

Ardleigh Green Infant and Junior Schools - Safeguarding & Child Protection

- 1.0 The purpose of this document is to assist all staff to safeguard and protect children who are at risk of abuse or neglect and promote their well-being.
- 2.0 At Ardleigh Green Infant and Junior Schools we are committed to safeguarding children and young people and we expect everyone who works in our schools to share this commitment. Adults in our schools take all welfare concerns seriously and encourage children and young people to talk to us about anything that worries them.
- 3.0 This policy and procedures should be read in conjunction with
 - London Safeguarding Children Procedures 5th edition
 - Working Together to Safeguard Children 2015 (Feb 2017 revision)
 - Keeping children safe in education 2016
 - School online safety policy
 - Schools Code of Conduct
 - Staff Acceptable Use Agreement
- 4.0 The safeguarding of children is everyone's business and schools have a responsibility under Section 175 of the Education Act 2002 to ensure that their functions are carried out with a view to safeguarding and promoting the welfare of children. This includes
 - Preventing the impairment of children's health or development
 - Protecting children from maltreatment
 - Ensuring children grow up in circumstances consistent with the provision of safe and effective care.
- 5.0 The Children Act 1989 defines a child as being up to the age of 18 years; it also defines significant harm and the roles and responsibilities of Children's Social Care and the Police.
- 6.0 **Legislation related to safeguarding in schools**
 - Keeping Children Safe in Education (September 2016)
- 7.0 **Education**
 - The Children Act 1989 and 2004
 - Education Act 2002
 - The Education (Health Standards) (England) Regulations 2003
 - The Further Education (Providers of Education) (England) Regulations 2006
 - The Education (Pupil Referral Units) (Application of Enactments) (England) Regulations 2007 as amended by SI 2010/1919, SI 2012/1201, SI 2012/1825, SI 2012/3158
 - The School Staffing (England) Regulations 2009 as amended by SI 2012/1740 and SI 2013/1940
 - The Education (Non-Maintained Special Schools) (England) Regulations 2011 as amended by SI 2015/387
 - The Education (School Teachers' Appraisal) (England) Regulations 2012
 - The Children and Families Act 2014
 - The Education (Independent School Standards) Regulations 2014
- 8.0 This policy and the following procedures apply to all paid staff, volunteers and governors working with or in Ardleigh Green Infant and Junior Schools.
- 9.0 **Significant Harm**
 - 9.1 There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation and the presence or degree of threat, coercion, sadism, and bizarre

or unusual elements. Each of these elements has been associated with more severe effects on the child and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the family's strengths and support.

- 9.2 The following procedures outline the action to be taken if it is suspected that a child may be being abused, harmed or neglected. There are four categories of abuse:
- Physical Abuse
 - Emotional Abuse
 - Sexual Abuse
 - Neglect
- 9.3 It is acknowledged that a child can be abused, harmed or neglected in a family, institution or community setting or online by someone known to them or, less commonly, by a stranger; this includes someone in a position of trust such as a school staff member or other professional.
- 9.4 Safeguarding and the promotion of a child's welfare covers all aspects of the child's life and the school is committed to ensuring that all its actions in respect of a child are compatible with this aim. If there are concerns about a child's welfare that do not meet the thresholds of child abuse the school will consider whether the Early Help approach should be considered. Early identification of concerns and the use of Early Help to develop a multi-agency plan for the child can reduce the risk of subsequent abuse.

10.0 Context

- 10.1 The content of this policy is applicable to all paid staff, volunteers and Governors.
- 10.2 The governors and staff of Ardleigh Green Infant and Junior Schools fully recognise the contribution they make to safeguarding children. We recognise that all staff, including volunteers, have a full and active part to play in protecting our children from harm.
- 10.3 All staff and Governors believe that our school should provide a caring, positive, safe and stimulating environment which promotes the social, physical and moral development of the individual child.
- 10.4 The aims of this policy are:
- To support the child's development in ways that will foster security, confidence and independence.
 - To raise the awareness of both teaching and non-teaching staff for the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse.
- 10.5 Adopting child protection guidelines through procedures and a code of conduct for staff and volunteers:
- To provide a systematic means of monitoring children known or thought to be at risk of harm.

- To support pupils who have suffered abuse in accordance with their agreed Child Protection Plan.
- To emphasise the need for good levels of communication between all members of staff.
- By carefully follow the procedures for recruitment and selection of staff and volunteers, ensuring that all adults within our school who have access to children have been checked as to their suitability.
- To set out a structured procedure within the school community in cases of suspected abuse.
- By sharing information about child protection and good practice with children, parents and carers, staff and volunteers.
- To develop and promote effective working relationships with other agencies, especially the Police and Social Care. Sharing information about concerns with agencies who need to know, and involving parents and children appropriately.
- To ensure all staff are aware of the school's code of conduct.
- To ensure all staff have signed the AUP - acceptable use policy
- By providing effective management for staff and volunteers through support, supervision and training.

10.6 Equality

Some children's circumstances mean they are more vulnerable to abuse and/or less able to easily access services. These children often require a high degree of awareness and co-operation between professionals in different agencies, both in recognising and identifying their needs and in acting to meet those needs: Children in Specific Circumstances, edition 5, London Child Protection Procedures.

