



THE SALISBURY DIOCESAN
BOARD OF EDUCATION

'Working for children, young people, schools and parishes'

SAFEGUARDING AND CHILD PROTECTION POLICY

Our Designated Safeguarding Lead (DSL) is: Debbie Heritage

Our Deputy Safeguarding Lead (DDSL) is: Lizzie Whitbread

The Trust Board Director for Safeguarding is: Amanda Aze

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This is the Child Protection Policy for Salisbury Diocesan Board of Education

How we create a culture in which all children are safeguarded in our community

- Ensure that safeguarding has a high profile in the organisation through the use of safeguarding policy and training
- Ensure the high priority placed on safeguarding is reflected in the work environment
- Ensure the high priority placed on safeguarding is reflected in DBE practice, for example the advice on HT appointments

The partners we work with to ensure our children are safe

- DBF Safeguarding Officer ensuring communication about a specific referral is correctly directed to them
- LADO ensuring communication about a specific referral is correctly directed to them
- LA social care ensuring communication about a specific referral is correctly directed to them
- LA school improvement to support them in their statutory safeguarding duty
- MAT; communication to support them in their statutory safeguarding duty

How we work with staff to ensure that this policy is followed

- All staff receive level 2 training, updated annually
- DSL and DDSL receive level 3 training updated every 2 years.
- Key staff receive safer recruitment training
- Additional training is provided linked to the current issues and government guidance

Glossary

CAF	Common Assessment Framework
CP	Child Protection
CSE	Child Sexual Exploitation
CTSA	Counter-Terrorism and Security Act
DBE	Salisbury Diocesan Board of Education
DCC	Dorset County Council
DCSB	Dorset Safeguarding Children Board
DDE	Diocesan Director of Education
DDSL	Deputy Designated Safeguarding Lead
DLA	Dorset Local Authority
DSL	Designated Safeguarding Lead
FGM	Female Genital Mutilation
LA	Local Authority
LADO	Local Authority Designated Officer
MASH	Multi-Agency Safeguarding Hub
SCR	Single Central Register
SLT	Senior Leadership Team
UKCCIS	UK Council for Child Internet Safety
WCSB	Wiltshire Safeguarding Children Board
WLA	Wiltshire Local Authority
WRAP	Workshop to Raise Awareness of Prevent

Introduction

The child protection policy for Salisbury Diocese Board of Education (DBE) is based on a template provided by the Dorset Safeguarding and Standards Team; it reflects the Pan-Dorset Inter-Agency Safeguarding Procedures (on the Dorset Safeguarding Children Board website) and national statutory guidance published in March 2015 (updated in Feb 2019): 'Working Together to Safeguard Children' and 'Keeping Children Safe in Education' (2020). It is adapted as required to suit the needs of our Wiltshire and Dorset Schools and to comply with the similar procedures of the Local Authority. The policy is intended for the use of DBE employees, Trust Board Members and contractors in their work with schools and parishes.

This policy consists of three main documents:

- the overarching safeguarding policy (statement of principles)
- detailed child protection procedures and
- a child protection summary sheet. The latter is printed separately and provided routinely for those adults who will not have the opportunity to read this policy in its entirety but will have unsupervised contact, even as a 'one-off' with pupils on a temporary or intermittent basis such as supply, peripatetic or visiting professionals.

The DBE appointed Professional Lead for Safeguarding is: Debbie Heritage, School Improvement Adviser, Salisbury Diocesan Board of Education, Diocesan Education Centre, The Avenue, Wilton SP2 0FG
Tel: 07496 859994

The DBE appointed Deputy Professional Lead for Safeguarding is: Lizzie Whitbread, Salisbury Diocesan Board of Education, Diocesan Education Centre, The Avenue, Wilton SP2 0FG Tel: 07500 828184

The DBE Board Director with Responsibility for Safeguarding is Amanda Aze

The DBE appointed Safeguarding admin lead is: Catherine Griffin, Salisbury Diocesan Board of Education, Diocesan Education Centre, The Avenue, Wilton SP2 0FG Tel: 07500 828184

A. Safeguarding Policy

The Salisbury Diocesan Board of Education (DBE) recognise that the welfare of the child is paramount: the needs and wishes of each child will be put first. Throughout this document, 'child' refers to a young person under the age of 18 (also refer to page seven, B 3).

We take seriously our duty to safeguard and promote the welfare of the children and young people in our care.

Safeguarding children is everyone's responsibility. 'Working Together to Safeguard Children' 2015, HM Government statutory guidance, defines safeguarding as:

- protecting children from maltreatment;
- preventing impairment of children's mental and physical health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

The Board of Trustees and our Senior Leadership Team (SLT) will act in accordance with the statutory guidance and as such the requirements on it from Working Together to Safeguard Children (2018 and update in Feb 2019) and Keeping Children Safe in Education (2020). The Board of Trustees and SLT has

in place arrangements that reflect the importance of safeguarding and promoting the welfare of children.

- A clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children.
- A senior trustee level lead to take leadership responsibility for the organisation's safeguarding arrangements.
- A culture of listening to children and taking account of their wishes and feelings, both in individual decisions.
- Arrangements which set out clearly the processes for sharing information, with other professionals and with the Local Authority (LA).
- A designated professional lead for safeguarding.
- Safe recruitment practices for individuals whom the organisation will permit to work with children, including policies on when to obtain a criminal record check.
- Appropriate supervision and support for staff, including undertaking regular and frequent safeguarding training.
- Employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role.
- Staff will be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare.
- All professionals should have regular reviews of their own practice to ensure they improve over time.
- Clear policies in line with those from the LA for dealing with allegations against people who work with children.

Therefore, the Board of Trustees will:

- Appoint a senior member of the SLT as the professional lead for Safeguarding, with responsibility to oversee the implementation and management of this policy.
- Appoint a Trustee Member with the responsibility of overseeing of all safeguarding arrangements in the Board of Education.
- Task the Professional lead for Safeguarding to review on a regular basis this policy and to amend it accordingly.
- Co-ordinate through the Professional Lead for Safeguarding, termly meetings for the Designated Safeguarding Lead, deputy DSL and the trustee member.

The Board of Trustees will delegate the following functions to the SLT:

- Appoint a member of the SLT, to liaise with the local authority and/or partner agencies on issues of child protection and in the event of allegations of abuse made against any of the DBE Staff;
- Appointment of a Designated Safeguarding Lead;
- Ensure there is an effective local version of this child protection policy in place together with a staff behaviour policy (code of conduct). Both will be provided to all staff – including temporary staff and volunteers – on induction;
- Prevent people who pose a risk of harm from working with children by adhering to statutory responsibilities to check staff who work with children, taking proportionate decisions on whether to ask for any checks beyond what is required; and ensuring volunteers are appropriately supervised;
- Review training provision to ensure that appropriate training is in place so that staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role.

- Ensure that any referrals in relation to clergy and the wider parish team are shared with the Diocesan Safeguarding Officer.

The professional lead for safeguarding shall report to the Director of Education, or if necessary the Appointed Trustee Member immediately following any actions taken under the delegated responsibilities above.

The professional lead for safeguarding will report a safeguarding update to the senior leadership team, giving an overview of the compliance of safeguarding provision, training etc. and any safeguarding actions taken.

The Professional Lead for Safeguarding is accountable for ensuring that the DBE meets its statutory responsibilities for safeguarding and that all policies and procedures are in place and effective. At all times they will be supported by the Board of Trustees.

It is expected (as recommended by the LA) that Trustee Members receive an annual report from the Designated Safeguarding Lead and Nominated Member in order to help monitor compliance with statutory responsibilities.

All children have the right to be safeguarded from harm or exploitation whatever their

- age
- health or disability
- gender or sexual orientation
- race, religion, belief or first language
- political or immigration status

Staff, Consultants and volunteers and trustees in DBE understand the importance of taking appropriate action and working in partnership with children, their parents/carers and other agencies in order to safeguard children and promote their welfare.

The purpose of this policy is to:

- afford protection for all pupils and young people
- enable staff, Consultants, trustees and volunteers to safeguard and promote the welfare of children
- promote a culture which makes schools and Parishes a safe place to learn and in which children feel safe

This policy applies to all staff and Consultants including volunteers (i.e. those who come into schools or Parishes on behalf of the Salisbury Diocese Board of Education once a week or more or 3 times in a 30-day period) or anyone working on behalf of the DBE.

We will endeavour to safeguard children and young people by:

- Always acting in their best interests;
- Valuing them, listening to and respecting them;
- Involving them in decisions which affect them;
- Never tolerating bullying, homophobic behaviour, racism, sexism or any other forms of discrimination, including through use of technology;
- Ensuring our training affords a range of opportunities to learn about keeping themselves safe, particularly when using technology;
- Exercising our duties under the Counter-Terrorism and Security Act 2015 by ensuring all staff attend 'Prevent' training in respect of radicalisation and extremist behaviour and by assessing the risk of our pupils being drawn into terrorism;

- Appointing a senior member of staff from our leadership team as the Designated Safeguarding Lead and ensuring this person has the time, funding, training, resources and support to perform the role effectively;
- Appointing at least one Deputy Designated Safeguarding Lead to ensure there is always someone available during working hours for staff to discuss any safeguarding concerns;
- Making sure all staff and Consultants are aware of and committed to the safeguarding policy and child protection procedures and also understand their individual responsibility to take action;
- Ensuring that all those named above (i.e. DSLs and Deputy DSLs; all staff and regular volunteers) have training appropriate to their roles as set out in statutory guidance or recommended by the Dorset LA;
- Identifying any concerns early and providing information to the appropriate school, school or Parish DSL and Deputy DSL;
- Sharing information about child safeguarding concerns with agencies who need to know, and involving children and their parents/carers appropriately;
- Acknowledging and actively promoting that multi-agency working is the best way to promote the welfare of children and protect them from harm;
- Taking the right action, in accordance with Dorset and Wiltshire LA inter-agency safeguarding procedures, if a child discloses or there are indicators of abuse;
- Keeping clear, accurate and contemporaneous safeguarding incident records;
- Recruiting staff and volunteers safely, ensuring all necessary checks are made in accordance with statutory guidance and legal requirements and also making sure that at least one appointment panel member has undertaken safer recruitment training;
- Providing effective management for the above through induction, support and regular training appropriate to role;
- Adopting a code of conduct for all staff and volunteers which includes acceptable use of technologies, staff / pupil relationships and communications including the use of social media;
- Ensuring our online safety process includes appropriate filters and monitoring systems;
- Ensuring staff and volunteers understand about 'whistle blowing' and how to escalate concerns about pupils or staff;
- Promoting a culture in which staff feel able to report to senior leaders what they consider to be unacceptable behaviour or breaches of the DBE Code of Conduct by their colleagues, having faith that they will be listened to and appropriate action taken;
- Dealing appropriately with any allegations/concerns about the behaviour of staff or volunteers in accordance with the process set out in statutory guidance.

