Protection File Guidance](#).

### **Using the [Early Help Assessment \(EHA\)](#)**

Where parents, carers or children tell us that they require support, or staff identify that there may be emerging needs and that services might be required an Early Help Assessment (EHA) is likely to be beneficial. In such cases staff will have an open discussion with the parents / carers and child about the support and services that might help and agree how they would be accessed.

### **Extra support (universal)**

Where the school and another service i.e. Derby early help offer to schools, may be able to meet the needs, take swift action and prevent needs escalating, the Early Help Assessment (EHA) pre-assessment will be completed to identify and document the needs. This process may identify that an Early Help Assessment may be needed and the action to be taken.

### **Emerging needs**

Where the child or parent are likely to require co-ordinated support from a range of early help services, or where there are concerns for a child's well-being or a child's needs are not clear, not known or not being met, staff should discuss the use of the Early Help Assessment with the child and /or their parents or carers. Where a multi-agency response is needed a Team Around the Family (TAF) should be formed to bring together practitioners from the different services so that they, along with the family, can work together to meet the child's needs. The Designated Safeguarding Lead (DSL) or deputy will generally lead on liaising with other agencies, setting up the 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 lead professional.

For more information about the Early Help Assessment process see the DDSCP [Early Help](#) webpage or DDSCP safeguarding children procedures; [Providing early help](#).

If Early Help and/or other support are appropriate, the case should be kept under constant review. At each stage of the process where the child's situation doesn't appear to be improving and complex needs requiring intensive support (via Multi-Agency Team/MAT) or enduring complex needs (child in need) or child protection concerns are identified requiring specialist support, a referral to Children's Social Care will be made. See below.

## Referral to Children's Social Care

**Concerns about a child's welfare will be referred to Children's Social Care.**

**If at any point there is a risk of immediate serious harm to a child a referral should be made to Children's Social Care and/or the police immediately.**

**Anybody can make the referral**

Where it is believed that there are urgent child protection concerns, the Designated Safeguarding Lead (DSL) or deputy will make a referral to Children's Social Care by phone and follow this up in 'writing' via the [Derby Children's Social Care Online Referral System](#). Non-urgent cases should be referred via the [Derby Children's Social Care Online Referral System](#) or via submission of an Early Help Assessment, or equivalent assessment, to the weekly Vulnerable Child meeting (VCM) in the relevant locality.

In exceptional circumstances, such as in an emergency or a genuine concern that appropriate action hasn't been taken, any staff member can refer their concerns directly to Social Care however they should inform the Designated Safeguarding Lead (DSL) or deputy as soon as possible. See Derby and Derbyshire [Thresholds document](#) and [Derby and Derbyshire Safeguarding Children; Making a referral to Children's Social Care procedure](#).

If the referral is about a 'known' case of female genital mutilation (FGM), in addition to a referral to Social Care, the individual teacher also has a mandatory reporting duty; see [Mandatory Reporting of Female Genital Mutilation; procedural information](#) (2015). Under this duty, 'known' cases of female genital mutilation (FGM) where a girl under 18 informs the person that an act of female genital mutilation (FGM) has been carried out on her, or where physical signs appear to show that an act of female genital mutilation (FGM) was carried out, must be reported to the Police on 101. This is a personal responsibility in addition to the referral to Children's Social Care and the professional who identifies female genital mutilation (FGM) and/or receives the disclosure should make the report by the close of the next working day.

### Action following referral

The Designated Safeguarding Lead (DSL), their deputy or other appropriate member of staff will:

- Where a referral was made by phone follow up the referral in writing using the [online referral system](#) within 48 hours and attaching any existing assessment i.e. Early Help Assessment. In all cases the school will also include information held about any place based risks (harm outside of the home).

- Children's Social Care should make a decision within one working day of the referral being made about what course of action they are taking and let the school/college know the outcome. If the information is not forthcoming, the Designated Safeguarding Lead (DSL) or another appropriate member of staff should follow this up.
- Maintain contact with the allocated Social Worker and support them or other agencies following any referral.
- Contribute to any strategy discussion or meetings.
- Support any Section 47 enquiries or statutory assessments that are carried out.
- Provide a report for, attend and contribute to any initial and review Child Protection Conference.
- Share the content of this report with the parent and if appropriate the child, prior to the meeting.
- Attend core group meetings for any child subject to a Child Protection plan or Child in Need meeting for any child subject to a Child in Need plan.
- Whenever there are concerns about the outcome of a Child Protection Conference use the [Derby Child Protection Conference Professional Dissent Process](#).
- Where a child on a Child Protection plan, Child in Need plan or who is Looked After moves from the school or goes missing, immediately inform the key worker in Social Care.
- If after the referral the child's situation does not appear to be improving the Designated Safeguarding Lead (or the person who made the referral) should press for re-consideration to ensure their concerns have been addressed and the child's situation improves. See [Derby and Derbyshire Multi-Agency Dispute Resolution and Escalation Policy Escalation policy](#).

### **Confidentiality and sharing information**

The school will operate with regard to [HM Government Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers](#) (2018) and [DDSCP Information Sharing Guidance for Practitioners](#) (2019).

All staff will be mindful of the seven golden rules to sharing information (See Appendix 8) and considerations with regard to the Data Protection Act 2018 and UK General Data Protection Regulation (UK GDPR). They should be clearly aware that the Data Protection Act 2018 and UK GDPR do not prevent or limit the sharing of information for the purposes of keeping children safe and promoting their welfare.

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

If in any doubt about sharing information, staff should speak to the designated safeguarding lead or a deputy. **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.**

Staff should only discuss concerns with the Designated Safeguarding Lead (DSL) or Deputy (or the most senior person on the premises if they are unavailable), Headteacher or Chair of Governors/Trustees (depending on who is the subject of the concern). That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis.

Wherever possible consent will be sought to share information however where there are safeguarding concerns about a child, information will be shared with the appropriate

organisations such as Children's Social Care. In most cases concerns will be discussed with parents and carers prior to the referral taking place unless doing so would increase risk.

The school's policy on confidentiality and information-sharing is available to parents and children on request.

### **Record keeping**

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing using the schools agreed processes. If in doubt about recording requirements staff should discuss with the Designated Safeguarding Lead (DSL) or their deputy. See [Derby Education Providers Safeguarding/Child Protection File Guidance](#).

Records of concerns documentation and other written safeguarding information will be kept confidential and stored securely and only made available to relevant individuals. Safeguarding information will be stored separately from each child's education file and the file 'tagged' to indicate that separate information is held.

Records will include:

- A clear and comprehensive summary of the concern
- Details of how the concern was followed up and resolved
- A note of any action taken, decisions reached and the outcome, including where there are professional differences of opinion about the safety of a child; see [Multi Agency Dispute Resolution and Escalation Policy](#) and [Child Protection Conference Professional Dissent Process](#)

When a child leaves the school, the Designated Safeguarding Lead (DSL) will ensure a copy of these records will be securely sent along with the [DDSCP Derby Education Providers Transfer summary sheet](#) as soon as possible (within 5 days for an in-year transfer or within the first 5 days of the start of a new term) to any school or other education setting which the child transfers and a confirmation of receipt obtained. The safeguarding/child protection file transfer will be separate to the main pupil file. This will allow the new provider to continue supporting the child and have the support in place for when the child arrives.

The Designated Safeguarding Lead (DSL) will also consider if it would be appropriate to share any information with the new education provider in advance of the child leaving e.g. children who have or who have had a social worker, those receiving support through the Channel programme.

The Designated Safeguarding Lead and their deputy will be informed when a child's safeguarding/child protection file is received.

### **Support for those involved in a safeguarding/child protection issue**

Child neglect and abuse is devastating for the child and can also result in distress and anxiety for staff who become involved. We will support the children and their families and staff by:

- Taking all suspicions and disclosures seriously.
- Nominating a link person who will keep all parties informed and be the central point of contact.
- Where a member of staff is the subject of an allegation made by a child, a 'case manager' will be nominated.
- Responding sympathetically to any request from a child or member of staff for time out to deal with distress or anxiety.

- Maintaining confidentiality and sharing information on a need-to-know basis only with relevant individuals and agencies.
- Storing records securely.
- Offering details of helplines, counselling or other avenues of external support.
- Following the procedures laid down in our whistle blowing, complaints and disciplinary procedures.
- Co-operating fully with relevant statutory agencies.

## **5. Peer on Peer abuse/Child on Child abuse/Allegations of abuse made against other children**

The school recognises that children may abuse their peers physically, sexually and emotionally. There is a zero tolerance approach to peer on peer abuse; abuse is abuse and this will not be tolerated or passed off as ‘banter’, ‘just having a laugh’, ‘boys being boys’ or ‘part of growing up’ as this can lead to a culture of unacceptable behaviours and an unsafe environment for children.

The setting will take peer on peer abuse as seriously as abuse perpetrated by an adult and address it through the same processes as any safeguarding issue. We will respond to all reports and concerns, including those that have happened outside of the school and/or online. In addition, we also recognise that children who abuse others and any other child affected by peer on peer / child on child abuse are also likely to have considerable welfare and safeguarding issues themselves.