11.0 Procedures

11.1 Our school procedures for safeguarding children will be in line with the London Borough of Havering and Havering Local Safeguarding Children's Board procedures; Edition 5 of the London Child Protection Procedures provides comprehensive guidance. We will ensure that:

- We have a Designated Safeguarding Lead who has responsibility for Child Protection and who undertakes regular training for this role.
- We have two designated Safeguarding deputies per school who will act in the Designated Safeguarding Lead's absence.
- The Safeguarding and child protection team are:

Ardleigh Green Infant School		Ardleigh Green Junior School	
Val Morris	Head Teacher	John Morris	Head Teacher
Verity Hoffman	Deputy Head Teacher	Janelle Johnson	Deputy Head Teacher
Linda Jones	Early Years Lead		

- The Designated Safeguarding Leads are members of the Senior Leadership Team of Ardleigh Green Infant and Junior Schools.
- Those named above have received appropriate training. The Designated Safeguarding Leads and their deputies will undertake formal training at least every two years. The Safeguarding Team will keep themselves up to date throughout the year.
- All school staff will receive training at least every year.
- We have designated Governors for Child Protection/Safeguarding.

Ardleigh Green Infant School		Ardleigh Green Junior School	
Nicki Banyard	Chair of Governors	William Jennings	Chair of Governors

		Victoria O'Connor	Deputy Head Teacher

- 11.2 In the event that there are concerns about a child, the Designated Safeguarding Lead will access the London Borough of Havering MASH threshold document and the London Child Protection Procedures 5th edition to inform their decision-making process with regard to the presenting safeguarding concerns.
- 11.3 The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of the children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.
- 11.3.1 All members of staff will develop their understanding of the signs and indicators of abuse and of their responsibility for referring any concerns.
- 11.3.2 All new members of staff will be given access to a copy of our safeguarding and child protection procedures as part of their induction into Ardleigh Green Infant or Junior Schools.
- 11.3.3 All members of staff will read Keeping Children safe in Education 2016, section 1. Senior Leadership will support all staff in understanding this key document and implementing it in their practice.
- 11.3.4 All members of staff will be expected to know how to access edition 5 of the London Child Protection Procedures at <http://www.londoncp.co.uk/>.
- 11.3.5 All members of staff will know how to respond to a pupil who discloses abuse. It is vital that our actions do not abuse the child further or prejudice further enquiries, for example:
- Stay calm, listen to the child and if you are shocked by what is being said try not to show it.
 - Do not promise confidentiality; you can however promise privacy, reassure the child they have done the right thing. Explain who you will have to tell and why.
 - If a child is making a disclosure the pace should be dictated by the child, do not ask leading questions, for example 'what did they do next?' It is our role to listen, not to investigate. Use open questions such as 'is there anything else you wish to tell me?'
 - Accept what they are telling you; do not make judgements.
 - Reassure the child that they have done the right thing in telling you. Do acknowledge how hard it was for them to tell you.
 - Don't criticise the perpetrator; this may be someone they love.
 - Tell them what you will do next and with whom the information will be shared.
 - Pass this information on immediately to your Designated Safeguarding Lead or Deputy Designated Safeguarding Lead in his/her absence.
- 11.4 All staff, in the absence of a member of the safeguarding team, may raise concerns directly with MASH (including Children's Social Care and Police).
- 11.5 After a child has disclosed abuse, the Designated Safeguarding Lead should take immediate action to contact MASH (including Children's Social Care and Police).
- 11.5.1 All staff must report all information immediately, on the same working day, to the Designated Safeguarding Lead, or in their absence to the Safeguarding Deputy.

- 11.5.2 The conduct of staff when in a 1:1 situation with a child should be managed in a way that would not lead any reasonable person to question their motives or intentions. All staff must ensure that their behaviour and actions do not place children or themselves at risk of harm or of allegations of harm to children. All staff must be aware of the schools 'Managing Allegations / Whistleblowing Policy' and how to access it.
 - 11.5.3 All parents/carers will be made aware of the possibilities of staff members' actions with regard to child protection procedures.
 - 11.5.4 All parents/carers, as part of the child induction process, will be made aware of the Safeguarding and Child Protection Policies, which are on the school websites www.agi.havering.sch.uk (Infant) and www.ardleighgreenjun.org.uk (Junior)
- 11.6 We will review our Safeguarding and Child Protection Procedures annually and complete a London Borough of Havering section 175 audit. A copy of the audit will be sent to the Schools Safeguarding Lead in Havering and also shared with the Quality Assurance Inspector.