This child protection policy forms part of a suite of policies and other documents which relate to the wider safeguarding responsibilities of the DBE. In particular, it should be read in conjunction with the:

- Staff behaviour policy (code of conduct) – all staff should be familiar with this document;
- E-safety policies, which include use of mobile technologies;
- Safer recruitment policy and procedures;
- Procedures to handle allegations against members of staff and volunteers, including referring to the Disclosure and Barring Service (when appropriate);
- Whistle blowing policy;
- Keeping Children Safe in Education (2019) – all staff are expected to have read Part One and Annex A.

These policies and procedures are stored electronically within the DBE and are available through our website or on request from our offices.

B. Child Protection Procedures

These procedures should be read in conjunction with 'Keeping Children Safe in Education: Information for all School and College Staff' 2019, plus Annex A.

1. What is Child Protection?

1.1 Child protection is one very important aspect of safeguarding. It refers to the activity which is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

2. What is significant harm?

2.1 The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention by statutory agencies in family life in the best interests of children. There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes it might be a single traumatic event but more often it is a compilation of significant events which damage the child's physical and psychological development. Decisions about significant harm are complex and in each case require discussion with the statutory agencies: Children's Social Care and Police.

3. Purpose of these procedures

3.1 These procedures explain what action should be taken if there are concerns that a child is or might be suffering harm. A 'child' is a person under 18 years but the principles of these procedures apply to all pupils at the school or parish, including those over 18.

4. Responsibilities and roles

4.1 All adults in the DBE have an individual responsibility to safeguard and promote the welfare of children by taking appropriate action. This includes taking action where there are child protection concerns.

4.2 Staff following this policy should in the first instance always contact the DSL or deputy DSL in the school or Parish in which they are working. The following contacts apply across the DBE.

- Designated Safeguarding Lead and Assistant Director of Education – Debbie Heritage, contact by telephone number 07469 859994 , email debbie.heritage@salisbury.anglican.org
- Deputy Designated Safeguarding Lead for the Trust – Lizzie Whitbread, telephone 07500 828184, email lizzie.whitbread@salisbury.anglican.org
- Board Member with responsibility for safeguarding – Amanda Aze.

4.3 The Board of Trustees and SLT are accountable for ensuring the DBE has an effective child protection policy which should be reviewed annually and available publicly, such as on the Diocese Schools website.

4.4 In addition, the Dorset Family Support Teams (incorporating Children's Social Care and Early Intervention Services) or the Wiltshire MASH team can provide advice and guidance on safeguarding and child protection matters (hereafter referred to as 'Social Care').

See Appendix 1 for contact details.

4.5 All action is taken in line with the following guidance:

- DfE guidance (2020) – Keeping Children Safe in Education
- Working Together to Safeguard Children (2018 and updated Feb 2019) – published by HM Government

- Inter-Agency Safeguarding Procedures & Guidance, accessed through the following websites:
<http://www.swcpp.org.uk>
<https://www.dorsetlscb.co.uk>
<http://www.wiltshirelscb.org>
- What to do if you're worried a child is being abused – Government Guidance (2015)

5. Mental Health

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.

The DfE has published advice and guidance on Preventing and Tackling Bullying, and Mental Health and Behaviour in Schools (which may also be useful for colleges). In addition, Public Health England has produced a range of resources to support secondary school teachers to promote positive health, wellbeing and resilience among young people including its guidance Promoting children and young people's emotional health and wellbeing. Its resources include social media, forming positive relationships, smoking and alcohol.

6. What is child abuse?

6.1 It is generally accepted that there are four main forms of abuse. The following definitions are from Working Together to Safeguard Children (2015).

i) Physical abuse

A form of abuse which 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.

ii) Emotional abuse

The ongoing 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 a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

iii) 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 sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

iv) Neglect

The ongoing 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 use. 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); or
- ensure access to appropriate medical care or treatment.

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

6.2 It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children are subjected to more than one form of abuse at any one time. In most cases multiple issues will overlap with one another.

7. Recognising child abuse – signs and symptoms

6.1 Keeping Children Safe in Education (2020) is clear: 'All school and college staff members should be aware of the signs of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection'.

7.2 Recognising child abuse is not always easy, and it is not the responsibility of SDBE staff to decide whether or not child abuse has definitely taken place or if a child is at significant risk. They do, however, have a clear individual responsibility to act if they have a concern about a child's welfare or safety or if a child talks about (discloses) abuse. They should maintain an attitude of 'it could happen here' and always act in the best interests of the child.

Appendix 2 details examples of possible indicators of each of the four kinds of abuse.

8. Allegations made by children about other children, including peer on peer abuse

8.1 If one child causes harm to another, it is not always necessary for it to be dealt with through a referral to Children's Social Care: sexual experimentation within 'normal parameters', bullying and fighting, for example, are not generally seen as child protection issues. All incidents will, however, be taken seriously, parents / carers will be contacted and appropriate action taken. In defining 'normal parameters', we will make use of the Brook Sexual Behaviour Traffic Light Tool found at <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool>.

8.2 The nature and severity of the allegation or concern will determine whether staff will contact the DBE DSL who will implement the Salisbury Diocese Board of Education Safeguarding Policy or other procedures and whether a referral by the DBE DSL needs to be made to social workers or the Police. The Designated Safeguarding Lead should be consulted if there is any doubt about the right course of action.

8.3 A referral to Children's Social Care will be made in all cases of domestic abuse relating to young people aged 16 and 17 who experience physical, emotional, sexual and/or financial abuse, or coercive control, in their intimate relationships.

8.4 A referral to Children's Social Care will be made if a child or young person displays sexually harmful behaviour. This involves one or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development. It is also considered harmful if it involves coercion or threats of violence or if one of the children is much older than the other.

8.5 The process for managing sexually harmful behaviour can be found in the inter-agency safeguarding procedures on the DLA and WLA websites. In brief, a multi-agency meeting should be convened by Children's Social Care following a referral and an action plan agreed.

8.6 Staff should not dismiss abusive behaviour as 'normal' between young people and should not develop high thresholds before taking action.

8.7 Staff should be aware of the potential uses of information technology for bullying and abusive behaviour between young people.

8.8 Sexting involves images or videos which are indecent or of a sexual nature, generated by children under the age of 18 or of children under the age of 18, shared via a mobile phone, handheld device or website.

8.9 We endeavour to minimise the risk of peer-on-peer abuse by working with schools and Parishes as well as other agencies and through appropriate risk assessments and policies. The staff are made aware in training of signs of sexual violence and sexual harassment with regards to peer-on-peer abuse.

8.10 All incidents involving child / young person-produced sexual imagery will be responded to in line with this policy.

When an incident involving youth produced sexual imagery comes to a member of staff's attention:

- The incident should be referred to the school / Parish DSL as soon as possible in the first instance;
- The member of staff must also report the incident to the DBE DSL at the earliest convenience
- The member of staff must make a written record of what happened and the conversation that took place and their actions up to the point of referring to the DBE DSL;
-

8.11 We will seek to follow the August 2016 guidance from UKCCIS: 'Sexting in schools and colleges: responding to incidents and safeguarding young people'.

8.12 All staff will be aware that pupils of any age and sex are capable of abusing their peers and will never tolerate abuse as "banter" or "part of growing up".

- All staff will be aware that peer-on-peer abuse can be manifested in many different ways, including sexting, up-skirting and gender issues, such as girls being sexually touched or assaulted, and boys being subjected to hazing/initiation type of violence which aims to cause physical, emotional or psychological harm.
- The Voyeurism (Offences) Act, which is commonly known as the Upskirting Act, came into force on 12 April 2019. 'Upskirting' is where someone takes a picture under a person's clothing (not necessarily a skirt) without their permission and/or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is a criminal offence. Anyone of any gender, can be a victim.
- All staff will be made aware of the heightened vulnerability of pupils with SEND, who are three times more likely to be abused than their peers. Staff will not assume that possible indicators of abuse relate to the pupil's SEND and will always explore indicators further.
- LGBT children can be targeted by their peers. In some cases, children who are perceived to be LGBT, whether they are or not, can be just as vulnerable to abuse as LGBT children. The school's response to boy-on-boy and girl-on-girl sexual violence and sexual harassment will be equally as robust as it is for incidents between children of the opposite sex.

9. Pupils engaging in under-age sexual activity

9.1 Sexual activity where one of the partners is under the age of 16 is illegal, although prosecution of children who are consenting partners of a similar age is not usual. School and Parish DSLs will exercise professional judgement when deciding whether to refer to social workers, taking into account such things as imbalance of power, wide difference in ages or developmental stages etc. and should advise the DBE DSL of their actions

9.2 However, where a child is under the age of 13 penetrative sex is classified as rape under the Sexual Offences Act 2003 so must be reported to Wiltshire MASH or Dorset Family Support teams in every case.