### **What is peer on peer / child on child abuse?**

- Peer on peer / child on child abuse is most likely to include but is not limited to:
  - Bullying (including cyberbullying, prejudice based and discriminatory bullying)
  - Abuse within intimate personal relationships between peers
  - Physical abuse such as hitting, kicking, shaking, biting, hair pulling or otherwise causing physical harm (this may include an online element which facilitates, threatens and /or encourages physical abuse)
  - Sexual violence, such as rape, assault by penetration and sexual assault (this may include an online element which facilitates, threatens and /or encourages sexual violence)
  - Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse
  - Causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
  - Consensual and non consensual sharing of nudes and semi-nude images and or videos (also known as sexting or youth produced sexual imagery)
  - Upskirting<sup>2</sup>, which typically involves taking a picture under a person’s clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm, and
  - Initiating/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used in a way of initiating a person into a group and may also include an online element).
- Peer on peer abuse exists on a continuum and different forms of abuse may overlap.

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<sup>2</sup> The Voyeurism (Offences) Act ( 2019) – upskirting is a criminal offence and anyone of any gender can be a victim

- It can affect any child/young person of any age and sex and can occur between two children or through a group of children abusing a single child or group of children.
- Sometimes vulnerable children are targeted. For example:
  - Those living with domestic abuse or intra-familial abuse in their histories
  - Young people in care
  - Those who have experienced bereavement through the loss of a parent, sibling or friend
  - Black and minority ethnic children are under identified as victims but are over identified as perpetrators
  - There is recognition it is more likely that girls will be victims and boys perpetrators. However, both girls and boys can experience peer on peer / child on child abuse but they are likely to experience it differently i.e. girls being sexually touched/assaulted or boys being subject to homophobic taunts/initiation/hazing (rituals and other activities involving harassment, abuse or humiliation used as a way of initiating a person into a group).
  - Evidence also shows that children with SEND and LGBT children are at greater risk.
- It is influenced by the nature of the environments in which children spend their time - home, school, peer group, online and community - and is built upon notions of power and consent. Power imbalances related to gender, social status within a group, intellectual ability, economic wealth, social marginalisation etc, can all be used to exert power over a peer.
- Peer on peer / child on child abuse involves someone who abuses a 'vulnerability' or power imbalance to harm another and has the opportunity or is in an environment where this is possible.
- While perpetrators of peer on peer / child on child abuse pose a risk to others they are often victims of abuse themselves.

### **Minimising the risk of peer on peer abuse**

There is a whole school approach to preventing peer on peer abuse, including child on child sexual violence and sexual harassment; this forms part of the whole school approach to safeguarding. The school will seek to minimise the risk of peer on peer / child on child abuse by ensuring an approach that prepares learners for life in modern Britain. The establishment has a clear set of values and standards which are upheld and demonstrated throughout all aspects of school life.

The school provides a safe environment, promotes a culture of positive standards of behaviour, takes steps to address inappropriate behaviour, has effective systems in place where children can confidently raise concerns knowing they will be taken seriously and provides safeguarding through the curriculum via PHSE, online safety and other curriculum opportunities. This may include targeted work with children identified as vulnerable or being at risk and developing risk assessment and targeted work with those identified as being a potential risk to others. See Section 3: Safe Environment – children are safe and feel safe.

All staff understand the importance of challenging inappropriate behaviours between peers that are abusive in nature. Downplaying certain behaviours will not be tolerated or passed off as 'banter', 'just having a laugh', 'boys being boys' or 'part of growing up'. Staff will maintain an attitude 'it could happen here'. All inappropriate behaviour will be addressed.

The setting deals with a wide continuum of children's behaviour on a day to day basis and most cases will be dealt with via school based processes. These are outlined in the following policies:

- Behaviour management, including bullying/ online bullying and prejudice-based bullying
- Online safety

- Children who runaway or go missing
- Relationships education/ relationships and sex education with a regular focus on healthy and positive relationships.

Themes within our PSHE Curriculum educate our children in their understanding of positive peer relationships.

<p><b>Being in My World</b> – explain how class is happy and safe space, say why I like being safe and fair, impact of behaviour and choices and consequences, gentle hands, kindness</p>	<p><b>Celebrating Difference</b> – tell how to be kind, what is bullying and how someone bullied may feel, how to help. Difference from friends. Inclusion. Strategies to stand up for myself. Kind words and actions</p>	<p><b>Relationships</b> – who can I go to for help, behaviours I don't like, safe relationships, how my behaviour affects others. Good friend. Unkind Words. Respect.</p>
<p><b>Healthy Me</b> – unsafe choices, tell someone I am scared. Dealing with difficult situations</p>	<p><b>Changing Me</b> - gender difference, privates are private, talk about worries</p>	

### Systems for children to report abuse

Even if there are no reports all staff understand it does not mean it is not happening, it may be the case it is not being reported. We recognise that children may not find it easy to tell staff about the abuse, that certain children may have additional barriers to telling someone and children can show signs or act in ways they hope adults will notice or react to. In some cases, victims may make indirect reports via a friend or staff may overhear conversations. All staff recognise the indicators and signs of peer on peer abuse and know how to identify it.

Responding to suspected peer on peer abuse at Chellaston Infant School

- Discuss your concerns with the DSL/DDSL and add contact to CPOMS

A decision can be made to either:

- a) Report to children social care and/or police
- b) Undertake Early Help Assessment
- c) Manage the concern internally with or without external support

- Use safeguarding tools, such as Brooks Traffic Light to consider response to sexualised behaviour

When dealing with peer on peer abuse at Chellaston Infant School you should:

- Act quickly and sensitively
- Gather information from everyone involved (individually)
- Ask open questions: What happened? Who saw what happened? What was seen/heard? Did anyone intervene?
- What's the next course of action? Consider:
  - Was the act deliberate and with intent?
  - Has the child experienced abuse before?
  - Has the child done this before
  - Does the child understand the impact of their behaviour?
  - Is this a pattern emerging?

**If staff have any concerns regarding peer on peer abuse, they should speak to the designated safeguarding lead or deputy.**

### **Action on concerns**

Peer on peer /child on child abuse may be a one-off serious incident or an accumulation of incidents. Staff may be able to easily identify some behaviour/s as abusive however in some circumstances it may be less clear. In particular, reports of sexual violence and harassment are likely to be complex and require difficult professional decisions to be made, often quickly and under pressure. In all cases the initial response to a report is very important. Members of staff will take the concerns seriously and reassure the child that they will be supported and kept safe, regardless of how long it has taken them to come forward. If possible, reports should be managed with 2 members of staff present (preferably one being the Designated Safeguarding Lead or a deputy), however this might not be possible in all cases. The victim will not be given the impression they are creating a problem or made to feel ashamed for making a report or their experience minimised. Abuse which has occurred online or outside of the school will be treated just as seriously as that which has occurred within the education environment.

Staff must follow Section 4. Taking Action on Concerns and discuss the concerns and seek advice from the Designated Safeguarding Lead (DSL).

When an allegation is made by a pupil against another pupil, members of staff should consider if the issues raised indicate that the child and /or alleged perpetrator may have low level, emerging needs, complex/serious needs or child protection concerns and follow the process outlined in Section 4. Taking Action on Concerns.

Particular considerations for cases where peer on peer / child on child abuse is a factor include:

- What are the wishes of victims in terms of how they want to proceed?
- What is the nature, extent and context of the behaviour including verbal, physical, sexual (including sharing of nudes/semi-nudes) and/or online abuse? Was there coercion, physical aggression, bullying, bribery or attempts to ensure secrecy? What was the duration and frequency? Is the incident a one off or a sustained pattern of abuse? (remember there may be other forms of abuse in addition to what has been reported) Were other children and /or adults involved? Has a crime been committed and/or whether any harmfully sexual behaviour has been displayed?
- What is the child's age, development, capacity to understand and make decisions (including anything that might have had an impact on this i.e. coercion), and family and social circumstances? What is the nature of the relationship between the children involved? Are they in a current or previous intimate personal relationship, do they live in the same household or setting, attend the same school, classes or transport?
- What are the relative chronological and developmental ages of the children? Does the victim or perpetrator have a disability or learning difficulty? Are there any differentials in power or authority?
- Is the behaviour age appropriate or not? Does it involve inappropriate sexual knowledge or motivation?
- Are there any risks to the child victim or alleged perpetrator themselves and others i.e. other children in school, adult students, school staff, in the child's household, extended family, peer group or wider social network? Are there any links to child sexual exploitation, child criminal exploitation or gang related activity?

Immediate consideration should be given to how best to support and protect the victim and alleged perpetrator and any other children involved/impacted. Where the report involves rape

and assault by penetration, the alleged perpetrator must be removed from any classes they share with the victim. There must also be careful consideration on how best to keep the victim and alleged perpetrator apart on school premises (including any before or after school activities) and on transport to and from the setting.

For all other reports of sexual violence and sexual harassment and forms of peer on peer abuse, the proximity of the victim and alleged perpetrator and considerations regarding shared classes, school premises and transport should be considered immediately.