12.0 Types of abuse and neglect

These definitions are from "Working Together" (March 2015, Feb 2017 rev) and "Keeping Children Safe in Education" (September 2016):

- 12.1 **Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.
- 12.2 **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.
- 12.3 **Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and 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 a 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 cyberbullying / online 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, although it may occur alone.
- 12.4 **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.
- 12.5 **Neglect:** the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical

and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

- 12.6 **Child sexual exploitation (CSE) (Working Together, Feb 2017):** Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity in exchange for something the victim needs or wants; and/or for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.'
- 12.7 There are three main types of child sexual exploitation:
- 12.7.1 Usually involves just one abuser who has inappropriate power – physical, emotional or financial – or control over a young person. The young person may believe they have a genuine friendship or loving relationship with their abuser.
 - 12.7.2 Boyfriend: Abuser grooms victim by striking up a normal relationship with them, giving them gifts and meeting in cafés or shopping centres. A seemingly consensual sexual relationship develops but later turns abusive. Victims are required to attend parties and sleep with multiple men and threatened with violence if they try to seek help.
 - 12.7.3 Organised exploitation and trafficking: Victims are trafficked through criminal networks – often between towns and cities – and forced or coerced into sex with multiple men. They may also be used to recruit new victims. This serious organised activity can involve the buying and selling of young people.
- 12.8 **Female Genital Mutilation (FGM):** The Serious Crime Act 2015 sets out a duty on professionals (including teachers) to immediately notify police when they discover that FGM appears to have been carried out on a girl under 18. This will usually come from a disclosure. Under no circumstances should school staff physically examine pupils. Unless there are exceptional circumstances, concerns about FGM should be taken to the Designated Safeguarding Lead and together the information will be taken immediately to the police.
- Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals 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.
- Female genital mutilation refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.
- FGM typically takes place between birth and around 15 years old; however, it is believed that the majority of cases happen between the ages of 4 and 10.
- 12.9 **Breast Ironing:** is where young pubescent girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. The custom uses large stones, a hammer or spatulas that have been heated over scorching coals to compress the breast tissue, or an elastic belt to press the breasts so as to prevent them from growing in girls as young as 9 years old. Much like Female Genital Mutilation (FGM), breast-ironing has been identified by the UN as one of five under-reported crimes relating to female-to-female/gender-based violence.
- The practice is performed usually by mothers and female relatives and it is believed that by carrying out this act:
- young girls will be protected from harassment, rape, abduction
 - it will prevent early pregnancy that would tarnish the family name

- it will allow the girl to pursue education rather than be forced into early marriage
- it will delay pregnancy by “removing” signs of puberty
- girls may not appear sexually attractive to men

Most at risk: Young pubescent girls usually aged between 9 – 15 years old. It is a well-kept secret between the young girl and her female relatives who are likely to carry out the practice.

- 12.10 **Prevent, Radicalisation and Extremism:** As part of the Counter Terrorism and Security Act 2015, schools have a duty to ‘prevent people being drawn into terrorism’. This is the ‘Prevent Duty’. Where staff are concerned that children and young people are developing extremist views or show signs of becoming radicalized, they should discuss this with the Designated Safeguarding Lead.

The Designated Safeguarding Lead has received training about the Prevent Duty and tackling extremism and is able to support staff with any concerns they may have.

We use the curriculum to ensure that children and young people understand how people with extreme views share these with others, especially using the internet.

We are committed to ensuring that our pupils are offered a broad and balanced curriculum that aims to prepare them for life in modern Britain. Teaching the school’s core values alongside the fundamental British Values, supports quality teaching and learning, whilst making a positive contribution to the development of a fair, just and civil society.

- 12.11 **Sexting:** The term ‘sexting’ relates to the sending of indecent images, videos and/or written messages with sexually explicit content; these are created and sent electronically. They are often ‘shared’ via social networking sites and instant messaging services. This School will not tolerate sexting; it is inappropriate and illegal amongst young people and can have extremely damaging and long-lasting consequences. Sexting is unacceptable behaviour. The misuse of electronic communication, such as sexting, inappropriate comments on Facebook, being the object of cyber-bullying and online grooming are all potential safeguarding concerns. We have a responsibility to work with parents and carers in ensuring that all pupils are fully aware of the dangers and possible repercussions of sexting.

- 12.12 **Missing:** A child going missing from education is a potential indicator of abuse or neglect. Staff should follow the school’s procedures for unauthorised absence and for dealing with children that go missing from education, particularly on repeat occasions. Missing is often an indicator of possible abuse and neglect, including sexual exploitation.

13.0 Possible Signs and Symptoms of Abuse

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered. This is not an exclusive list and many of the signs and symptoms could fall into more than one category. Guidance on recognising signs and symptoms of abuse can be found in Working Together to Safeguard Children 2015. Also students with learning difficulties often exhibit some of these signs (e.g. reluctance to get undressed for PE, constant tiredness) which are not necessarily signs of abuse but symptoms of their condition; however, it must also be remembered that disabled children are 3 times more likely to experience abuse or neglect than non-disabled peers.