9.3 The inter-agency safeguarding procedures, on the above websites, have more information about under-age sexual activity.

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

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse 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. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online.

10.1 For the purpose of this policy, “child sexual exploitation” is defined as: a form of sexual abuse where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person into sexual activity, for either, or both, of the following reasons:

- a) In exchange for something the victim needs or wants
- b) For the financial advantage or increased status of the perpetrator or facilitator

10.2 This form of abuse involves exploitative situations, contexts and relationships where young people receive something (e.g. food, accommodation, status, drugs, alcohol, cigarettes, affection, gifts, money, mobile phones) as a result of their performing, and/or another or others performing on them, sexual acts. It can occur through the use of technology without the child’s immediate recognition; e.g. being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain.

10.3 Recognition of child sexual exploitation is part of staff training. We note that any child or young person may be at risk of sexual exploitation, regardless of family background or other circumstances, and can experience significant harm to physical and mental health. Key members of staff are expected to undertake Level 3 CSE training and make themselves available to other staff for consultation.

10.4 Due to the grooming methods used by abusers, it is common for young people not to recognise they are being abused and may feel they are ‘in a relationship’ and acting voluntarily.

10.5 Any concerns about child sexual exploitation will be discussed with the Designated Safeguarding Lead who will take appropriate action.

10.6 CSE does not always involve physical contact, as it can also occur online. It is also important to note that a child can be sexually exploited even if the sexual activity appears consensual.

Staff members are aware of and look for the key indicators of CSE; these are as follows:

- Going missing for periods of time or regularly going home late
- Regularly missing lessons
- Appearing with unexplained gifts and new possessions
- Associating with other young people involved in exploitation
- Having older boyfriends or girlfriends
- Undergoing mood swings or drastic changes in emotional wellbeing
- Displaying inappropriate sexualised behaviour
- Suffering from sexually transmitted infections or becoming pregnant
- Displaying changes in emotional wellbeing
 - Misusing drugs or alcohol
 - Underage sexual activity;
 - Inappropriate sexual or sexualised behaviour;
 - Sexually risky behaviour, 'swapping' sex;
 - Repeat sexually transmitted infections;
 - In girls, repeat pregnancy, abortions, miscarriage;
 - Receiving unexplained gifts or gifts from unknown sources;
 - Having multiple mobile phones and worrying about losing contact via mobile;
 - Having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs);
 - Changes in the way they dress;
 - Going to hotels or other unusual locations to meet friends;
 - Seen at known places of concern;
 - Moving around the country, appearing in new towns or cities, not knowing where they are;
 - Getting in/out of different cars driven by unknown adults;
 - Having older boyfriends or girlfriends;
 - Contact with known perpetrators;
 - Involved in abusive relationships, intimidated and fearful of certain people or situations;
 - Hanging out with groups of older people, or anti-social groups, or with other vulnerable peers;
 - Associating with other young people involved in sexual exploitation;
 - Recruiting other young people to exploitative situations;
 - Truancy, exclusion, disengagement with academy, opting out of education altogether;
 - Unexplained changes in behaviour or personality (chaotic, aggressive, sexual);
 - Mood swings, volatile behaviour, emotional distress;
 - Self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders;
 - Drug or alcohol misuse;
 - Getting involved in crime;
 - Police involvement, police records;
 - Involved in gangs, gang fights, gang membership;
 - Injuries from physical assault, physical restraint, sexual assault.

10.7 CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology. CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country (county lines), forced to shoplift or pickpocket, or to threaten other young people. Some of the following can be indicators of CCE:

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

11. Forms of abuse linked to culture, faith or belief

All DBE staff will promote mutual respect and tolerance of those with different faiths and beliefs. Some forms of abuse are linked to these and staff should strive to suspend professional disbelief (i.e. that they 'could not happen here') and to report promptly any concerns to the DSL who will seek further advice from statutory agencies, prior to contacting parents / carers.

Female Genital Mutilation is illegal and involves intentionally altering or injuring female genital organs for non-medical reasons. It can have serious and long-lasting implications for physical health and emotional well-being. Possible indicators include taking the girl out of school / country for a prolonged period or talk of a 'special procedure' or celebration. In addition to reporting any concerns to the Designated Safeguarding Lead. Those failing to report such cases will face disciplinary sanctions. Any concerns about Female Genital Mutilation will be discussed with the School / Parish Designated Safeguarding Lead who will take appropriate action.

For the purpose of this policy, "female genital mutilation", commonly referred to as FGM, is defined as the partial or total removal of the external female genitalia, or any other injury to the female genital organs. Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory and mandatory duty upon teachers, along with social workers and healthcare professionals, to report to the police where they discover or are concerned (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. All DBE employees need to be vigilant and the same onus will be placed on them as teachers, social workers and healthcare professionals. They will be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. NB The above does not apply to any suspected or at-risk cases, nor if the individual is over the age of 18. In such cases, local safeguarding procedures will be followed.

There are a range of potential indicators that a pupil may be at risk of FGM. While individually they may not indicate risk, if two or more indicators are present, this could signal a risk to the pupil.

Victims of FGM are most likely to come from communities that are known to adopt this practice. It is important to note that the pupil may not yet be aware of the practice or that it may be conducted on them, so it is important for staff to be sensitive when broaching the subject.

- Knowing that the family belongs to a community in which FGM is practised and is making preparations for the child to take a holiday, arranging vaccinations or planning absence from school;
- The child may also talk about a special procedure/ceremony that is going to take place or a special occasion to 'become a woman'.
- The socio-economic position of the family and their level of integration into UK society
- Any girl with a mother or sister who has been subjected to FGM
- Any girl withdrawn from PSHE

Indicators that may show FGM could take place soon include the following:

- The risk of FGM increases when a female family elder is visiting from a country of origin
- A girl may confide that she is to have a 'special procedure' or a ceremony to 'become a woman'
- A girl may request help from a teacher if she is aware or suspects that she is at immediate risk

- A girl, or her family member, may talk about a long holiday to her country of origin or another country where the practice is prevalent.

It is important that staff are vigilant to the signs that FGM has already taken place so that help can be offered, enquiries can be made to protect others, and criminal investigations can begin.

FGM is also included in the definition of 'honour-based' violence (HBV), which involves crimes that have been committed to defend the honour of the family and/or community, alongside forced marriage and breast ironing. All forms of HBV are forms of abuse and will be treated and escalated as such. Staff will be alert to the signs of HBV, including concerns that a child is at risk of HBV, or has already suffered from HBV, and will activate local safeguarding procedures if concerns arise.

Staff should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

Indicators that FGM may already have occurred:

- Prolonged absence from the school or other activities with noticeable behaviour change on return, possibly with bladder or menstrual problems;
- Difficulty walking, sitting or standing, and look uncomfortable;
- Spend longer than normal in the bathroom or toilet
- May complain about pain between their legs, or talk of something somebody did to them that they are not allowed to talk about.

Breast Ironing is much like FGM, Breast Ironing in that it is a harmful cultural practice and is child abuse. Professionals working with children and young people must be able to identify the signs and symptoms of girls who are at risk of or have undergone breast ironing. Similarly, to FGM, breast ironing is classified as physical abuse therefore professionals must follow their Local Safeguarding Children's Board Procedures.

Forced Marriage is also illegal and occurs 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 not the same as arranged marriage. Young people at risk of forced marriage might have their freedom unreasonably restricted or being 'monitored' by siblings. There might be a request for extended absence from school or might not return from a holiday abroad.

For the purpose of this policy, a "forced marriage" is defined as a marriage that is entered into without the full and free consent of one or both parties, and where violence, threats or any other form of coercion is used to cause a person to enter into the marriage. Forced marriage is classed as a crime in the UK.

As part of HBV, staff will be alert to the signs of forced marriage including, but not limited to, the following:

- Becoming anxious, depressed and emotionally withdrawn with low self-esteem
- Showing signs of mental health disorders and behaviours such as self-harm or anorexia
- Displaying a sudden decline in their educational performance, aspirations or motivation
- Regularly being absent from school
- Displaying a decline in punctuality
- An obvious family history of older siblings leaving education early and marrying early^{8.3}. If staff members have any concerns regarding a child who may have undergone, is currently undergoing, or

is at risk of, forced marriage, they will speak to the DSL and local safeguarding procedures will be followed – this could include referral to CSC, the police or the Forced Marriage Unit.

So-called ‘honour-based’ abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving “honour” often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA, or already having suffered HBA.

Radicalisation and extremism

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

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

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

The DBE recognise that safeguarding against radicalisation and extremism is no different from safeguarding against any other vulnerability.

Training

The DSL will undertake Prevent awareness training to be able to provide advice and support to other staff on how to protect children against the risk of radicalisation.

Risk indicators

Indicators of an identity crisis:

- Distancing themselves from their cultural/religious heritage
- Uncomfortable with their place in society
 - Indicators of a personal crisis:
 - Family tensions
 - A sense of isolation
 - Low self-esteem

- Indicators of vulnerability through personal circumstances:
- Migration
- Local community tensions
- Events affecting their country or region of origin
- Alienation from UK values
- A sense of grievance triggered by personal experience of racism or discrimination
- Indicators of vulnerability through unmet aspirations:
- Perceptions of injustice
- Feelings of failure
- Rejection of civic life

We recognise that children with low aspirations are more vulnerable to radicalisation and therefore we strive to equip pupils and young people with confidence, self-belief, respect and tolerance as well as setting high standards and expectations.

There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer.