All decisions will be made in the best interests of the children involved and should not be perceived to be a judgement on the guilt of the alleged perpetrator. In all cases, the initial report should be carefully evaluated on a case by case basis with the Designated Safeguarding Lead (DSL) taking a leading role and using their professional judgement, supported by other agencies, such as Children's Social care and the Police as required. The Designated Safeguarding Lead will refer to relevant assessment tools and guidance as appropriate such as:

- [Sexual Violence and Sexual Harassment between Children in Schools and Colleges](#)
- [Sharing nudes and semi-nudes: advice for education settings working with children and young people](#)
- [Searching, screening and confiscation at school](#)
- [Stop it Now Sexual Behaviours Traffic Light Tool](#)
- [DDSCP Thresholds Document](#)
- [DDSCP Safeguarding Children Procedures](#), in particular Children who present a risk of harm to others and Online Safety and Internet Abuse
- [When to call the police – guidance for schools and colleges](#)

Whenever there is an allegation of abuse, including concerns about sexual harassment and violence, made against a child, the Designated Safeguarding Lead (DSL) and other appropriate staff will draw together separate risk and needs assessments and action plans to support the victim and the alleged perpetrator. These will consider:

- The victim, especially their protection and support;
- The alleged perpetrator; and
- All the other children (and if appropriate adult students and staff) at the school, especially any actions that are needed to protect them.
- When information can be disclosed to staff and others, including the alleged perpetrator and parents/carers.

Whenever children's social care and or the police are involved, the school will work in collaboration to ensure the best possible support and protection is provided for both the victim and the alleged perpetrator.

All reports of peer on peer / child on child abuse (including sexual harassment and/or sexual violence) will be recorded in the child's safeguarding/child protection file. This will include all decision making, risk and needs assessment and plans must be recorded in writing as outlined in Section 4.

Where appropriate incidents may be managed internally (low level needs), via early help (emerging needs) or through children's social care (complex/serious needs or child protection concerns); reports to the police will be run in parallel with Children's Social Care as outlined in the DDSCP safeguarding children procedures.

All risk and needs assessment and action plans whether internal or multi-agency will be reviewed and updated on a regular basis. If things do not improve or deteriorate the situation should be reconsidered. Relevant policies will be updated to reflect the lessons learnt and

consideration given to the wider cultural issues within the school that enabled the behaviour to occur.

Where the victim or alleged perpetrator transfer to another education setting the Designated Safeguarding Lead (DSL) will ensure the new provider will be made aware of any on-going support needs (and will discuss this with the victim and where appropriate their parents, as to the most suitable way of doing this) as well as transferring the safeguarding/child protection file. In the case of the alleged perpetrator, where appropriate, this will also include potential risks to other children and staff. See Section 4 Taking Action on Concerns - record keeping.

**Any suspicion or allegations that a child has been sexually abused or is likely to sexually abuse another child (or adult) or where there are concerns about any other form of abuse, a referral must be made immediately to Children's Social Care and where appropriate the Police.**

## 6. Safer Recruitment and Selection of Staff

The setting has adopted best practice and robust recruitment and selection procedures that minimise the risk of employing people who might abuse children or are otherwise unsuitable to work with them. This includes any remote recruitment processes. We complete a full range of checks which are carried out to minimise the possibility of children suffering harm from those they consider to be in positions of trust.

The school has a culture which safeguards and promotes the welfare of children in the setting. As part of this we ensure that all appropriate measures are applied in relation to recruitment procedures that deter and prevent people who are unsuitable from working with children from applying for or securing employment or volunteering opportunities in the establishment, including volunteers, trainee teachers, supply staff and staff employed by contractors. This is an essential part of creating a safe environment for children and young people.

Safer practice in recruitment means thinking about and including issues to do with child protection and safeguarding children at every stage of the process. This includes obtaining and scrutinising comprehensive objective and factual information about applicants. For example, obtaining professional references, verifying academic or vocational qualifications, previous employment history, verifying health and physical capacity for the job as well as resolving any discrepancies or anomalies in references.

It also includes ensuring that advertising, job descriptions, application forms, person specifications, shortlisting, selection and interview processes include safeguarding and right to work in England checks.

Everyone who works in the school, including volunteers and school governors will have appropriate [Disclosure and Barring \(DBS\)](#) and [teacher status checks](#). Governors and all relevant staff will also require section 128 checks. *(Please note: all schools colleges providing childcare must ensure that appropriate checks are carried out to ensure that individuals employed to work in reception classes or wraparound care for children up to aged 8 are not disqualified under Childcare Disqualification Regulations 2018, see [Statutory guidance Disqualification under the Childcare Act 2006](#)).*

**See East Midland Education Trust Safer Recruitment Policy [here](#)**

### **Agency, Supply Staff, Training Providers and Contractors**

The school will obtain written notification from any agency, third party organisation or initial teacher training provider that they have carried out checks on an individual who will be working at the school that we would otherwise perform. Where contractors are used to provide services safeguarding requirements and the check needed will be set out in the contract.

### **Volunteers**

The setting will ensure volunteers are appropriately supervised as outlined in [statutory guidance](#) on supervising the activities of workers and volunteers with children. In addition risk assessments will be undertaken and professional judgment/experience used when deciding whether to obtain an enhanced DBS certificate for any volunteer not engaged in regulated activity. The details of the risk assessment will be recorded.

**See East Midland Education Trust Safer Recruitment Policy [here](#)** and the in-school Volunteers Protocol.

### **'Extended school' and off site arrangements**

Where 'extended school' activities are provided by and managed by the setting, our own safeguarding policy and procedures apply. If other organisations provide services or activities on our site we will check that they have appropriate procedures in place, including safer recruitment checks and procedures. When our children attend offsite activities, we will check that effective child protection arrangements are in place. Where a child is placed with an alternative provision provider, we will obtain written confirmation that appropriate safeguarding checks have been carried out on individuals working at the establishment.

### **Visitors to the school**

The premises provide a safe learning environment with secure access. This process includes ensuring the different types of visitors are suitable and are checked and monitored as appropriate. See school [Visitors Policy](#) and [DDSCP Access to Schools by Staff from Other Agencies Briefing Note](#).

### **On-going safeguarding of children**

There is a co-ordinated whole school approach to safeguarding which goes beyond safer recruitment processes and extends safeguarding vigilance to all aspects of the establishments culture and environment.

The Governing Body/Trustees/Proprietor have processes in place for continuous vigilance, maintaining an environment that deters and prevents abuse and challenges inappropriate behaviour. The school Safeguarding Team is large allowing for staff to identify a member of the team that they feel most comfortable sharing sensitive information with. A robust process and communication systems are in place which enable staff to be confident in the effectiveness of safeguarding in our school.

## **7. What staff should do when they have concerns and /or allegations about another staff member (including supply staff, contractors and volunteers)**

As part of our whole school approach to safeguarding **all** concerns and or allegations about adults working in or on behalf of the school/college (including supply teachers, contractors and volunteers) will be reported and dealt with promptly and appropriately.

By doing so everyone in the school will:

- Create and embed a culture of openness, trust and transparency
- Help to identify concerning, problematic or inappropriate behaviour at an early stage
- Minimise risk of abuse
- Ensure that school staff are clear about professional boundaries and act within these, in accordance with the ethos and value of the institution

The school recognise there are two levels of allegation/concern

1. Allegations that may meet the harms threshold
2. Allegations that do not meet the harms threshold, also known as 'low level concerns'

Our response to concerns/allegations is consistent with the DDSCP Safeguarding Children Procedures; [Allegations against Staff, Carers and Volunteers](#).

### **1. Allegations that may meet the harms threshold**

This is where an allegation might indicate that a person would pose a risk of harm if they continue to work in their present position, or in any capacity with children in a school or college. Where it is alleged that anyone working in the establishment, including supply teachers, contractors and volunteers has:

- Behaved in a way that has harmed a child, or may have harmed a child and/or;

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

This includes any behaviour that may have happened outside school and is known as transferable risk.

### **If you have concerns about another staff member**

Staff who are concerned about the conduct of a colleague (including supply staff, contractors and volunteers) towards a child are undoubtedly placed in a very difficult situation. However, all staff must remember that the welfare of the child is paramount.

All concerns of poor practice or concerns about a child's welfare brought about by the behaviour of colleagues should be reported without delay to the Headteacher/Principal. Where there are concerns allegations about the headteacher/principal this should be referred to the chair of governors/ chair of the management committee/proprietor. In a situation where there is conflict of interest in reporting the matter to the headteacher this should be reported directly to the Local Authority Designated Officer (LADO). The member of staff should make a record which will include time, date, place of incident, persons present, what was witnessed, what was said etc; this should then be signed and dated (see Appendix 2).

### **Looking after the welfare of the child**

Where a child has been harmed, or there is an immediate risk of harm to a child or if the situation is an emergency, children's social care should be contacted and where appropriate the police. It is the Designated Safeguarding Lead's responsibility to ensure the child is not at risk and refer cases of suspected abuse to Children's Social Care.

### **Investigating and supporting the person subject to the allegation**

A case manager will lead the investigation. This will be the headteacher/principal or where the headteacher/principal is the subject of the allegation, the chair of governors/chair of the management committee/proprietor.

Allegations will be dealt with

- By applying common sense and judgement
- Quickly, fairly and consistently
- Providing effective protection for the child and support the person subject to the allegation

Before contacting the Local Authority Designated Officer (LADO) the case manager will conduct basic enquiries in line with DDSCP procedures to establish the facts to help them determine whether there is any foundation to the allegation; being careful not to jeopardise any future police investigation.