13.1 Physical Abuse

- Unexplained injuries, bites, bruises or burns, particularly if they are recurrent
- Improbable excuses given to explain injuries
- Refusal to discuss the causes of injuries
- Untreated injuries
- Disclosure of punishment which appears excessive
- Withdrawal from physical contact/aggressive behaviour
- Arms & legs kept covered in hot weather (excluding for reasons of cultural dress)
- Fear of returning home
- Fear of medical help
- Self-destructive tendency

- Running away

13.2 Emotional Abuse

- Physical, mental, emotional or developmental lag
- Domestic violence
- Disclosure of punishment which appears excessive
- Over-reaction to making mistakes or fear of punishment
- Continual self-deprecation
- Sudden speech disorders
- Fear of new situations
- Inappropriate responses to painful situations
- Neurotic behaviours
- Self-harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug or solvent abuse
- Running away
- Compulsive stealing, scavenging

13.3 Sexual Abuse

- Sudden changes in behaviour
- Displays of affection which are inappropriate
- Alleged promiscuity or sexualised behaviour
- Fear of undressing
- Regression to younger behaviour
- Inappropriate internet use and possible 'grooming' concerns
- Genital itching or other genital/anal pain/injury
- Distrust of familiar adult
- Unexplained gifts of money, mobile phones etc.
- Depression and withdrawal
- Apparent secrecy about social activities or the identity of "special friends"
- Wetting or soiling, day and night
- Sleep disturbances or nightmares- Chronic illness, especially throat infections and sexually transmitted disease

13.4 Neglect

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Frequent lateness or non-attendance at school
- Untreated medical problems or unmet special needs
- Low self-esteem
- Neurotic behaviour
- Poor social relationships
- Deterioration in school performance
- Running away
- Compulsive stealing or scavenging

13.5 Child sexual exploitation (CSE)

- going missing for periods of time or regularly coming home late
- regularly missing school or education or not taking part in education
- appearing with unexplained gifts or new possessions
- associating with other young people involved in exploitation
- having older boyfriends or girlfriends

- suffering from sexually transmitted infections
- mood swings or changes in emotional wellbeing
- drug and alcohol misuse
- displaying inappropriate sexualised behaviour

Staff should also be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as such.

13.6 Female Genital Mutilation (FGM)

The World Health Organisation identify girls between 4 and 10 as being the most at risk.

FGM may be likely if there is a visiting female elder, there is talk of a special procedure or celebration to become a woman, or parents wish to take their daughter out-of-school to visit an 'at-risk' country (especially before the summer holidays), or parents who wish to withdraw their children from learning about FGM.

Indications that FGM may have already taken place may include:

- difficulty walking, sitting or standing and may even look uncomfortable
- spending longer than normal in the bathroom or toilet due to difficulties urinating
- spending long periods of time away from a classroom during the day with bladder or menstrual problems
- Frequent urinary, menstrual or stomach problems
- prolonged or repeated absences from school or college, especially with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return
- reluctance to undergo normal medical examinations
- confiding in a professional without being explicit about the problem due to embarrassment or fear
- talking about pain or discomfort between her legs

13.7 Prevent, Radicalisation and Extremism:

Early indicators of radicalisation or extremism may include:

- showing sympathy for extremist causes
- glorifying violence, especially to other faiths or cultures
- making remarks or comments about being at extremist events or rallies outside school
- evidence of possessing illegal or extremist literature
- advocating messages similar to illegal organisations or other extremist groups
- 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.)
- secretive behaviour
- online searches or sharing extremist messages or social profiles
- intolerance of difference, including faith, culture, gender, race or sexuality
- graffiti, art work or writing that displays extremist themes
- attempts to impose extremist views or practices on others
- verbalising anti-Western or anti-British views
- advocating violence towards others

13.8 Handling sexting and nude selfie incident:

UKCCIS "Sexting in schools and colleges" will be used to triage concerns. This extract gives the initial actions that should be taken:

There should always be an initial review meeting, led by the DSL. This should consider the initial evidence and aim to establish:

- Whether there is an immediate risk to a young person or young people

When assessing the risks the following should be considered:

- Why was the imagery shared? Was the young person coerced or put under pressure to produce the imagery?
 - Who has shared the imagery? Where has the imagery been shared? Was it shared and received with the knowledge of the pupil in the imagery?
 - Are there any adults involved in the sharing of imagery?
 - What is the impact on the pupils involved?
 - Do the pupils involved have additional vulnerabilities?
 - Does the young person understand consent?
 - Has the young person taken part in this kind of activity before?
- If a referral should be made to the police and/or children's social care
 - If it is necessary to view the imagery in order to safeguard the young person – in most cases, imagery should not be viewed
 - What further information is required to decide on the best response
 - Whether the imagery has been shared widely and via what services and/or platforms. This may be unknown.
 - Whether immediate action should be taken to delete or remove images from devices or online services
 - Any relevant facts about the young people involved which would influence risk assessment
 - If there is a need to contact another school, college, setting or individual
 - Whether to contact parents or carers of the pupils involved - in most cases parents should be involved

An immediate referral to police and/or children's social care should be made if at this initial stage:

1. The incident involves an adult
2. There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example owing to special educational needs)
3. What you know about the imagery suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent
4. The imagery involves sexual acts and any pupil in the imagery is under 13
5. You have reason to believe a pupil or pupil is at immediate risk of harm owing to the sharing of the imagery, for example, the young person is presenting as suicidal or self-harming

If none of the above apply then a school may decide to respond to the incident without involving the police or children's social care (a school can choose to escalate the incident at any time if further information/concerns come to light).