Exposure of children to extremist ideology can hinder their social development and educational attainment alongside posing a very real risk that they could support or partake in an act of violence. Radicalisation of young people can be compared to grooming for sexual exploitation. Extremism can take several forms, including Islamist extremism and far-right extremism.

It appears a decision by a young person to become involved in violent extremism:

- may begin with a search for answers to questions about identity, faith and belonging
- may be driven by the desire for 'adventure' and excitement
- may be driven by a desire to enhance the self-esteem of the individual
- is likely to involve identification with a charismatic individual and attraction to a group which can offer identity, social network and support
- is likely to be fuelled by a sense of grievance that can be triggered by personal experiences of racism or discrimination

Recognising Extremism - early indicators may include:

- Showing sympathy for extremist causes
- Glorifying violence
- Evidence of possessing illegal or extremist literature
- Advocating messages similar to illegal organisations
- Out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent.)

From 1 July 2015 educational establishments became subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 ('the CTSA 2015'), in the exercise of their functions, to have 'due regard to the need to prevent people from being drawn into terrorism'. This duty is known as the Prevent Duty.

The internet and the use of social media in particular has become a major factor in the radicalisation of young people. Children are taught about how to stay safe when using the Internet and are encouraged to recognise that people are not always who they say they are online. They are taught to seek adult help if they are upset or concerned about anything they read or see on the Internet.

Any concerns about pupils becoming radicalised or being drawn into extremism will be reported to the DSL who will *not* speak to parents/carers or other family members at this stage but will take prompt advice from the Police. In Dorset this can be by e-mailing the Safeguarding Referral Unit: sru@dorset.pnn.police.uk. In Wiltshire this can be done by e-mailing: channelsw@avonandsomerset.pnn.police.uk

The Designated Safeguarding Lead is also the Prevent Lead.

Dorset and Wiltshire have Channel Panels in place, in accordance with their duties under the Counter-Terrorism and Security Act 2015. This is a multi-agency meeting which discusses individuals who have been referred by the Police as being vulnerable to being drawn into terrorism.

Relevant training for those who have been identified for safeguarding training, consultants and the Safeguarding Trustee within the DBE will attend a WRAP (Workshop to Raise Awareness of Prevent) session or have completed on-line Prevent training.

Serious violence

All staff should be aware of indicators which may signal that children are at risk from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm, or significant change in well-being, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs. All staff should be aware of the risks and understand the measures in place to manage these. Advice for schools and colleges is provided in the Home Office's [Preventing youth violence and gang involvement](#) and its [Criminal exploitation of children and vulnerable adults: county lines](#) guidance

County lines criminal activity

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

Exploitation is an integral part of the county lines offending model with children and vulnerable adults exploited to move [and store] drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in a number of locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children's homes and care homes. Children are often recruited to move drugs and money between locations and are known to be exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection. Children can easily become trapped by this type of exploitation as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

Domestic abuse

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to: psychological; physical; sexual; financial; and emotional.

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

Channel programme

- Safeguarding children is a key role for both the school and the LA, which is implemented through the use of the Channel programme. This service shall be used where a vulnerable pupil is at risk of being involved in terrorist activities.
- In cases where the member of staff believes a pupil is potentially at serious risk of being radicalised, they should inform the head teacher of the school or DSL and the SDBE DSL, who will contact the Channel programme.
- The DSL will also support any staff making referrals to the Channel programme. The Channel programme ensures that vulnerable children and adults of any faith, ethnicity or background, receive support before their vulnerabilities are exploited by those that would want them to embrace terrorism, and before they become involved in criminal terrorist-related activity.
- The programme identifies individuals at risk, assesses the extent of that risk, and develops the most appropriate support plan for the individuals concerned, with multi-agency cooperation and support from the school.
- The delivery of the Channel programme may often overlap with the implementation of the LA's or school's wider safeguarding duty, especially where vulnerabilities have been identified that require intervention from CSC, or where the individual is already known to CSC.

If outside organisations hire the DEC premises, Board members should ensure that the written agreement includes reference to the Prevent duty. For example:

Not to use or permit or suffer the Property or any equipment at the Property to be used in any manner or for any purpose which facilitates encourages or promotes extremism or terrorism or which allows access to or the dissemination of information in any form relating to extremism or terrorism or which causes or might cause the Landlord to be in breach of any duty under the Counter-Terrorism and Security Act 2015 or guidance issued pursuant to that Act

12. Responding to the child who discloses (talks about) abuse

All staff, consultants and volunteers will:

- Listen carefully to what is said;
- Avoid showing shock or disbelief;
- Observe the child's demeanour;
- Find an appropriate opportunity to explain that the information will need to be shared with others. They will not promise to keep the information confidential or a 'secret';
- Allow the child to continue at her/his own pace and do not interrupt if the child is freely recalling events. They will not stop him/her in order to find a 'witness' as this could inhibit the child from saying more;
- Avoid asking questions or pressing for more information. Ask for clarification only. If questions are necessary, they should be framed an open manner and not 'lead' the child in any way. Remember TED: Tell me.... Explain.... Describe...;
- Reassure the child, if necessary, that s/he has done the right thing in telling;
- Explain what will happen next and with whom the information will be shared;
- Not ask the child to repeat the disclosure to anyone else in school – including the DSL - or ask him/her or any other children who were present to write a written account or 'statement'.

13. Taking action

12.1 Where physical injuries have been observed, these will be carefully noted but not photographed. The staff member will not ask to see injuries that are said to be on an intimate part of the child's body.

13.2 Any disclosure or indicators of abuse will be reported verbally to the relevant school or parish DSL or Deputy straight away then the DBE DSL or, where they are not available and concerns are immediate, ensure a referral is made without delay to the Children's Social Care team which covers the area in which the child and family live. In Dorset, from 5 September 2016, these teams will be known as 'Help and Protection' teams. In the case of the latter, the next most senior member of staff should be informed, and the referral kept securely.

13.3 Where the child already has an allocated social worker, that person or a manager or duty worker in the same team will be contacted promptly.

13.4 A written record will then be made (ideally on a standard 'concern' form) of what was said, including the child's own words, as soon as possible and given to the DSL.

13.5 If the child can understand the significance and consequences of making a referral to social workers, they will be asked for their views. It will be explained that whilst their views will be taken into account, the DBE has a responsibility to take whatever action is required to ensure the child's safety and that of other children.

13.6 A child protection referral from a professional cannot be treated as anonymous.

13.7 A DBE member of staff who reports concerns to the school/parish and DBE DSL should expect some feedback, although confidentiality might mean in some cases that this is not detailed. If the member of staff is not happy with the outcome s/he should speak to the DBE DSL in the first instance. If he or she still believes the correct action has not been taken they should refer their concerns to the Board member responsible for Safeguarding.

14. Responding to concerns reported by parents or others in the community

14.1 Occasionally parents or other people in the local community tell DBE staff about an incident in or accumulation of concerns they have about the family life of a child.

14.2 If the incident or concern relates to child protection, the information cannot be ignored, even if there are suspicions about the motives for making the report. Members of staff will therefore pass the information to the relevant DSL and DBE DSL in the usual way.

14.3 It is preferable if the parent / community member who witnessed or knows about the concerns or incident makes a call to Social Care themselves as they will be better able to answer any questions. They can ask for their name not to be divulged if a visit is made to the family. The relevant DSL will advise accordingly and later confirm that this referral has been made.

14.4 If the parent / community member refuses to make the referral, the relevant DSL will clarify that s/he has a responsibility to do so and will also need to pass on to social workers how s/he is aware of the information.

14.5 This process also applies to parent's / community members who are also DBE staff. As professionals who work with children they cannot be anonymous when making the referral but can ask for the situation to be managed sensitively and, if necessary, for their identity to be withheld from the family if it will cause difficulties in their private life.

15. Remember

15.1 Any suspicion or concern that a child or young person may be suffering or at risk of suffering significant harm, MUST be acted on. Doing nothing is not an option. Any suspicion or concerns will be reported without delay to the relevant DSL or Deputy and DBE DSL. During term time the Designated Safeguarding Lead and/or a Deputy should always be available (during office hours) for staff to discuss

any safeguarding concerns. However, if for whatever reason they are not available the staff member will discuss their concerns as soon as possible with either:

- Another senior member of staff or
- The duty worker in the Social Care Team responsible for the area where the child lives – single point of contact.

Anyone can make a referral to Social Care, not just the DSLs.

15.2 It is important that everyone is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for making a judgement about whether or not abuse has occurred and should not conduct an 'investigation' to establish whether the child is telling the truth. That is a task for social workers and the Police following a referral to them of concern about a child. The role of the individual is to act promptly on the information received.

15.3 This applies regardless of the alleged 'perpetrator': whether the child talks about a family member or someone outside school, a member of staff or another child/pupil.

15.4 A careful record will be made of what has been seen/heard that has led to the concerns and the date, time, location and people who were present. As far as possible, staff should record verbatim what was said and by whom. The record will be passed to the school /parish DSL and the DBE DSL.

15.5 The DSL will keep a record of the conversation with the duty worker and other social workers, noting what actions will be taken and by whom, giving the date and time of the referral. The referral will be confirmed in writing on the inter-agency referral form (available on the DSCB / WSCB website) as soon as possible and at least within 24 hours. Any pre-existing assessments such as through the Common Assessment Framework should be attached.

See Appendix 4 below for detailed record keeping guidance.

16. Response from Children's Services Social Care to a DBE referral

- Referral
Once a referral is received by the relevant team, a manager will decide on the next course of action within one working day. When there is concern that a child is suffering, or likely to suffer significant harm, this will be decided more quickly and a strategy discussion held with the Police and Health professionals and other agencies as appropriate (section 47 Children Act 1989).