- The Headteacher/Principal, or Chair of Governors should complete the [Derby and Derbyshire LADO Referral Form](#) and email to the responsible local authority; see other key safeguarding contacts list on page 12. The LADO on duty will then contact them within one working day to discuss their referral. The discussion will consider the nature, content and context of the allegation and agree a course of action.
- When to inform the individual will be on a case by case basis, with guidance from the LADO, and where appropriate children's social care and the police.

- Where the subject of the allegation is a member of supply or contracted staff, the employment agency should be fully involved in any enquiries however the school will usually take the lead.
- Consideration will be given throughout to the support and information needs of pupils, parents and the subject of the allegation.
- Details of the allegation, any investigation, actions taken and the outcome category will be recorded as outlined in national and local guidance. Records will be kept confidential, held securely and comply with data protection legislation.
- If consideration needs to be given to the individual's employment, advice will be sought from HR or equivalent.

### **Non recent allegations**

Non recent allegations by a child will be reported to the LADO in line with DDSCP multi-agency safeguarding procedures. Where an adult makes an allegation to a school they were abused as a child, the DDSCP [Adults who Disclose Non Recent Abuse procedure](#) should be followed.

For further information about concerns which may meet the harms threshold see *Chellaston Infant School* Staff Code of Conduct, Managing Allegations against Staff Policy, Complaints and Whistleblowing Policy.

### **2. Concerns that do not meet the harm threshold**

Allegation/concerns that do not meet the harms threshold are referred to as 'low level concerns'. Low level concern does not mean it is insignificant, rather that the behaviour towards the child does not meet the harm threshold as outlined above.

A low level concern is any concern, no matter how small, that an adult working in or on behalf of the school may have acted in a way that is:

- Inconsistent with the staff code of conduct, including inappropriate conduct outside of work, and does not meet the allegations threshold or
- Not considered serious enough to consider a referral to the Local Authority Designated Officer (LADO)

The behaviour can exist on a wide spectrum. Further information about distinguishing expected and appropriate behaviour from concerning, problematic or inappropriate behaviour can be found in the school/college staff code of conduct policy.

Staff should share low level concerns with the Designated Safeguarding Lead, this may include self-referral where staff have found themselves in a situation which could be misinterpreted, might appear compromising to others and or on reflection they believe they have behaved in a way that they consider falls below the expected professional standards. This should be done either through the CPOMS systems in place or by speaking to a member of the Safeguarding Team directly.

Reports about supply staff or contractors will be notified to their employers.

All low level concerns will be recorded in writing by the Designated Safeguarding Lead. The records will be kept confidential, held securely and comply with data protection legislation.

For further information about the procedure for responding to low level concerns see *Chellaston Infant School* Staff Code of Conduct, Managing Allegations against Staff Policy, Complaints and Whistleblowing Policy.

## **Appendix 1**

## **Types of Abuse and Possible Indicators**

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

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or by another child or children.

Remember children with special educational needs (SEN), certain health conditions and disabilities can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group of children. Similarly, where a child is black or from a minority ethnic group, aggressive behaviour, emotional and behavioural problems and educational difficulties may be wrongly attributed to racial stereotypes, rather than abuse. Cultural and religious beliefs should not be used to justify hurting a child.

### **Physical Abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child<sup>3</sup>.

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or they live in a home where domestic abuse happens<sup>4</sup>. Babies and disabled children also have a higher risk of suffering physical abuse.

#### **Some of the following signs may be indicators of physical abuse:**

- Children with frequent injuries
- Children with unexplained or unusual fractures or broken bones; and
- Children with unexplained
  - Bruises or cuts
  - Burns or scalds; or
  - Bite marks<sup>5</sup>.

### **Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued in so far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capacity, as well as over protection and limitation of exploration and learning, or preventing the child participating

<sup>3</sup> HM Government (2018) Working Together to Safeguard Children, page 103

<sup>4</sup> Brandon et al., (2010) Building on the learning from Serious Case Reviews: A two year analysis of child protection database notifications 2007-2009, Department for Education, 2010

<sup>5</sup> HM Government (March 2015) What to do if you're worried a child is being abuse: advice for practitioners

in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying) causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example in the way that a parent interacts with their child.

**Some of the following signs may be indicators of emotional abuse:**

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder'
- Parents or carers blaming their problems on their child; and
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

**Sexual Abuse (and sexual exploitation)**

Sexual abuse is any sexual activity with a child. Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in a sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education (also known as peer on peer abuse). See Section 5: Peer on Peer / Child on Child Abuse.

Many children who are victims of sexual abuse do not recognise themselves as such; they may not understand what is happening and may not understand that it is wrong.

**Some of the following signs may be indicators of sexual abuse:**

- Children who display knowledge or interest in sexual acts inappropriate to their age
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have
- Children who ask others to behave sexually or play sexual games; and
- Children with physical sexual health problems, including soreness in the genital or anal areas, sexually transmitted infections or underage pregnancy.

See DDSCB [Child Sexual Abuse within the Family Guidance for practitioners and managers](#)

Child sexual exploitation is also a form of child sexual abuse. See appendix 7 Child Sexual Exploitation (CSE) and Criminal Child Exploitation (CCE), including county lines

## **Neglect**

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

Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action. However, while you may be concerned about a child, neglect is not always straightforward to identify. Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have a dependency on alcohol and/or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child.

### **Some of the following signs may be indicators of neglect:**

- Children who are living in a home that is indisputably dirty or unsafe
- Children who are left hungry or dirty
- Children who are left without adequate clothing, e.g. not having a winter coat
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence
- Children who are often angry, aggressive or self-harm
- Children who fail to receive basic health care; and
- Parents who fail to seek medical treatment when their children are ill or are injured.

## **Appendix 2**

## **Concerns Form**

Education settings must ensure that volunteers, staff and governors are able to record concerns about:

- The welfare of a child or young person; and
- The behaviour of a volunteer, member of staff, governor or person connected with the school.

The following headings illustrate the minimum information that should be included in the local arrangements that is agreed within the individual education setting.

### **Principles**

A statement should be included on the form used in the setting that confirms:

*"Any member of the staff, including volunteers, must record any concerns about a child or young person. This form must be completed as soon as possible after the discovery of the concern. If the concern is about:*

- *The welfare of a child it must be sent to the Designated Safeguarding Lead (DSL).*
- *The behaviour of any member of staff it must be sent immediately to the Headteacher, or the Chair of Governors/Management Committee or equivalent if the allegation is against the Headteacher or where the Headteacher is the sole proprietor of an independent school the allegations should be reported directly to the Local Authority Designated Officer.*

*If the concerns are immediate, please inform an appropriate person straight away."*



At Chellaston Infant School, we believe that everyone should reach their full potential in a safe, fun and happy environment which promotes independence, self-worth and excellence. Everyone is a learner whose values are respected.

Chellaston Infant School  
 School Lane, Chellaston  
 DERBY, DE73 6TA  
 Telephone: 01332 700298

Email: [admin@chellastoni.derby.sch.uk](mailto:admin@chellastoni.derby.sch.uk)  
 Website: [www.chellastoninfants.co.uk](http://www.chellastoninfants.co.uk)

Headteacher: Mrs L Galley

**CHILD CONCERN SHEET**

<b>Child's name:</b>		<b>Date of Birth:</b>	
		<b>Class/Year:</b>	
<b>Concern identified by:</b>		<b>Role:</b>	
<b>Date of concern:</b>		<b>Time of concern:</b>	
<b>Witness/es:</b>		<b>Place of incident:</b>	
<b>Name of alleged person (s) responsible for the harm:</b>			
<b>Not Known</b>		<b>Volunteer</b>	
<b>Pupil in this school</b>		<b>Member of staff</b>	
<b>Pupil in another school (Please specify)</b>		<b>Governor/Trustee</b>	

<b>Family member</b>	<b>Other</b> (Please specify)
----------------------	----------------------------------

**Concern/Incident/Disclosure: Why are you concerned about this child? What have you observed and when? What have you been told and when?**

Please provide a description of any incidents or anything you have been told by a child, or another person. Remember to make clear what is fact and what is hearsay/opinion. Note the language/terminology used by the child, or adult, and be clear about who has said what. Continue on a separate sheet if necessary.