The decision to respond to the incident without involving the police or children's social care would be made in cases when the DSL is confident that they have enough information to assess the risks to pupils involved and the risks can be managed within the school's pastoral support and disciplinary framework and if appropriate local network of support.

- 14.0 **Private Fostering:** A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more. A close family relative is defined as a 'grandparent, brother, sister, uncle or aunt' and includes half-siblings and step-parents; it does not include great-aunts or uncles, great grandparents or cousins.

- 14.1 Parents and private foster carers both have a legal duty to inform the relevant local authority at least six weeks before the arrangement is due to start; not to do so is a criminal offence.
- 14.2 Whilst most privately fostered children are appropriately supported and looked after, they are a potentially vulnerable group who should be monitored by the local authority, particularly when the child has come from another country. In some cases privately fostered children are affected by abuse and neglect, or are involved in trafficking, child sexual exploitation or modern-day slavery.
- 14.3 Schools have a mandatory duty to report to the local authority where they are aware or suspect that a child is subject to a private fostering arrangement. Although schools have a duty to inform the local authority, there is no duty for anyone, including the private foster carer or social workers, to inform the school. However, it should be clear to the school who has parental responsibility.

On admission to the school, we will take steps to verify the relationship of the adults to the child who is being registered. School staff should notify the Designated Safeguarding Lead when they become aware of private fostering arrangements. The Designated Safeguarding Lead will speak to the family of the child involved to check that they are aware of their duty to inform the LA. The school itself has a duty to inform the local authority of the private fostering arrangements.

15.0 What to do if you suspect that abuse may have occurred

- 15.1 You must report the concerns immediately, on the same working day, to the Designated Safeguarding Lead or their deputies. You may report verbally, but this must be followed up by a written account, on the same working day.
- 15.2 **The role of the Designated Safeguarding Lead is to:**
 - 15.2.1 Obtain information from staff, volunteers, children or parents and carers who have child protection concerns and to record this information.
 - 15.2.2 Assess the information quickly and carefully and ask for further information as appropriate.
 - 15.2.3 They should also consult with Havering services in the first instance (e.g. MASH including Early Help, LADO)
 - 15.2.4 The Designated Safeguarding Lead should make a referral to the MASH (social care / police) or the police without delay if it is agreed during the consultation or if there is an immediate risk to the child.
 - 15.2.5 The referral should be made to the MASH team in which the child lives, e.g. if a child lives in another borough, the referral needs to be made to the MASH team in that borough / authority.
 - 15.2.6 A telephone referral should be made and confirmed in writing using a MASH on the same working day if requested. The MASH team should acknowledge the referral within one working day and should be contacted if no acknowledgement has been received within 3 working days.
 - 15.2.7 Following referral, the MASH team should, within one working day, consider the next course of action, record their decision in writing and notify the Designated Safeguarding Lead that they have made a decision.
 - 15.2.8 Concerns will not be discussed with anyone other than those nominated above.
 - 15.2.9 It is the right of any individual to make direct referrals to the child protection agencies. If for any reason you believe that the Designated Safeguarding Lead has not responded appropriately to your concerns, it is then your responsibility

to contact the MASH and the LADO directly.

16.0 Responsibilities

- 16.1 The Designated Safeguarding Lead or those deputising for them, is responsible for:
- 16.1.1 Adhering to the Havering LSCB, London Borough of Havering and Ardleigh Green Infant and Junior School procedures with regard to referring a child if there are concerns about possible abuse.
 - 16.1.2 Keeping full written chronological records of in-school concerns about a child even if there is no need to make an immediate referral.
 - 16.1.3 Ensuring that all such records are kept confidentially and securely and are separate from pupil records.
 - 16.1.4 Ensuring that an indication of further record-keeping is marked on the pupil records.
 - 16.1.5 Checking the attendance of children subject to a Child Protection Plan on a daily basis.
 - 16.1.6 Ensuring that any child currently who is subject to a Child Protection Plan who is absent without explanation is referred to MASH (Social Care).
 - 16.1.7 Ensuring that where any child currently who is subject to a Child Protection Plan leaves, their information is transferred to the new school immediately and that the child's social worker is informed. A digital copy of the child's information will be retained by Ardleigh Green Infant or Junior School

17.0 Supporting Children

- 17.1 We recognise that a child who is abused or witnesses violence and/or abuse may find it difficult to develop and maintain a sense of self worth. We recognise that a child in these circumstances may feel helpless and humiliated. We recognise that a child may feel self blame.
- 17.2 We recognise that the school may provide the only stable, secure and predictable element in the lives of children who have been abused or who are at risk of harm.
- 17.3 We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
- 17.4 Ardleigh Green Infant and Junior School will support all children through:
- The curriculum
 - The school ethos
 - Encouraging self-esteem and self-assertiveness whilst not condoning aggression or bullying.
 - Promoting a caring, safe and positive environment within the school, giving children a sense of being valued.
 - Ensuring children know there are adults in the school whom they can approach if they are worried.
 - Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
 - Notifying MASH (Social Care) as soon as there is a significant concern.
 - Providing continuing support to a child about whom there have been concerns who leaves the school by ensuring that appropriate information is forwarded under confidential cover to the child's new school.