The Designated Safeguarding Lead should be told within three working days of the outcome of the referral. If this does not happen s/he will contact the duty worker again.

- Assessment
All assessments should be planned and co-ordinated by qualified social worker. They should be holistic, involving other professionals, parents/carers and the children themselves as far as practicable. Assessments should show analysis, be focused on outcomes and usually take no longer than 45 working days from the point of referral. DBE staff have a responsibility to contribute fully to the assessment.
- S47 Enquiries (regarding significant harm)
The process of the investigation is determined by the needs of the case, but the child/young person will always be seen as part of that process and sometimes without parents' knowledge or permission. On occasions, this will mean the child/young person is jointly interviewed by the Police and social workers, sometimes at a special suite where a video-recording of the interview is made.

- The Child Protection Conference

If, following the s47 enquiries, the concerns are substantiated and the child is judged to be at risk of significant harm, a Child Protection Conference (CPC) will normally be convened. The CPC must be held within 15 days of the first strategy discussion and DBE staff may be invited to attend - normally the DSL. This person will produce a written report in the correct format (a proforma is available on the DSCB website). This will be shared with the child/young person and his/her family before the conference is held. A copy will also be sent to the person chairing the initial CPC at least 24 hours in advance.

More information is in the inter-agency safeguarding procedures ('Child Protection Conferences') on the DLA and WLA websites.

If the DSL disagrees with the decisions made by social workers regarding the outcome of the referral, the conclusions of the assessment or any actions taken, the matter should be discussed and if necessary escalated to more senior managers (under the escalation policy available on the DLA and WLA websites), *particularly* if the child's situation does not appear to be improving.

17. Responding to allegations or concerns about staff, Consultants or volunteers

17.1 Rigorous recruitment and selection procedures and adhering to the DBE's code of conduct and safer practice guidance will hopefully mean that there are few allegations against or concerns about staff, Consultants or volunteers in the DBE. However, if a member of staff, or any other person, has any reason to believe that another adult has acted inappropriately or abused a child or young person, they will take action in the first instance by reporting to the Diocesan Director of Education (DDE) (not the DSL if this is a different person) Even though it may seem difficult to believe that a colleague may be unsuitable to work with children, the risk is far too serious for any member of staff to dismiss such a suspicion without taking action.

17.2 If the allegation / concern is about the DDE, the person with concerns will contact the Designated Officer (also known as the LADO) in the Local Authority and notify the DBE DSL or Deputy DSL. See Appendix 1 below for contact numbers.

17.3 In all cases of allegations against staff, Consultants or volunteers, the DBE DSL, will contact the Boards Designated Officer and follow the correct procedures as set out in Appendix 3. This must comply with Part Four of 'Keeping Children Safe in Education' 2019.

18. Children who are disabled

17.1 Research shows that children with special educational needs and who are disabled are especially vulnerable to abuse and adults who work with them need to be vigilant and take extra care when interpreting apparent signs of abuse or neglect.

18.2 Additional barriers can exist for adults who work with such children, in respect of recognising abuse and neglect. These can include

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- Children with SEN and who are disabled can be disproportionately impacted by things like bullying – without outwardly showing any signs; and
- Communication barriers and difficulties in overcoming these barriers

18.3 These child protection procedures will be followed if a child with special educational needs or who is disabled discloses abuse or there are indicators of abuse or neglect. There are no different or separate procedures for children who are disabled.

19. Safer Working Practice

19.1 All adults who come into contact with children when working in schools and Parishes will behave at all times in a professional manner which secures the best outcomes for children and also prevents allegations being made. Detailed advice on safer working practice can be found in the DBE's Code of Conduct.

19.2 We promote a culture whereby members of the DBE should feel able to raise with any member of the Senior Leadership Team, any concerns about staff conduct. If the reporter feels that the issue has not been addressed, they should contact someone outside of the DBE, such as the Trust Member or the LADO. (See Appendix 1 below for contact number).

20. Training

20.1 Child protection will be part of induction for all staff, Consultants and volunteers new to the DBE. They will be given a copy of this policy, the Code of Conduct, details about the role of the DSL and part one of 'Keeping Children Safe in Education: information for all school and college staff' plus Annex A

20.2 This will be followed up by basic child protection training that equips individuals to recognise and respond appropriately to concerns about pupils if appropriate to their role.

20.3 A proportional risk-based approach will be taken regarding the level of information provided to all temporary staff and volunteers. As a minimum they will be provided with, and will be expected to follow, the child protection summary sheet which forms part of this policy.

20.4 All staff who have direct contact with children and young people will have training in preventing radicalisation and extremism ('Prevent') – either by attending a Workshop to Raise Awareness of Prevent (WRAP) or completing an on-line course, followed by a discussion with the DSL. The DSL is the Prevent Lead and will attend WRAP.

20.5 In addition, all staff members will receive regular safeguarding and child protection updates from the DSL as required, but at least annually. This will include learning from local and national serious cases when the learning becomes available.

20.6 When DSLs and Deputies take up the role, they will attend enhanced (Level 3) training, or the equivalent in their LA area – provided through a multi-agency course. They must be updated at 2 yearly intervals after that.

20.7 In addition, their knowledge and skills will be updated regularly - at least annually. These individuals are expected to take responsibility for their own learning about safeguarding and child protection by, for example: taking time to read and digest newsletters and relevant research articles; attending training offered by DSCB on matters such as domestic abuse, attachment and child sexual exploitation; completing on-line training on FGM; attending local DSL forums etc.

See Appendix 1 for contact details and Appendix 5 for further details about training.

20.8 Specified individuals identified by the Director of Education and DSL will complete safer recruitment training either through a multi-agency taught session or by completing the NSPCC on-line course.

20.9 It is recommended that all Trustees attend training, briefings or other input which equips them to understand fully and comply with their legal safeguarding duties as Board members, set out in 'Keeping

Children safe in Education' 2018. Attendance includes those who also work with children and have attended child protection training in that role.

21 Raising concerns about safeguarding practice in our organisation - whistleblowing

20.1 In the DBE we promote a culture where any staff or volunteers feel able to raise with the Director of Education or DSL any concerns about safeguarding or child protection practice.

21.2 Any issues which they have not been able to resolve with the DSL or Assistant DSL should be reported to the Director of Education in the first instance. If they are still not satisfied they should approach the Trust Board or, if the issue relates to the conduct of or allegation against a member of staff, should contact the designated officer (also known as the LADO).

21.3 Staff should refer to the DBE's whistle-blowing policy for more information or can use the NSPCC whistle blowing helpline: 0800 0280285(8am-8pm Monday – Friday) or email help@nspcc.org.uk.

C. Child Protection Summary for all Visiting Professionals to the DBE

As an adult working directly with children in the DBE you have a duty of care towards all pupils and young people. This means you must act at all times in a way that is consistent with their safety and welfare.

If you are an adult arriving at the DEC to work with children the DEC, as part of its risk assessment for the children's visit, will have confirmed with your organisation that you are fully registered with them on its single central record (SCR)

It is your responsibility to keep your child protection training up to date; you might be asked for evidence of this.

You must follow the principles of safer working practice, which include use of technology – on no account should you make contact or take images of pupils on personal equipment, including your mobile 'phone.

If the behaviour of another adult in the DBE gives rise to concern you must report it to the DSL or Assistant DSL.

If you have a concern about a child, particularly if you think s/he may be suffering or at risk of suffering harm, it is your responsibility to share the information promptly with the Designated Safeguarding Lead (DSL) or the Assistant DSL who are Debbie Heritage and Lizzie Whitbread.

The following is not an exhaustive list, but you might become concerned as a result of:

- seeing a physical injury which you believe to be non-accidental
- observing something in the appearance of a pupil which leads you to think his/her needs are being neglected
- a pupil telling you that s/he has been subjected to some form of abuse

In any of these circumstances you must write down what you observed or heard, date and sign the account and give it to the DSL or Assistant DSL of the school or parish and inform the DBE DSL.

If a pupil or young person talks to you about (discloses) sexual or physical abuse you:

- listen carefully without interruption, particularly if s/he is freely recalling significant events
- only ask sufficient questions to clarify what you have heard. You might not need to ask anything but, if you do, you must not 'lead' the pupil/young person in any way so should only ask 'open' questions
- make it clear you are obliged to pass the information on, but only to those who need to know
- tell the DSL or assistant DSL without delay
- write an account of the disclosure as soon as you are able (definitely the same day), date and sign it and give it to the DSL.

Do not ask the pupil/young person to repeat the disclosure to anyone else, ask him/her or any other pupil/young person to write a 'statement', or inform parents. You are not expected to make a judgement about whether the child is telling the truth.

Remember – share any concerns, don't keep them to yourself.

This page should be printed separately and given to all supply/peripatetic/ temporary staff who will be working with children, even if just for one day

Appendix 1

Useful Contacts

1) Dorset Children's Services Family Support Teams (incorporating Children's Social Care and Early Intervention Services)

For NEW referrals (concerns about children, which require a social work assessment):
01202 228866

To contact children's allocated social workers:

West Area 01305 221450
(Previously Bridport and Dorchester teams)

East Area 01202 474106
(Previously Ferndown and Christchurch teams)

Central Area
Purbeck 01929 553456

North Dorset 01258 472652

South Area
(Weymouth & Portland) 01305 760139

Out of Hours Service

- 01202 657279

Dorset Safeguarding and Standards Team

- 01305 221122

The team comprises Children's Services managers and advisors including:

- The Education Safeguarding Standards Advisor who offers advice and support to Headteachers and Designated Safeguarding Leads in relation to safeguarding and child protection issues
- The Local Authority Designated Officer (also known as the LADO) to whom allegations against adults who work with children in education establishments must be reported
- The Children's Services 'Prevent' Lead

Dorset Virtual School for children in care/ Looked After

- 01305 228309

Dorset Governor Services (for governor safeguarding training)

- 01305 224382

2) Wiltshire

- Wiltshire Multi-Agency Safeguarding Hub (MASH): 0300 4560108
- Emergency Duty Service: 0845 6070 888 (5.30pm-9.00am)

The Wiltshire Designated Officer can be contacted on:

- 01225 718079 or 01225 713945

Wiltshire Virtual School for children in care/ Looked After

- 01225 771679

Appendix 2

Possible Indicators of Abuse

The following information is not designed to turn Diocesan staff into experts but it will help them to be more alert to the signs of possible abuse. The examples below are not meant to form an exhaustive list; Designated Safeguarding Leads and other staff will find it helpful to refer to Government advice 'What to do if you are worried about a child being abused' (2015) and the inter-agency safeguarding procedures on the Dorset Safeguarding Children Board website for more detailed information.