**Has any action already been taken in relation to this concern?**

For example child taken out of class, first aid

--

<b>Name of person concerns reported to</b>	<b>Date</b>

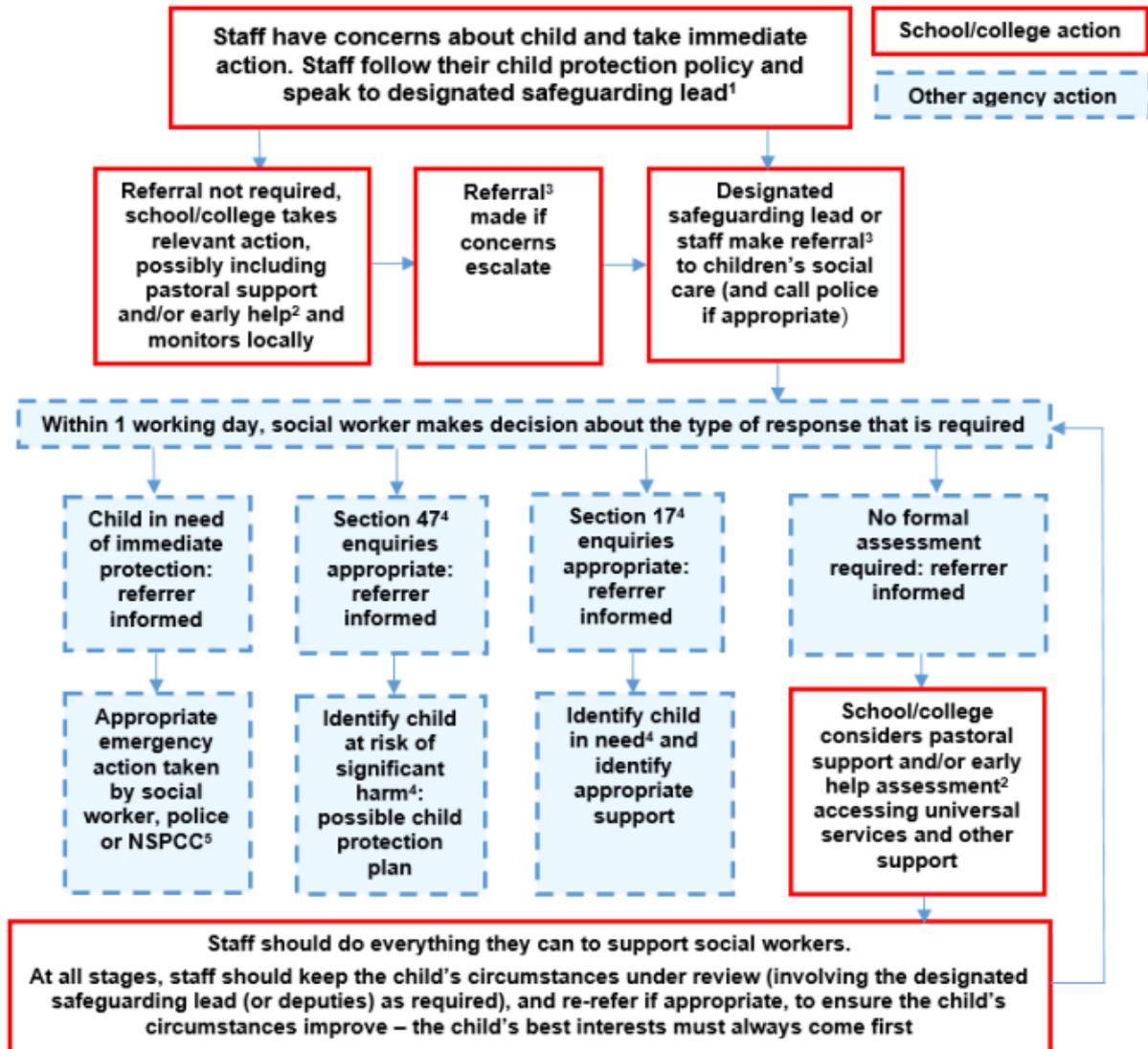
<b>Action to be taken / recommendations from DSL</b>

<b>Name of person completing form</b>	<b>Signature</b>	<b>Date and time</b>

<b>Safeguarding Team member</b>	<b>Signature</b>	<b>Date</b>

**Appendix 3**

**Actions where there are concerns about a child**



Taken from Keeping Children Safe in Education (2021) page 23

## **Appendix 4      What is Domestic Abuse, and so called 'Honour Based Abuse/Violence' including Female Genital Mutilation (FGM) and Forced Marriage?**

### **Domestic Abuse**

The Domestic Abuse Act 2021 has for the first time created a statutory definition of domestic abuse. The behaviour of a person (perpetrator) towards another person (victim) is "domestic abuse" if,

The perpetrator and victim are each aged 16 or over and are personally connected to each other, and the behaviour is abusive. Behaviour is 'abusive' if it consists of any of the following:

- a. physical or sexual abuse
- b. violent or threatening behaviour
- c. controlling or coercive behaviour
- d. economic abuse
- e. psychological, emotional or other abuse

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

Young people can also experience domestic abuse within their own intimate relationships. This is a form of peer on peer abuse and is sometimes referred to as 'teenage relationship abuse'. Depending on the age of the young people, this may not be recognised in law under the statutory definition of 'domestic abuse' (if one or both parties are under 16). However, as with any child under 18, where there are concerns about safety or welfare, child safeguarding procedures should be followed and both young victims and young perpetrators should be offered support. See Section 5. Peer on Peer abuse.

The Act also recognises the impact of domestic abuse on children, as victims in their own right, if they see or hear, or experience the effect of, the abuse.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse happens between family members. Exposure to domestic abuse and/or violence can have a serious, long lasting emotional, physical, developmental and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

Children living in families where they are exposed to abuse have been shown to be at risk of behavioural, emotional, physical, cognitive functioning, attitudes and long term developmental problems. They may:

- become aggressive
- display anti-social behaviour
- suffer from depression or anxiety
- not do as well at school due to difficulties at home or disruption of moving to and from refuges.

Incidents of domestic abuse towards pregnant women are associated with poor obstetric outcomes in a number of ways, such as increased rates of miscarriage, premature birth, low birth weight, foetal injury and foetal death.

Domestic abuse is a crime and should be reported to the Police.

**All concerns about domestic abuse must be reported to the Designated Safeguarding Lead or their deputy**

Also see DDSCP safeguarding children procedures; [Domestic Abuse](#).

## **Honour Based Abuse/Violence**

Honour based abuse (HBA) or violence (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

It is a violation of human rights and may be a form of domestic and/or sexual violence. Where it affects children and young people it is child abuse.

It can be distinguished from other forms of abuse and violence, as it is often committed with some degree of approval and/or collusion from family and/or community members. Women, men and younger members of the family can all be involved in the abuse. Victims of honour-based abuse are more likely to be abused multiple times by multiple perpetrators.

Honour based abuse and violence manifests itself in a diverse range of ways with children and young people, it can lead to a deeply embedded form of coercive control, built on expectations about behaviour that are made clear at a young age. Often the control is established without obvious violence for instance through family members threatening to kill themselves because of the victim's behaviour. Honour based abuse can also include forced marriage (approximately 1 in 5 cases), domestic and/or sexual violence, rape, physical assaults, harassment, kidnap, threats of violence (including murder), witnessing violence directed towards a sibling or indeed another family member, and female genital mutilation.

### **Do not underestimate the potential risk of harm**

#### **One Chance Rule**

All staff working with suspected or actual victims of forced marriage and honour-based violence need to be aware of the "one chance" rule. That is, they may only have one opportunity to speak to a victim or potential victim and may possibly only have one chance to save a life.

If the victim is allowed to leave without the appropriate support and advice being offered, that one chance might be wasted.

**All concerns about 'honour based' abuse/violence must immediately be reported to the Designated Safeguarding Lead or their deputy**

Also see DDSCP safeguarding children procedures; [Honour Based Abuse and Violence](#) (HBA/HBV).

#### **Female Genital Mutilation**

Female Genital Mutilation (FGM) is a form of child abuse and violence against female children and women, a serious public health concern and a human rights issue.

The World Health Organisation (WHO) defines female genital mutilation as '*all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons.*'

It is illegal in the UK to subject a female child or woman to female genital mutilation (FGM), to take a child abroad to undergo FGM or for any person to advise, help or force a female child to inflict FGM on herself. It is also an offence to fail to protect a female child from the risk of FGM.

FGM can be carried out at any age and is performed for a variety of complex reasons with a range of explanations and motives given by individuals and families who support the practice. It is medically unnecessary, is extremely painful, terrifying and has life threatening physical and serious psychological health consequences both at the time the procedure is carried out and later in life.

FGM may be an isolated incident of abuse within a family however it can be associated with other behaviours that discriminate against, limit or harm female children and women. These may include 'honour' based violence, forced marriage and domestic abuse.

Staff should also be aware that some female children and women at risk may not yet be aware of the practice or that it may have been conducted on them.

### **Identifying risk of FGM**

The most significant factor to consider when deciding whether a female child or woman may be at risk of FGM is whether her family has a history of practising FGM. In addition, it is important to consider whether FGM is known to be practised in her community or county of origin. Women may also marry into practising communities and then have to go through FGM. Alongside a female child or woman's community or country of origin there are a range of other factors that could indicate a risk that she will be subjected to FGM. These include:

- A female child is born to a woman who has undergone FGM
- A female child has an older sibling or cousin who has undergone FGM
- A female child's father comes from a community known to practise FGM
- The family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children
- A woman/family believe FGM is integral to cultural or religious identity
- Female child/family has limited levels of integration within UK community
- Parents have limited access to information about FGM and do not know about the harmful effects of FGM or UK law
- A family is not engaging with professionals (health, education or other)
- A family is already known to Social Care in relation to other safeguarding issues
- Any female child from a practising community withdrawn from Sex and Relationships Education or its equivalent as a result of her parents wishing to keep her uninformed about her body and rights
- Parents seeking to withdraw their children from learning about FGM
- Sections are missing from a female child's health red book (parent held record).