18.0 Confidentiality and Information Sharing

We recognise that all matters relating to Child Protection are confidential.

Department for Education (DfE), information sharing protocols 2015 will be adhered to at all times.

The Headteacher, Designated Safeguarding Lead, or staff generally will disclose any information about a child to other members of staff on a "need to know" basis only.

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

All staff must be aware that they cannot promise a child to keep secrets.

19.0 Supporting Staff

We recognise that staff working in Ardleigh Green Infant or Junior School who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.

We will support such staff by providing an opportunity to discuss the situation with the Designated Safeguarding Lead and to seek further support as appropriate.

20.0 Safer Recruitment

At Ardleigh Green Infant and Junior Schools we will ensure we practice Safe Recruitment by undertaking enhanced DBS checks of staff and volunteers who work with children. Recruitment adverts will highlight the priority that the school places on this and the school's commitment to safeguarding. References and medical checks will be made on all new staff, and all staff will have references on file.

The school will follow the guidance set out in Keeping Children Safe in Education 2016, and in line with the Local Authority and Local Safeguarding Children's Board procedures, these being the 5th edition of the London Child Protection Procedures 2015.

21.0 Allegations against pupils – peer on peer abuse

21.1 The school recognises the different forms peer on peer abuse, and is clear that abuse is abuse and should never be tolerated or passed off as "banter" or "part of growing up".

21.2 Children are vulnerable to abuse by their peers. Such abuse should be taken as seriously as abuse by adults and should be subject to the same child protection procedures. Professionals should not dismiss abusive behaviour as normal between young people and should not develop high thresholds before taking action.

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

21.4 Professionals should be aware of the added vulnerability of children and young people who have been the victims of violent crime (for example mugging), including the risk that they may respond to this by abusing younger or weaker children.

21.5 The alleged perpetrator is likely to have considerable unmet needs as well as posing a significant risk of harm to other children. Evidence suggests that such children may have suffered considerable disruption in their lives, may have witnessed or been subjected to physical or sexual abuse, may have problems in their educational development and may have committed other offences. They may therefore be suffering, or at risk of suffering, Significant Harm and be in need of protection. Any long-term plan to reduce the risk posed by the alleged perpetrator must address their needs.

21.6 If one child or young person causes harm to another, this should not necessarily be dealt with as abuse: bullying, fighting and harassment between children are not generally seen as child protection issues. However, it may be appropriate to regard a young person's behaviour as abusive if:

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

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

21.8 Further information is available in our separate Peer on Peer Abuse Policy.

22.0 Allegations against staff

22.1 At Ardleigh Green Infant and Junior Schools we recognise the possibility that adults working in the school may harm children. Any concerns about the conduct of other adults in the school should be taken to the Headteacher without delay or where that is not possible, to the Local Authority Designated Officer (LADO); any concerns about the Headteacher should go to the Chair of Governors and the LADO.

- 22.2 We understand that a child or 3rd party may make an allegation against a member of staff.
- 22.3 We understand that an allegation is wider than just those where it is considered that there is reasonable cause to believe that a child has suffered or is at risk of suffering significant harm. Some allegations may indicate that a staff member is unsuitable to work with children.
- 22.4 We will be guided by Working Together 2015 which defines an allegation as when an adult has:
- 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 indicates that they are unsuitable to work with children.
- 22.5 If such an allegation is made, the member of staff receiving the allegation, or having the concern, will immediately inform the Headteacher; this must be done on the same working day.
- 22.6 The Headteacher on all such occasions will discuss immediately, on the same working day, the content of the allegation with LADO, before taking any further action.
- 22.7 If the allegation made to a member of staff concerns the Headteacher, the member of staff will immediately inform the Chair of Governors who will consult with the LADO; this must be done on the same working day. If the Chair of Governors is not available, the member of staff must make direct contact with the LADO.
- 22.8 The school will not internally investigate until instructed by the LADO.
- 22.9 The school will follow the LA procedures for managing allegations against staff, a copy of which will be readily available in the school. These are also contained in the London Child Protection Procedures 5th edition 2015.

23.0 Whistleblowing

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

All staff must be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues.

Further information is available in our separate policy on Managing Allegations / Whistleblowing.

24.0 Physical Intervention

Our policy on physical intervention by staff is set out in a separate policy and acknowledges that staff must only ever use physical intervention as a last resort, and that at all times it must be the minimal force necessary to prevent injury to another person.

We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures. Staff need to be aware that if a child sustains an injury as a result of physical intervention Safeguarding and Child Protection processes must be followed.

25.0 Bullying

Our policy on bullying is set out in a separate policy and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures.

26.0 Racial Incidents

Our policy on racist incidents is set out in a separate policy and acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures.

27.0 Health & Safety

Our Health & Safety policy, set out in a separate document, reflects the consideration we give to the protection of our children both within the school environment and when away from school when undertaking school trips and visits.