Abuse is a form of maltreatment of a child which involves inflicting harm or failing to act to prevent harm. Children may be abused in a family, institutional or community setting by those known to them or, more rarely, by others, e.g. via the internet.

i) Physical Abuse

Most children will collect cuts and bruises in their daily lives. These are likely to be in places where there are bony parts of the body, like elbows, knees and shins. Some children, however, will have bruising which is less likely to have been caused accidentally. An important indicator of physical abuse is where bruises or injuries are unexplained, or the explanation does not fit the injury or there are differing explanations. A delay in seeking medical treatment for a child when it is obviously necessary is also a cause for concern. Bruising may be more or less noticeable on children with different skin tones or from different ethnic groups and specialist advice may need to be taken.

A form of abuse which may involve actions such as hitting, throwing, burning, drowning and poisoning, or otherwise causing physical harm to a child. Physical abuse can also be caused when a parent fabricates the symptoms of, or deliberately induces, illness in a child.

Patterns of bruising that are suggestive of physical child abuse can include:

- Bruising in children who are not independently mobile;
- Bruises that are seen away from bony prominences;
- Bruises to the face, back, stomach, arms, buttocks, ears and hands;
- Multiple bruises in clusters;
- Multiple bruises of uniform shape;
- Bruises that carry the imprint of an implement used, hand marks, fingertips or a belt buckle.

Although bruising is the commonest injury in physical abuse, fatal non-accidental head injury and non-accidental fractures can occur without bruising. Any child who has unexplained signs of pain or illness must be seen promptly by a doctor.

Other physical signs of abuse can include:

- Cigarette burns;
- Adult bite marks;
- Broken bones;
- Scalds.

Changes in behaviour which can also indicate physical abuse:

- Fear of parents being approached for an explanation;
- Aggressive behaviour or severe temper outbursts;
- Flinching when approached or touched;
- Reluctance to get changed, for example wearing long sleeves in hot weather;
- Missing school;
- Running away from home.

ii) Emotional Abuse

Emotional abuse can be difficult to measure, and often children who appear otherwise well cared for may be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. *Children who live in households where there is domestic violence often suffer emotional abuse.* Emotional abuse can also take the form of children not being allowed to mix/play with other children.

A form of abuse which involves the emotional maltreatment of a child to cause severe and adverse effects on the child's emotional development. This may involve telling a child they are worthless, unloved, inadequate, not giving them the opportunities to express their views, deliberately silencing them, or often making them feel as though they are in danger.

The physical signs of emotional abuse can include:

- A failure to thrive or grow, particularly if the child puts on weight in other circumstances, e.g. in hospital or away from parents' care;
- Sudden speech disorders;
- Developmental delay, either in terms of physical or emotional progress.

Changes in behaviour which can also indicate emotional abuse include:

- Neurotic behaviour, e.g. sulking, hair twisting, rocking;
- Being unable to play;
- Fear of making mistakes;
- Self-harm;
- Fear of parents being approached.

iii) **Sexual Abuse**

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers. It is important to remember that children can also be sexually abused by other children (i.e. those under 18)

A form of abuse which involves forcing or enticing a child to take part in sexual activities, not necessarily involving a high level of violence, and whether or not the child is aware of what is happening. This may involve penetrative assault, such as touching, or non-penetrative actions, such as looking at sexual images or encouraging children to behave in inappropriate ways.

Usually, in cases of sexual abuse it is the child's behaviour which may cause concern, although physical signs can also be present. In all cases, children who talk about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to, taken seriously and appropriate action taken promptly.

The physical signs of sexual abuse can include:

- Pain or itching in the genital/anal areas;
- Bruising or bleeding near genital/anal areas;
- Sexually transmitted disease;
- Vaginal discharge or infection;
- Stomach pains;
- Discomfort when walking or sitting down;
- Pregnancy.

Changes in behaviour which can also indicate sexual abuse can include:

- Sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn;
- Fear of being left with a specific person or group of people;
- Having nightmares;

- Missing school;
- Running away from home;
- Sexual knowledge which is beyond their age or developmental level;
- Sexual drawings or language;
- Bedwetting;
- Eating problems such as overeating or anorexia;
- Self-harm or mutilation, sometimes leading to suicide attempts;
- Saying they have secrets they cannot tell anyone about;
- Alcohol / substance / drug use;
- Suddenly having unexplained sources of money;
- Not being allowed to have friends (particularly in adolescence);
- Acting in a sexually explicit way towards adults or other children.

iv) Neglect

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children and young people.

A form of abuse which involves the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of a child's health or development. This may involve providing inadequate food, clothing or shelter, or the inability to protect a child from physical or emotional harm or ensure access to appropriate medical treatment.

The physical signs of neglect can include:

- constant hunger, sometimes stealing food from other children
- being constantly dirty or smelly
- loss of weight, or being constantly underweight
- inappropriate dress for the conditions

Changes in behaviour which can also indicate neglect can include:

- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being left alone or unsupervised

It is important that adults in school/Parishes recognise that providing compensatory care might address the immediate and presenting issue but could cover up or inhibit the recognition of neglect in all aspects of a child's life. Compensatory care is defined as 'providing a child or young person, on a regular basis, help or assistance with basic needs with the aim of redressing deficits in parental care'. This might involve, for example, providing each day a substitute set of clothing because those from home are dirty, or showering a child whose personal hygiene or presentation is such that it is affecting his/her interaction with peers. It does not include isolated or irregular support such as giving lunch money or washing a child who has had an 'accident'. If any adult in school/Parish finds s/he is regularly attending to one or more aspects of a child's basic needs, then this will prompt a discussion with the Designated Safeguarding Lead.

The general rule is: the younger the child, the higher the risk in terms of their immediate health. However, serious neglect of older children and adolescents is often overlooked, on the assumption that they have the ability to care for themselves and have made a 'choice' to neglect themselves. Lack of engagement with services should be seen as a potential indicator of neglect.

School staff should be mindful of the above and discuss any concerns with the DSL who will take the appropriate action in accordance with the inter-agency neglect guidance on the DSCB website.

Appendix 3

Allegations Against Adults – Risk of harm to children Guidance Flowchart

If you become aware that a member of staff/volunteer may have:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child or
- Behaved towards a child or children in a way that indicated they may pose a risk of harm to a child



Where a young person discloses abuse or neglect

- Listen, take their allegation seriously; reassure that you will take action to keep them safe
- Inform them what you are going to do next
- Do not promise confidentiality
Do not question further or approach/inform the alleged abuser



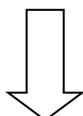
Report immediately to the DDE

Unless there is clear evidence to prove that the allegation is incorrect, the DDE must:
Report the allegation within one working day to the Designated Officer for Allegations (formally known as LADO)



The Director of Education will report the incident to the DSL

Any concern or allegation against the Director of Education will be reported to the Trustee DSL



The Designated Officer will:

1. Consider the relevant facts and concerns regarding the adult and child or children, including any previous history
2. Decide on next course of action – usually straight away, sometimes after consultation with the DBE HR Advisers



If the allegation threshold is NOT met, the Designated Officer will agree with you an appropriate response (e.g. for the DBE Deputy Director to undertake further enquiries or undertake internal investigation)



If the allegation threshold is met, a strategy meeting will normally be held. Normally the safeguarding lead, Designated Officer, HR, Police and Social Care are invited to attend. Relevant information is shared, risks to children are considered and appropriate action agreed.

Appendix 4

Record Keeping: Best Practice for DSLs

1. Introduction

1.1 The importance of good, clear child welfare and child protection record keeping has been highlighted repeatedly in national and local Serious Case Reviews.

1.2 It is the Designated Safeguarding Lead (DSL)'s responsibility to ensure that child protection files, access, storage and transfer meet the required professional standards as detailed in this document.

1.3 The common law of confidentiality, Data Protection and Human Rights principles must be adhered to when obtaining, processing or sharing personal or sensitive information or records. In summary, the Data Protection Act requires that records should be securely kept, accurate, relevant, up to date and kept for no longer than is necessary for the purpose for which they were made.

1.4 Any electronic record keeping system should comply with the general standards set out below. (The 'My Concern' system in use in many local schools has been checked for compliance).

2. Record to be made by an adult receiving a disclosure of abuse (when a child talks about abuse)

2.1 This record should be made as soon as possible **after** the individual hearing the disclosure has reported it verbally to the DSL. The facts, not opinions (unless of particular relevance), should be accurately recorded in a non-judgemental way. It is important to remember that expressing an opinion as to whether the child is telling the truth is not helpful and can prejudice how a case proceeds. This does not seem to reflect the electronic system used.

2.2 The record should ideally be on a standard "concerns" form but if this is not used, should include:

- The child's name, gender and date of birth;
- Date and time of the conversation;
- What was the context and who was present during the disclosure?
- What did the child say? – verbatim if possible;
- What questions were asked? – verbatim;
- Responses to questions –verbatim;
- Any observations concerning child's demeanour and any injuries;
- The name of the person to whom the disclosure was reported;
- Printed name and job title of the author, followed by signature and date on paper copies.