### **Indications FGM may be imminent**

Consider factors above and specifically the points below:

- If a family elder is present, particularly if she is visiting from a country of origin, and taking a more active/influential role in the family
- If there are references to FGM in conversation, e.g. a female child may tell other children about it or confide that she is about to have a 'special procedure' or to attend a special occasion to 'become a woman'
- Parents state that they or a relative will take the female child out of the country for a prolonged period. This may be discussed within the school environment or travel clinics when asking for vaccinations in preparation for travel

- A female child may talk about a long holiday to her country of origin or another country where the practice is prevalent. See Appendix 4: International Prevalence of FGM (Documents Library, Other Useful Information) and Legislation Banning FGM
- A female child may request help from a teacher or another adult if she is aware or suspects she is at risk
- A female child is unexpectedly absent from school
- A parent or family member expresses concerns that FGM may be carried out on the female child.

The above is not an exhaustive list of risk factors. There may be additional risk factors to specific communities e.g. in certain communities FGM is closely associated to when a female child reaches a particular age.

### **Indications that FGM has already taken place**

There are a number of indications that a female child or woman has already been subjected to FGM. This includes a female child or woman:

- Asking for help
- Experiencing difficulty walking, sitting or standing and may appear to be uncomfortable
- Finding it hard to sit still for longer periods of time, and this was not a problem previously
- Having frequent urinary, menstrual or stomach problems
- Avoids physical exercise or requires to be excused from physical education (PE) without a GP's letter
- Spending long periods of time away from the classroom during the day with bladder or menstrual problems
- Having prolonged or repeated absences from school or college
- Spending longer than normal in the toilet due to difficulties urinating
- Increased emotional or psychological needs e.g. withdrawal or depression or significant change in behaviour;
- Talks about a pain or discomfort between her legs
- Asking for help, but may not be explicit about the problem; and/or
- Being reluctant to undergo any medical examinations.
- A parent / other adult, a child or other children may also disclose that the child has been subjected to FGM.

'Known' case of female genital mutilation (FGM), in addition to a referral to Social Care, the individual teacher also has a mandatory reporting duty; see Section 4 Taking Action on Concerns, Referral to Children's Social Care and [Mandatory Reporting of Female Genital Mutilation; procedural information](#) (2015).

For further information about FGM see DDSCP safeguarding children procedures; [Safeguarding Children at Risk of Abuse through Female Genital Mutilation \(FGM\)](#).

**All concerns about female genital mutilation (FGM) must be reported to the Designated Safeguarding Lead or their deputy**

### **Forced Marriage**

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is recognised in the UK as a form of domestic and/or sexual violence against women and men, and a serious abuse of human rights. Where it affects children and young people it is child abuse. Disabled

children and young people are vulnerable to forced marriage. Circumstances may also be more complex if the child is lesbian, gay, bisexual or transgender.

It is a criminal offence to force someone to marry.

The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family). Financial abuse can also be a factor.

A clear distinction must be made between forced marriage and arranged marriage. In arranged marriages, the families of both spouses take a leading role in choosing the marriage partner, but the choice whether or not to accept the arrangements remains with the individual. Consent must be from both parties.

Children forced to marry, or those who fear they may be forced to marry, are frequently withdrawn from education, or have numerous absences, go missing, are not allowed to attend extra-curricular activities or subjected other unreasonable restrictions, appear to have low motivation at school, restricting their educational attainment and personal development. They may feel unable to go against the wishes of their parents and consequently may suffer emotionally, with feelings of betrayal and shame that can lead to depression and self-harm.

A child may also approach a member of staff because they are concerned about forced marriage. It may involve going on a family holiday overseas or in the UK and the child may suspect that this is a ploy and that there is an ulterior motive, which is to force them to marry.

### **Do not underestimate the potential risk of harm**

#### **One Chance Rule**

All staff working with suspected or actual victims of forced marriage and honour-based violence need to be aware of the "one chance" rule. That is, they may only have one opportunity to speak to a victim or potential victim and may possibly only have one chance to save a life.

If the victim is allowed to leave without the appropriate support and advice being offered, that one chance might be wasted.

**All concerns about forced marriage must immediately be reported to the Designated Safeguarding Lead or their deputy**

Also see DDSCP safeguarding children procedures; [Forced Marriage](#).

## **Appendix 5**

## **Privately Fostered Children or Young People<sup>6</sup>**

### **Definition of private fostering**

A private fostering arrangement is a private arrangement for a child under the age of 16 (or 18 if they are disabled) to be cared for by someone who is not a parent or close relative for more than 28 days. The Local Authority is not involved in placing the child or young person in this private arrangement.

A child or young person is privately fostered if they are living with extended family members such as cousins, great aunts, great uncles or a family friend. They may be living outside of their parents care due to;

- Child or young person is asked to leave the family home
- Parent is in prison / hospital / homeless
- To avoid becoming a looked after child
- Parent has left the local area and child has remained to complete academic studies
- Child leaves due to family dysfunction or because they have been living with parents who have substance misuse problems or other difficulties
- Parent decides to place child with extended family member
- Child is placed with extended family for religious or economic reasons

### **Responsibilities**

Private foster carers are responsible for providing the day-to-day care of the child in a way which will promote and safeguard his welfare. However the overarching responsibility remains with the person who has parental responsibility for the child.

The Local Authority has legal duties towards private fostered children / young people and must satisfy itself that welfare of children who are, or will be, privately fostered within their area are satisfactorily safeguarded.

If you or your agency become aware of a child or young person living in a private fostering arrangement you must notify the Local Authority Children's Social Care by telephone in one working day and you will be asked to follow this up in writing. Children's Social Care can be contacted via the Initial Response Team, 01332 641172.

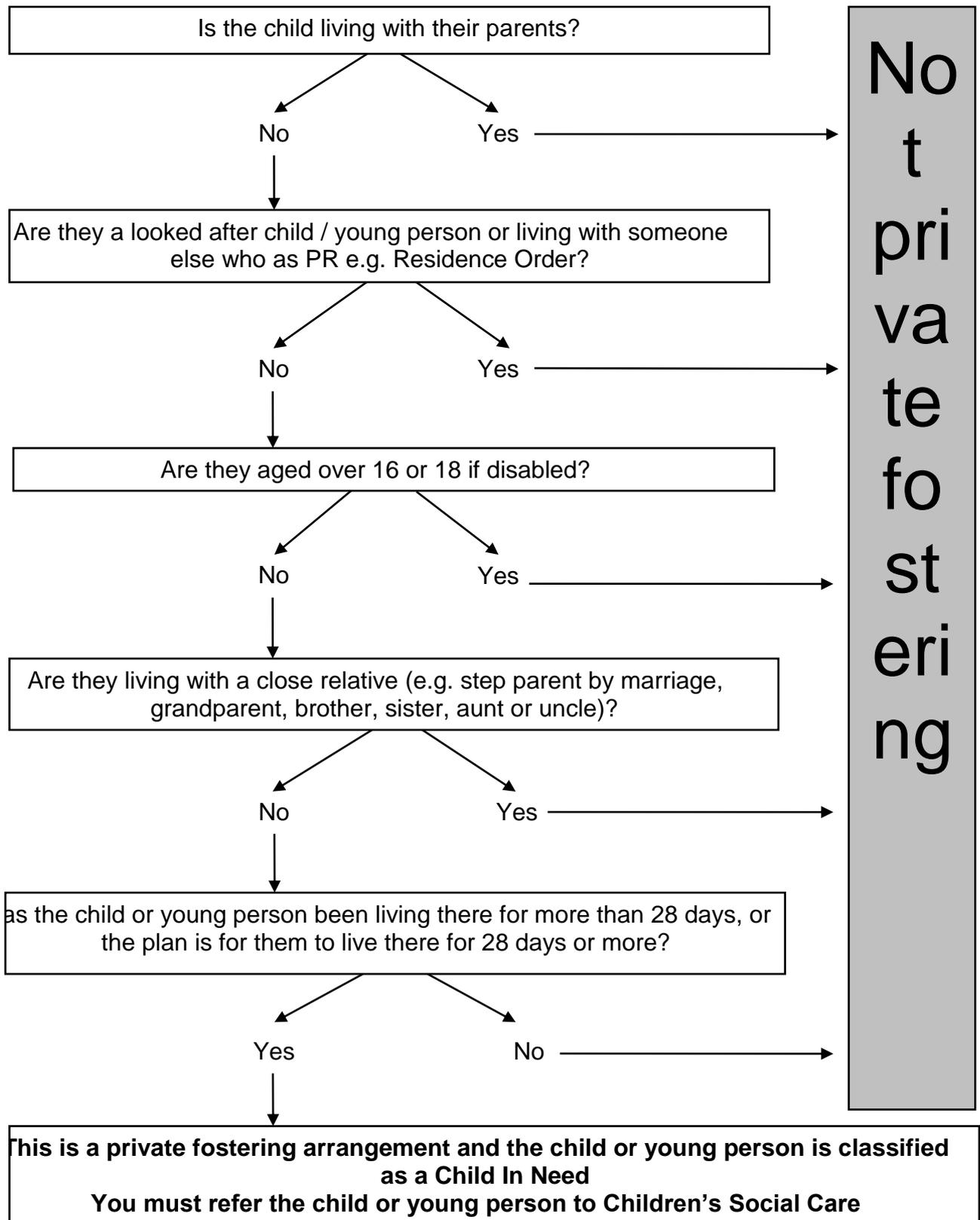
For further information about how to make a referral to Children's Social Care, please see the [DDSCP Safeguarding Children procedures](#). These can also be found on the local safeguarding children procedures and guidance page of [www.ddscp.org.uk](http://www.ddscp.org.uk).