28.0 Prevention

We recognise that the school plays a significant part in the prevention of harm to our children by providing children with good lines of communication with trusted adults, supportive friends and an ethos of protection.

The school community will therefore:

- Establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
- Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.

29.0 Other Relevant school policies

- Managing Allegations / Whistleblowing Policy
- Physical Intervention Policy
- Behaviour Policy
- Peer on Peer Abuse Policy
- Anti-Bullying Policy
- Racial Incidents Policy
- Health & Safety Policy
- Online Safety Policy

30.0 Management of Children subject to Child Protection Investigation or subject to a Child Protection Plan:

The Designated Safeguarding Lead and team will contribute to the child protection investigation and attend or contribute to the Strategy meetings.

The Designated Safeguarding Lead or deputy will attend the Initial Child Protection Conference to share any relevant information and provide a written report for the conference.

If the child is placed on the Child Protection Plan, the Designated Safeguarding Lead or deputy is responsible for ensuring that the school participates appropriately in the Child Protection Plan and attends all Core Group Meetings and Child Protection Conferences.

Information will be shared with staff on a “need to know” basis but key personnel working with child should have sufficient information to support them in their work with that child.

If a child with a Child Protection Plan has an unexplained absence from school, the Designated Safeguarding Lead will inform the Social Worker.

31.0 Support and Training

We are committed to the provision of safeguarding training for all our team members, paid and voluntary and we recognise that staff must be regularly updated. Safeguarding and Child Protection is always part of our start of year professional development and induction every September.

In addition to the basic safeguarding training, the Designated Safeguarding Lead and Team undertake training in inter-agency working at least bi-annually to keep their knowledge and skill up to date.

All other staff undertake appropriate training to equip them to carry out their responsibilities for child protection effectively, which is kept up to date by annual refresher training – this training cycles round a range of key topics. This will be additionally supported every year with training and updates provided by the Designated Safeguarding Lead through staff meetings, training days, written updates and briefings.

Staff will be required to sign that they have read Part One: Safeguarding information for all staff of “Keeping Children Safe in Education” (2016).

32.0 Record Keeping

- 32.1 DfE guidance says that the Designated Safeguarding Lead will keep detailed, accurate, secure written records of referrals and concerns. These should be kept separately from academic records, in a confidential file stored in a secure cabinet, accessible only by appropriate senior staff members. They are exempt from records available for examination by parents or children unless subject to a court order.
- 32.2 Havering LSCB promotes high quality record keeping in respect of all concerns about children's welfare. The records should be completed in a timely manner and include all relevant information such as dates, times, others involved, witnesses etc. All records should be signed and dated. The child's confidential record should include a front sheet chronology of concerns to support the understanding of the impact of past concerns, patterns and escalation of concerns.
- 32.3 If a child transfers to another school or other educational establishment, the Designated Safeguarding Lead must forward securely the child protection file to a named person at the receiving school/establishment under a separate cover from the academic records. The file should be marked 'confidential, to be opened by addressee only.'
- 32.4 The Designated Safeguarding Lead should retain a digital copy of the child protection file. This can be digital, which should be stored in a secure area accessible only by appropriate senior staff members. Child Protection records about a student who has ceased to become of compulsory school age should be archived and catalogued. Records must be kept until a child reaches 25 years of age; child protection records must be kept for 35 years after the child leaves the school.
- 32.5 When making a referral, the referrer should keep a written record of:
- Discussions with child
 - Discussions with parent/s
 - Discussions with staff
 - Information provided to the MASH
 - Advice given and decisions taken (clearly times, dated and signed)
- 32.6 The referrer should confirm verbal and telephone referrals in writing within 48 hours, using the inter-agency referral form.
- 32.7 Ardleigh Green Infant and Junior Schools will ensure that we keep up-to-date personal data records of all the children by regularly reminding parents to inform us of any change in family circumstances and requesting an annual update.

33.0 Confidentiality and Information Sharing

- 33.1 We recognise that all matters relating to child protection are confidential.
- 33.2 The Headteacher or Designated Safeguarding Lead will disclose personal information about a student to other members of staff on a need to know basis only.
- 33.3 However, all staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- 33.4 When considering sharing information the staff will consider the seven golden rules:
- 33.4.1 Remember that the Data Protection Act is not a barrier to sharing information, it provides the framework
 - 33.4.2 Be open & honest with the person from the outset about how information may be shared
 - 33.4.3 Seek advice, do not fail to share information because you are unsure what to do
 - 33.4.4 Share with consent where appropriate & respect the wishes of those who refuse consent unless you believe that there is a risk of harm to child if the information is not shared
 - 33.4.5 Consider safety and well-being of the child and base information sharing decisions on this
 - 33.4.6 Ensure all information shared is Necessary, Proportionate, Relevant, Accurate, Timely & Secure. Ensure any third party or hearsay information is identified and that you have consent to share it