2.3 The record about disclosure of abuse should be passed to the DSL and retained in the pupil's child protection file in its original and contemporaneous form (as it could be used as evidence in court proceedings), even if later typed or if the information is incorporated into a report.

2.4 Schools should never ask pupils, regardless of their involvement of a child protection matter (i.e. the subject of an allegation, a witness or the alleged "perpetrator"), to write out their "statements" of what has happened. In some cases, this could have the unintended consequence of jeopardising a child protection investigation. This applies regardless of whether the incident(s) took place within or outside school.

3. Records kept by the Designated Safeguarding Lead

3.1 As stated at 2.2 above it is useful and recommended practice for staff to have one standard pro forma for recording all 'welfare' and child protection concerns.

3.2 The concern form should be passed to the DSL who will make a judgement about what action needs to be taken, in accordance with local inter-agency safeguarding procedures, using the Threshold Tool, if necessary. The decision about any action, whether or not a referral is made to Social Care, will be recorded clearly by the DSL.

3.3 Concerns which initially seem trivial may turn out to be vital pieces of information later, so it is important to give as much detail as possible. A concern raised may not progress further than a conversation by the DSL with the parent, or, at the other end of the scale, could lead to matters being heard in a court.

3.4 All 'lower level' concerns about a child's welfare, which will generally have been discussed with parents/carers, are kept in the child's main file. Alternatively some schools have adopted their own systems of collation such welfare concerns, but whatever system is in place, these records should not be labelled "child protection".

3.5 It is never good practice to keep pupil welfare records in a diary or day-book system. Often it is only when a number of seemingly minor issues relating to an individual pupil over a period of time are seen as a whole that a pattern can be identified indicating a child protection concern.

4. Starting a DBE child protection file

4.1 A DBE child protection file does not necessarily mean that the child/young person is or has been the subject of a child protection conference or plan. 'Child protection file' denotes a high level of school concern which has warranted the involvement of, and in most cases assessment by, child care social workers.

4.2 It is the responsibility of the DSL to start a child protection file when a social worker is or was involved, or advice has been sought from the LADO with regards to an incident/event e.g.:

- a) A formal referral is made by the DBE to Children's Social Care on an inter-agency referral form;
or
- b) DBE member of staff makes a referral to a parish/school DSL and DBE DSL
- c) DSL contacts the LA LADO

4.3 'Document wallet' - type files are not ideal as the papers therein can easily fall out or get 'out of order'.

4.4 child protection files are never 'closed' or de-categorised. Once a file has started, it is always a DBE child protection file and the chronology is maintained so that any future concerns can be considered in the context of past events.

5. The format of child protection files

5.1 It is helpful if individual files have a front sheet with key information about the pupil or individual and contact details of parents/carers, social worker and any other relevant professionals.

5.2 If a pupil is or was subject of a child protection plan or in care/looked after, this should be highlighted in some way to make it immediately obvious to anyone accessing the record.

5.3 It is a multi-agency standard that children's child protection files must have at the front an up to date chronology of *significant* incidents or events *and* subsequent actions/outcomes. Maintaining the chronology is an important part of the DSL role; it aids the DSL, Deputy and others to see the central issues 'at a glance' and helps to identify patterns of events and behaviours.

5.4 It should make sense as a 'standalone' document: anyone else reading the chronology should be able to follow easily what the concerns are/have been, whether the concerns have escalated and why plus the actions taken by the school to support and protect the child. This will be particularly r, for professionals involved in collating information for Serious Case Reviews and for parents/pupils/ex-pupils if they view the record.

5.5 Once a chronology is started it should be updated as appropriate even if Social Care later cease involvement (see 4.6 above).

5.6 The file should be well organised and include, as appropriate, DBE 'concern forms', copies of correspondence, school reports to and minutes of child protection conferences, documents relating to children in care/'looked after' etc. The DSL will decide which relevant information which pre-dates the starting of the child protection file.

6. Storage

6.1. All records relating to child protection concerns are sensitive and confidential so will be kept in a secure (i.e. locked at all times) filing cabinet, separate from other school files, and accessible through the DSL or their Deputy.

7. Sharing of and access to child protection records

7.1 It is highly unlikely that all members of staff need to know the details of a child's situation, or that there should be widespread access to the records. Access to, and sharing of, information should be on a need-to-know basis, decided case by case. The DSL is the best person to decide this. Consideration must also be given to *what* needs to be shared. Generally speaking, the closer the day-to-day contact with the child, the more likely the need to have some information.

7.2 The child who is the subject of a child protection record has the right to access the file, *unless* to do so would affect his/her health or well-being or that of another person, or would be likely to prejudice a criminal investigation or a Section 47 assessment (which relates to significant harm) under the Children Act 1989.

7.3 Parents (i.e. those with parental responsibility in law) are entitled to see their child's child protection file, with the same exemptions as apply to the child's right to access the record. Note that an older pupil may be entitled to refuse access to the record by his/her parents. As a guide, this applies to pupils who are 12 years of age or above, if they are of normal development or maturity.

7.4 References by name to children other than the pupil who is the subject of the file should be removed when disclosing records, unless consent is obtained from the individual/s concerned (or their parents/carer on their behalf). Care must be taken to ensure all identifying information is removed from the copy of the record to be shared.

7.5 Always seek advice from your legal advisor or Dorset / Wiltshire Data Protection Officer if there are any concerns or doubt about a child or parents reading records. However, it is generally good practice to share all information held unless there is a valid reason to withhold it, e.g. to do so would place the child or any other person at risk of harm. Any requests to see the child's record should be made in writing to give time for confidential information, such as any details of other pupils, to be removed.

7.6 A maximum fee of £10 can be charged for viewing access to or a copy of a child protection record.

7.7 If the record to be disclosed contains information about an adult professional, that information can be disclosed if it relates to the performance by that person of their job or other official duties e.g. a reference to a teacher in their teaching role or a school nurse in their nursing role. However, if the reference refers to that individual's private life, it should be removed (unless this relates to a child protection matter which is relevant to the record to be disclosed).

7.8 Child protection information should not normally be shared with professionals other than those from Social Care, the Police, Health or the Local Authority. OfSTED can view individual child protection files. Information should not be released to parents' solicitors on request; advice should be sought from the DBE's legal advisor in such cases.

7.9 Further advice about disclosure of information held in child protection records can be sought from the DCC Data Protection Officer (01305 225175).

8. Retention of records

8.1 All records relating to child protection concerns are sensitive and confidential so will be kept in a secure (i.e. locked at all times) filing cabinet, separate from other files, and accessible through the DSL, the Deputy(s). Retention of these records will only be up to such time that the DSL can ensure that the correct actions have been followed up.

9. Electronic child protection records

9.1 Electronic records must be password protected with access strictly controlled in the same way as paper records and will be retained in line with section 8.1.

9.2 They should be in the same format as paper records (i.e. with well-maintained chronologies etc.) so that they are up to date if/when printed, if necessary.

10. GDPR

10.1 All DBE staff will have due regard to the relevant data protection principles, which allow them to share (and withhold) personal information, as provided for in the Data Protection Act 2018 and the GDPR. This includes: •

being confident of the processing conditions which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data'.

- understanding that 'safeguarding of children and individuals at risk' is a processing condition that allows practitioners to share special category personal data. This includes allowing practitioners to share information without consent where there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner but it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk.

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

Appendix 5

Levels of training

The following information outlines staff groups and the levels of training appropriate to them – these descriptions may vary between authority areas but the basic principles apply.

Level	Description of staff group	Appropriate training
Level 1	All staff working in settings who may be in infrequent contact with children, young people and/or parents and carers who may become aware of possible abuse or neglect.	Single agency basic awareness training delivered within own organisation as face to face training or e-learning.
Level 2	All staff who work directly and on a regular basis with children or young people and where their role requires them to understand the multi-agency context of child protection work. Or staff who work with adults who have parent / carer responsibilities.	Up to and including Foundation level multi-agency training.
Level 3	Practitioners and managers with a specific safeguarding role : Designated Safeguarding Leads, operational managers with child protection responsibilities in assessing, planning, intervening and evaluation of the needs of a child or young person.	Up to and including Advanced level multi-agency training.
Level 4	For managers and supervisors within the Children's Trust	Advanced level plus

The role of the Nominated Trustee

Ensure safeguarding is always a priority by:

- Championing child protection issues within the School and liaising with the Designated Safeguarding Lead and the Headteacher and offering challenge if necessary
- Ensuring the Child Protection policy is checked for impact and reviewed annually accordingly
- Auditing safeguarding measures annually alongside the Designated Safeguarding Lead and the Finance Manager and reporting back to the Board of Trustees
- Ensuring that all Trustees understand and comply with their statutory duty to provide the services of the DBE in a way that safeguards and promotes the welfare of pupils

Appendix 6

Concern form

School / Parish.....

For ALL visitors/volunteers logging a concern / disclosure about a child's welfare

[A serious concern, such as a disclosure of abuse, should be passed on verbally, without delay, so that a referral can be made promptly to Family Support (Social Care) by your Designated Safeguarding Lead. You should then complete this form.] This form will be uploaded to the My Concern records.

Child/young person's Name:	Dob:
Date (include year):	Time:
Print your name	Signature
Job title:	
Note the reason(s) for recording the incident / concern: (Be factual and include Who? What? Where? When? Any witnesses?)	
How and why did this happen? Leave this blank if you are unsure.	
Note the action you have taken, including names and positions of anyone to whom your information was passed and when:	

Check to make sure your report is clear now – and will also be clear to someone else reading it next year.
Please now pass this completed form to the school / parish Designated Safeguarding Lead and DBE DSL.