See Private Fostering flowchart on the following page and DDSCP [Private Fostering](#) webpage.

**All concerns about private fostering arrangements must be reported to the Designated Safeguarding Lead or their deputy**

<sup>6</sup> Taken from DDSCP Private Fostering Briefing Note and Flowchart (2014)

## Is this a Privately Fostered Child or Young Person?



In order for the school to fulfil the Prevent Duty, it is essential that staff are able to identify children who are vulnerable to radicalisation and know what to do when they are identified. Keeping children safe from these risks is a safeguarding matter and should be approached in the same way as safeguarding children from other risks. The Designated Safeguarding Lead and other senior leads in school will be familiar with the [Prevent duty guidance: for England and Wales](#).

### **What is Radicalisation and Extremism?**

Radicalisation is defined as the process by which a person comes to support terrorism and forms of extremism leading to terrorism. During this process it is possible to intervene to prevent vulnerable people being drawn into terrorist related activity.

Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. This also include calling for the death of members of our armed forces, whether in this country or overseas. Terrorist groups very often draw on extremist ideas developed by extremist organisations.

Terrorism is an action that endangers or causes serious violence to a person/people; causes damage to property; seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purposes of advancing a political, religious or ideological cause.

*Taken from:*

[The Prevent Duty – departmental advice for schools and childcare providers](#) (2015)

### **Identification**

There is no single way of identifying a child or young person who is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child's vulnerability. Radicalisation can occur through many different methods, such as social media or the internet and settings such as within the home.

Issues that may make an individual vulnerable to radicalisation, can include:

- Identity Crisis - feeling like an outsider, excluded from society, distance from cultural / religious heritage and issues of identity and belonging'
- Personal Crisis - family tensions; domestic abuse; sense of isolation; adolescence; low self-esteem; disassociating from existing friendship group and becoming involved with a new and different group of friends on or offline; searching for answers to questions about identity, faith and belonging
- Personal Circumstances - migration; local community tensions; events affecting country or region of origin; alienation from UK values; having a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy
- Unmet aspirations/lack of opportunities - perceptions of injustice; feeling of failure; rejection of community values
- Compounding factors - such as mental health problems or neurodiversity issues
- Criminality - experiences of imprisonment; previous involvement with criminal groups.

As with managing other safeguarding risks, all staff should be alert to changes in children's behaviour which could indicate they may be in need of help or protection. Children at risk of radicalisation may display different signs or seek to hide their views. Changes may include:

- General changes in patterns of behaviours and of mood, depression, suicidal thoughts, feelings of worthlessness, secrecy
- Searching for and/or accessing extremist websites or sharing inappropriate social media content, such as racist/misogynistic posts
- Changes of friends on or offline and mode of dress
- Use of inappropriate language
- Narrow/limited religious or political view
- Making remarks or comments about being at extremist events or rallies outside school
- "Them" and "us" language/rhetoric, intolerance of difference, including faith, culture, gender, race or sexuality
- Sudden unexplained foreign travel
- Possession of illegal or extremist literature
- The expression of extremist views showing sympathy for extremist causes or graffiti, artwork, writing or drawing extremist message, symbols or violent imagery
- Advocating violent actions and means, glorifying violence and publicly stating them, whether in person or on social media
- Association with known extremists
- Seeking to recruit others to an extremist ideology, attempts to impose extremist views or practices on others.

As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate they may be in need of help or protection.

**All concerns should be reported to the Designated Safeguarding Lead or their deputy**

See DDSCP safeguarding children procedures; [Safeguarding Children and Young People against Radicalisation and Violent Extremism](#).

## **Appendix 7 Child Sexual Exploitation (CSE) and Criminal Child Exploitation (CCE), including county lines**

Both CSE and CCE (known locally as child at risk of exploitation 'CRE') are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants (for example, money, gifts or affection), and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. Children can be exploited by adult males or females, as individuals or in groups. They may also be exploited by other children, who themselves may be experiencing exploitation – where this is the case, it is important that the child perpetrator is also recognised as a victim.

CSE and CCE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation. Different forms of harm often overlap, and that perpetrators may subject children and young people to multiple forms of abuse, such as criminal exploitation (including county lines) and sexual exploitation.

Whilst the age of the child may be a contributing factor for an imbalance of power, there are a range of other factors that could make a child more vulnerable to exploitation, including, sexual identity, cognitive ability, learning difficulties, communication ability, physical strength, status, and access to economic or other resources.

### **Child Sexual Exploitation (CSE)**

CSE is a form of child sexual abuse, also see appendix 1. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

CSE can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. CSE may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on social media. Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship. CSE can affect any child, including 16 and 17 year olds who can legally consent to have sex.

### **Child Criminal Exploitation (CCE)**

CCE can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others. Children can become trapped by this type of exploitation as perpetrators can threaten victims (and their families) with violence, or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others.

As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals, (particularly older children), and they are not treated as victims despite the harm they have experienced. They may still

have been criminally exploited even if the activity appears to be something they have agreed or consented to.

Both girls and boys can be criminally exploited however the experience of girls who are criminally exploited can be very different to that of boys and the indicators may not be the same. Children who are criminally exploited may be at higher risk of sexual exploitation.

Children rarely self-report exploitation so it is important that practitioners are aware of potential indicators of risk. Some of the following can be indicators of both child criminal and sexual exploitation:

- Appear with unexplained gift, money, clothes, mobile phones, new possessions etc
- Associate with other children involved in exploitation, gang-association and/or isolation from peers/social networks
- Exclusion or unexplained absences from school, college or work
- Leaving home/care without explanation and persistently going missing or returning late
- Regularly miss school or education or do not take part in education
- Excessive receipt of texts/phone calls
- Returning home under the influence of drugs/alcohol
- Evidence of/suspicions of physical or sexual assault
- Relationships with controlling or significantly older individuals or groups
- Multiple callers (unknown adults or peers)
- Frequenting areas known for sex work
- Concerning use of internet or other social media
- Increasing secretiveness around behaviours; and
- Self-harm or significant changes in emotional well-being.

Some additional specific indicators that may be present in CSE are children who:

- have older boyfriends or girlfriends; and
- suffer from sexually transmitted infections, display sexual behaviours beyond expected sexual development or become pregnant.

Staff should also remain open to the fact that child sexual and /or criminal exploitation can occur without any of these risk indicators being obviously present.

### **County lines**

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs using dedicated mobile phone lines or other form of “deal line”. It can happen locally as well as across the UK. Children and vulnerable adults are exploited to move, store and sell drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.

Children can be targeted and recruited into county lines in a number of locations including schools (mainstream and special), further and higher educational institutions, pupil referral units, children’s homes and care homes. They can also be targeted and recruited online using social media.

Children can easily become trapped by this type of exploitation as county lines gangs can manufacture drug debts which need to be worked off or threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

A number of the indicators for CSE and CCE as detailed above may be applicable to

where children are involved in county lines.

Some additional specific indicators that may be present where a child is criminally exploited through involvement in county lines are children who:

- go missing and are subsequently found in areas away from their home
- have been the victim or perpetrator of serious violence (e.g. knife crime)
- are involved in receiving requests for drugs via a phone line, moving drugs,
- handing over and collecting money for drugs
- are exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection
- are found in accommodation that they have no connection with, often called a 'trap house or cuckooing' or hotel room where there is drug activity
- owe a 'debt bond' to their exploiters
- have their bank accounts used to facilitate drug dealing.

Children who have been exploited and/or involved in county lines will need additional support to help maintain them in education.

**All concerns about children at risk of exploitation should be reported to the Designated Safeguarding Lead or their deputy**

**Also see:**

DDSCP safeguarding children procedures; [Children at Risk of Exploitation \(CRE\)](#) and [CRE Risk Assessment Toolkit](#)

National guidance

- [Criminal Exploitation of children and vulnerable adults: County Lines guidance](#) (2018) Home Office
- [Child Sexual Exploitation Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation](#) (2017), DfE
- [Modern slavery: how to identify and support victims](#) (2020) Home Office

## **Appendix 8**

## **The Seven Golden Rules to Sharing Information**

1. Remember that the UK General Data Protection Regulation (UK GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the UK GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

*Taken from [Information Sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers](#) (2018) HM Government*

**Local safeguarding information**

Key local information about safeguarding children is located on [Derby and Derbyshire Safeguarding Children Partnership website \(www.ddscpsc.org.uk\)](http://www.ddscpsc.org.uk). This includes [Derby and Derbyshire Safeguarding Children Partnership safeguarding children procedures](#). Key chapters' include:

- Providing early help
- Making a referral to children's social care
- Child protection section 47 enquiries
- Child protection conferences
- Children who present a risk of harm to others
- Children abused through sexual exploitation
- Safeguarding children at risk of abuse through female genital mutilation (FGM)
- Safeguarding children and young people against radicalisation and violent extremism
- Allegations against staff carers and volunteers
- Runaway or Missing from Home or Care Protocol

The procedures also have key guidance document and information, including:

- Derby and Derbyshire Thresholds document
- Derby and Derbyshire Dispute Resolution and Escalation policy
- DDSCP Information Sharing Guidance for Practitioners
- Derby Assessment Protocol
- Derby Child Protection Conference Professional Dissent Process
- Local contacts

The DDSCP website has a specific page for [education providers](#), including a safeguarding children audit tool for schools and colleges to support schools their annual review of safeguarding practice and in their development of a safeguarding action plan. There is also a training pathway for education providers, template policies and information about the DDSCP Derby Education Hub and safeguarding update service.