Designated Safeguarding Lead checklist

For DSL: A checklist for recording ACTIONS and OUTCOMES following child welfare concerns reported by staff or volunteers. (See CP policy - record keeping guidance)

Child's name	Address	Dob
Factual account of the incident or information, attached on concern form?	Yes	No
Opinion (substantiated), if appropriate?	Yes	No
Names and job titles of any other staff involved:	1. 2. 3.	
<p>With whom and when has the information been shared? Give names and job titles: <i>(Do not inform parents if there is a disclosure of abuse or concern about significant harm, unless agreed by Family Support - Social Care.</i> <i>Referrals to should be followed up in writing using the inter-agency referral form and a school child protection file started)</i></p>		
<p>Outcomes: <i>(Call Family Support - Social Care if they have not told you the outcome of a referral within a reasonable time)</i></p>		
<p>Chronology started on child's file? <i>(A chronology should be started if there is a referral to Family Support - Social Care)</i></p>	Yes	No
<p>Where is the information to be filed? Any cross-reference to another file or child? <i>(Child protection files should be kept separately from the child's main school file)</i></p>		
DSL Name	Signature	

Appendix 7

SAFEGUARDING OVERVIEW SHEET
(To be included in the child's CP file when concerns are logged for the first time)
Name of child _____ DOB: _____
Date file created _____
Nature of concern:
Other known names _____
Address _____ _____
Other family members: (include full name, relationship e.g. mother, stepfather etc. For U18s, include age, if known)
Are any other child protection files held in School relating to this child or another child closely connected to him/her? YES/NO
If yes, which files are relevant? _____
Name and contact number of Social Worker (Children's Social Care) or CAF details: _____
Name and contact number of any other agency workers involved: _____
Name of lead person responsible for reviewing this record:

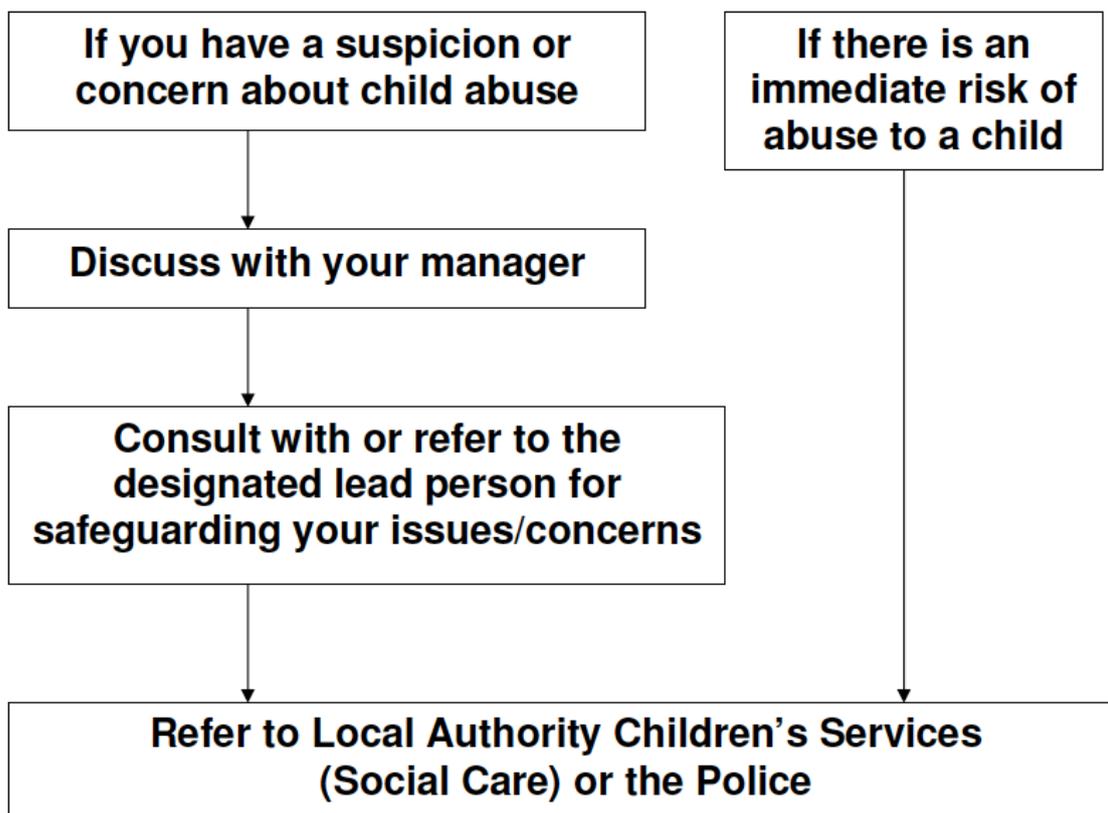
Child protection file chronology

Name of pupil:

Date of birth:

Time and date of event (incl year)	Source of info (incl name)	Details of incident / event	Outcome (including time and date if appropriate)	Name of person recording

FLOWCHART FOR REFERRALS



Remember:

If you have a suspicion or concern about child abuse you should always take some action, consult and seek advice

For NEW referrals (concerns about children, which require a social work assessment):

01202 228866

To contact children's allocated social workers:

West Area 01305 221450
(Previously Bridport and Dorchester teams)
East Area 01202 474106
(Previously Ferndown and Christchurch teams)

Central Area
Purbeck 01929 553456
North Dorset 01258 472652
South Area
(Weymouth & Portland) 01305 760139

Out of Hours Service

ABC 2 657279

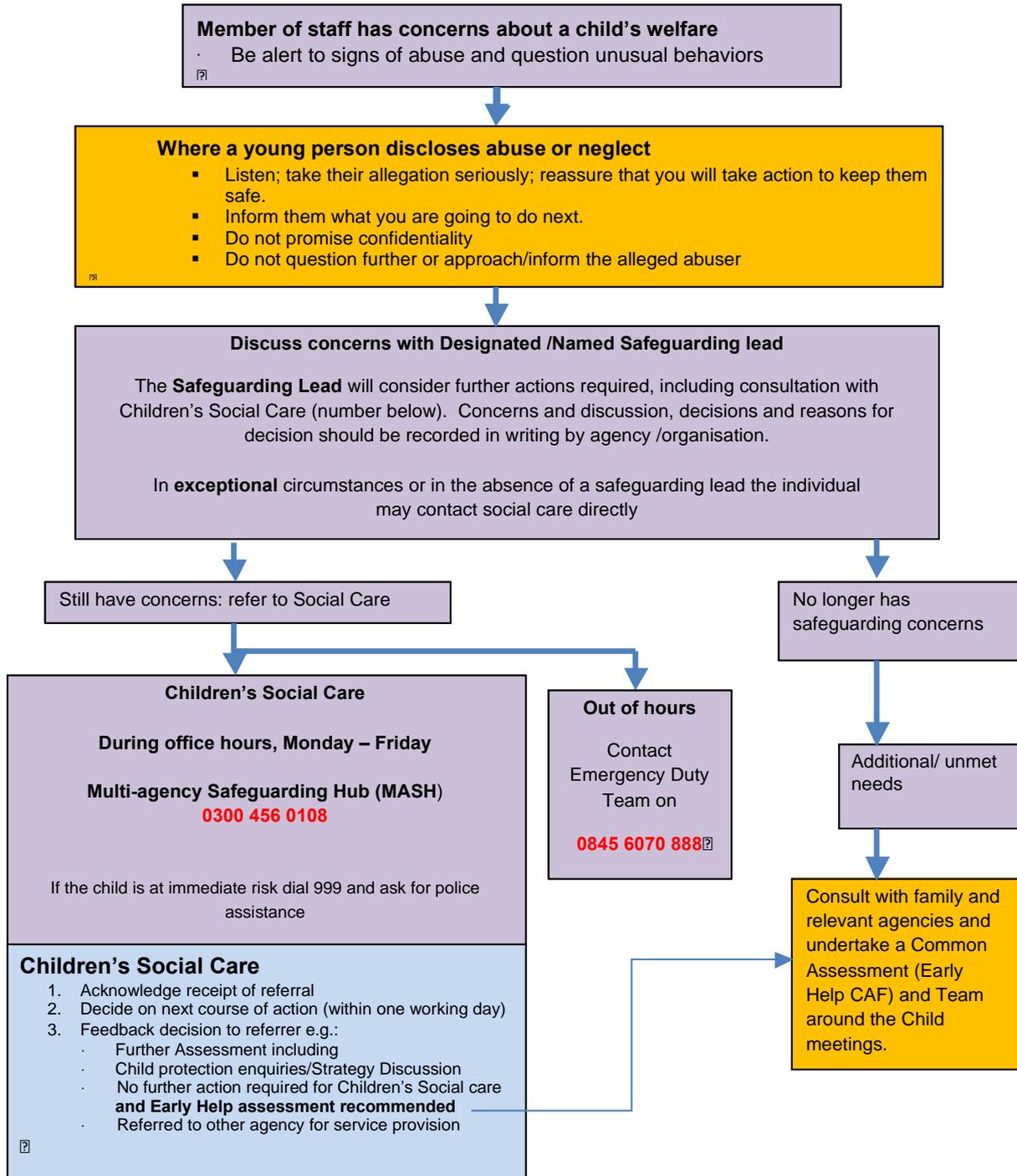
Dorset Police:

Emergency: 999

Non-Emergency: 01202 222222

WILTSHIRE SAFEGUARDING CHILDREN BOARD

What to do if you are worried a child is being abused or neglected



This flowchart is intended for use as a brief guide. Please refer to the DfE Guidance 'What to do if you're worried a child is being abused' guidance, which includes definitions and possible indicators of abuse (including child sexual exploitation) at: www.wiltshirescb.org