There is a range of useful [information and resources](#) on the website, including:

- [Private Fostering](#)
- [Domestic Abuse](#), including the domestic violence risk identification matrix (DVRIM)
- [Early Help](#), including how to use the Early Help Assessment, forms and support
- [Neglect](#), including graded care profile guidance and assessment tool template
- [Child at Risk of Exploitation](#), including the Child at Risk of Exploitation (CRE) risk assessment toolkit
- [Missing Children](#)
- [Online Abuse](#)
- [Safeguarding Training Courses and Events](#)
- [Safeguarding Forms and Assessments](#)

Other sources of safeguarding information and guidance can be obtained via:

- [www.gov.uk/schools-colleges-childrens-services/safeguarding-children](http://www.gov.uk/schools-colleges-childrens-services/safeguarding-children)
- [www.nspcc.org.uk](http://www.nspcc.org.uk)
- [www.tes.com](http://www.tes.com)
- [www.minded.org.uk](http://www.minded.org.uk)
- [www.uea.ac.uk/ican/](http://www.uea.ac.uk/ican/)

## Appendix 10 - Using the traffic light tool to understand a child's sexual behaviour

<https://www.stopitnow.org.uk/concerned-about-a-child-or-young-persons-sexual-behaviour/how-to-tell-if-a-childs-sexual-behaviour-is-age-appropriate/>

Green	Amber	Red
These are natural and expected behaviours. This doesn't mean that you would want these behaviours to continue, but they do provide an opportunity to talk, teach, and explain what's appropriate.	These can be of concern and have the potential to be outside safe and healthy behaviours if they persist. They require a response from a protective adult, extra support and close monitoring.	These are outside healthy and safe behaviours. These behaviours can signal a need for immediate protection and support from a childcare professional, e.g. health visitor, GP or social worker.

### Sexual behaviour in children aged 5-11

Children in this age group continue to seek information and understanding about themselves and the world around them through play. They are often interested in pregnancy, birth, gender and differences between gender, which can form part of healthy and developmentally expected sexual exploration.

As children grow through their early years and develop into later childhood, they continue to pass through different stages of development. We know that children remain individual and unique throughout their whole childhood and there is a wide range of generally accepted and expected behaviours within this age group.

	Green	Amber	Red
<b>Behaviours under 5yrs</b>	<ul style="list-style-type: none"> <li>● Attempting to touch or curiosity about other children's genitals</li> <li>● Attempting to touch or curiosity about breasts, bottoms or genitals of adults</li> <li>● Role play games e.g. mummies and daddies, doctors and nurses</li> <li>● Interest in body parts and what they do</li> <li>● Touches/ rubs own genitals when nappy is being changed, when going to sleep, when tense, excited or afraid</li> <li>● Explores differences between males and females, boys and girls</li> <li>● Asks about the genitals, breasts, babies</li> <li>● Has erections</li> <li>● Likes to be naked</li> <li>● Interested in watching people doing bathroom functions</li> <li>● Interested in having / bathing a baby</li> <li>● Puts something in the genitals or rectum for curiosity or exploration</li> </ul>	<ul style="list-style-type: none"> <li>● Continues to touch/rub genitals in public after being told many times not to do so</li> <li>● Continuous questions about genital differences after all questions have been answered</li> <li>● Touches the genitals, breasts of adults not in the family and asks to be touched</li> <li>● Interest in watching bathroom functions does not wane</li> <li>● Puts something in genitals or rectum of self or other frequently or after being told 'no'</li> <li>● Rubbing up against other children with clothes off or on</li> <li>● Pulling other children's pants down / skirts up / trousers down against their will</li> </ul>	<ul style="list-style-type: none"> <li>● Touches/rubs self in public or in private to the exclusion of normal childhood activities</li> <li>● Plays male or female roles in an angry, sad or aggressive manner</li> <li>● Expresses fear and/or disgust of own or opposite gender</li> <li>● Sneakily touches adults' private parts</li> <li>● Uses coercion or force in role play games with other children</li> <li>● Persists in putting something in own or another child's genitals or rectum, even if painful</li> <li>● Simulated or real intercourse without clothes or engages in oral sex</li> <li>● Doing any of the above in secret.</li> </ul>

<p><b>Response under 5yrs</b></p>	<p>A 3 year old boy and a 3 year old girl are found playing in the wendy house in the garden, and are showing each other their underwear.</p> <p><b>Responding to this scenario</b> Explain that there are parts of the body that are private. Distract them by removing them from the situation and suggesting an alternative activity.</p>	<p>A 4 year old boy and a 4 year old girl are found lying on the bedroom floor together, with the boy lying on top of the girl. They are clothed and the girl says they were playing 'mummies and daddies'. This is the first time either have been found to be engaging in behaviour like this.</p> <p><b>Responding to this scenario</b> Describe the unwanted behaviour clearly. Explain to the children that this behaviour is not OK. Distract them by removing them from the situation and suggesting an alternative activity.</p>	<p>A 4 year old boy regularly tries to coerce other children to touch his genitals whilst playing, demanding in an aggressive way that they touch his private parts. He is also frequently found rubbing his own genitals to the point at which it is painful for him.</p> <p><b>Responding to this scenario</b> Describe his behaviour clearly to him. Point out that his behaviour is not acceptable and is impacting on others. Prohibit the behaviour. Consider seeking advice and support from a childcare professional, e.g. GP, health visitor or social worker. Call the Stop It Now! helpline on 0808 1000 900 for advice and guidance.</p>
<p><b>Behaviours 5-11yrs</b></p>	<ul style="list-style-type: none"> <li>• Increased sense of privacy about their body</li> <li>• Body touching and holding own genitals</li> <li>• Masturbation, usually with awareness of privacy</li> <li>• Curiosity about other children's genitals involving looking at and/or touching the bodies of familiar children</li> <li>• Curiosity about sexuality e.g. questions about babies, gender, relationships, sexual activity</li> <li>• Telling stories or asking questions using swear words, 'toilet' words or names for private parts</li> <li>• Use of mobile phones and Internet in relationships with known peers</li> </ul>	<ul style="list-style-type: none"> <li>• Self masturbation in preference to other activities, whether in private or in public or with peers, and/or causing self injury</li> <li>• Explicit talk, art or play of sexual nature</li> <li>• Persistent questions about sexuality despite being answered</li> <li>• Persistent nudity and/or exposing private parts in presence of others</li> <li>• Persistently watching or following others to look at or touch them</li> <li>• Pulling other children's pants down or skirts up against their will</li> <li>• Persistently mimicking sexual flirting behaviour too advanced for age, with other children or adults</li> <li>• Touching genitals/private parts of animals</li> <li>• Covert/secret use of mobile phone and Internet with known and unknown people which may include giving out identifying details</li> <li>• Attempts to do any of the above in secret</li> </ul>	<ul style="list-style-type: none"> <li>• Compulsive masturbation to the point of self harm or seeking an audience</li> <li>• Disclosure of sexual abuse</li> <li>• Persistent bullying involving sexual aggression</li> <li>• Simulation of, or participation in, sexual activities, including sexual behaviour with younger or less able children, e.g. oral sex, sexual intercourse</li> <li>• Accessing the rooms of sleeping children to touch or engage in sexual activity</li> <li>• Presence of a sexually transmitted infection</li> <li>• Any sexual activity with animals</li> <li>• Use of mobile phones and Internet for sending or receiving sexual images</li> </ul>

<p><b>Response 5-11yrs</b></p>	<p>A 9 year old boy who, whilst reading, puts his hand in and out of his underpants when there are other people present in the room.</p> <p><b>Responding to this scenario</b> Describe the unwanted behaviour clearly. Explain that there is a time and a place for touching private parts of the body. Distract him by removing him from the situation.</p>	<p>During outside playtime, a 9 year old boy asks two girls aged 5 and 6 years old if they would 'sex' with him and show their 'boobs' to him.</p> <p><b>Responding to this scenario</b> Describe their behaviour clearly. Remind the children what is appropriate behaviour and that some parts of the body are to remain private. Explain to the children that the boy's behaviour is not OK and discuss how the girls could respond. Distract by removing them from the situation.</p>	<p>A 8 year old girl prevents a 5 year girl from leaving her bedroom, pulls down her knickers and also shows her private parts to her. The younger girl is frightened. The 8 year old has been heard using sexual language.</p> <p><b>Responding to this scenario</b> Describe her behaviour clearly. Point out that her behaviour is not acceptable and is impacting on others. Prohibit the behaviour. Consider seeking advice and support from a childcare professional, e.g. GP, health visitor or social worker. Call the Stop It Now! helpline on 0808 1000 900 for advice and guidance. Remember that each child develops at their own pace and not every child will show the behaviours described above. If you have any worries or questions about a child you know, talk to someone about it.</p> <p>For parents; your health visitor, GP or child's teacher may be able to help, or you can <b><u>call the anonymous and confidential Stop It Now! helpline</u></b> on 0808 1000 900, use <b><u>our live chat service</u></b>, or <b><u>send us an anonymous message</u></b>.</p>
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