33.4.7 Keep a record of your decision and reasons for it. Record what you have shared, with whom and the purpose.

34.0 Supervisory arrangements for the management of out of school hours' activities.

- 34.1 We will aim to protect children from abuse and team members from false allegations by adopting the following guidelines:
- 34.2 All clubs independent of the school must have their own child protection policy & procedure in line with the school's
- 34.3 The club will keep a register of all children attending the activities and give a copy to the school.
- 34.4 The club will keep a register of all team members (both paid staff members and volunteers) and ensure they meet the requirements of the DBS.
- 34.5 Registers will include arrival and departure times.
- 34.6 The club will keep a record of all sessions including monitoring and evaluation records.
- 34.7 The team members will record any unusual events on an accident/incident form.
- 34.8 Written consent from a parent or guardian will be obtained for every child attending the activities.
- 34.9 Team members should not be alone with a child, although we recognise that there may be times when this may be necessary or helpful; in such circumstances another adult should be told.
- 34.10 Team members may escort children of the same sex to the toilet but are not expected to be involved with toileting, unless the child has a special need that has been brought to our attention by the parent/guardian and a care plan is in place for the child naming them as part of the care plan.
- 34.11 All team members should treat all children with dignity and respect in both attitude, language and actions.

35.0 Key contacts

- 35.1 MASH 01708 433222 (01708 433999 out of hours)
<https://www.havering.gov.uk/Pages/Services/Children-and-young-people-child-protection.aspx?l1=100014&l2=200127>
- 35.2 LADO – Lisa Kennedy – 01708 431653 - lado@havering.gov.uk
<https://www.havering.gov.uk/Pages/ServiceChild/Local-authority-designated-officer.aspx>
- 35.3 Prevent – PC Syed Ali, S015 Counter Terrorism Command - 07825 521839
syed.ali@met.police.uk
- 35.4 Safeguarding governor (**Infant**) – Nicki Banyard – c/o School office 01708 449362 (**Junior**)
William Jennings/Victoria O'Connor – c/o School office 01708 443014
- 35.5 Designated Safeguarding Lead and team (**Infant**) Val Morris, Verity Hoffman, Linda Jones
01708 449362 (**Junior**) John Morris, Janelle Johnson 01708 443014

35.6 Raising concerns about a child

Designated Safeguarding Lead and Team:

Ardleigh Green Infant School
 DSL – Val Morris
 Deputy – Verity Hoffman
 Deputy – Linda Jones

Ardleigh Green Junior School
 DSL – John Morris
 Deputy – Janelle Johnson

Concern put in writing on school concern form (speak to DSL first if unsure).
 If the concern is about a staff member go to the Headteacher.
 If the concern is about the Headteacher go to the LADO and/or Chair of Governors

Havering MASH:
 01708 433222
 01708 433999 (out of hours)

Safeguarding Governors:
Infant - Nicki Banyard (Chair)
Junior - William Jennings (Chair)
 - Victoria O'Connor

Hand concern form to DSL or team member

Havering LADO:
 Lisa Kennedy / Donna Wright
 01708 431653

DSL reviews concern form and makes a decision on next steps

Decision made to monitor the concern

Decision made to discuss the concern with parent / carer

Decision made to refer the concern to MASH

DSL will talk through monitoring with most appropriate staff member.

DSL will discuss with parents. The discussion will be recorded in the safeguarding file for the child.

The discussion is used to decide whether to monitor, refer, or no further action (record).

monitor record refer

DSL and team use all information about the child to structure the referral to the MASH. The Threshold document is used to inform this. A call is made to the MASH to discuss concerns.

Decision is recorded in the safeguarding file for the child.

A MARF (Multi agency referral form) is submitted to MASH (same working day asap)

If the Designated Safeguarding Lead and team are not available the staff member should, with the support of the most senior member of staff available, make a direct referral to MASH.

36.0 Where to go for further information:

- 36.1 Havering LSCB
<https://www.havering.gov.uk/Pages/Category/Havering-Safeguarding-Childrens-Board.aspx?l1=100014>
- 36.2 Havering: Threshold Document and Descriptors
<https://www.havering.gov.uk/Pages/Category/Safeguarding-children.aspx>
- 36.3 Havering: MARF guidance notes
https://www.havering.gov.uk/info/20083/safeguarding_children/412/report_a_concern_with_a_child
- 36.4 Havering: Missing protocol
www.havering.gov.uk/missingchildren
- 36.5 Havering: Online CSE toolkit
<https://www.havering.gov.uk/Pages/Services/Sexual-exploitation.aspx>
<https://www.havering.gov.uk/Documents/Children-young-people-and-families/Havering%20safeguarding%20board/CSE-Toolkit.pdf>
- 36.6 UKCCIS: Sexting in schools and colleges 2016
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551575/6.2439_KG_NCA_Sexting_in_Schools_WEB_1_.PDF
- 36.7 London LSCB
<http://www.londonscb.gov.uk>
- 36.8 London Child Protection Procedures, edition 5, 2015
<http://www.londoncp.co.uk/>
- 36.9 DfE: Guidance: Safeguarding practitioners: information sharing advice 2015
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
- 36.10 DfE: Statutory guidance: Working together to safeguard children 2015
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- 36.11 DfE: Statutory guidance: Keeping children safe in education 2016
<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
- 36.12 DfE: Advice what to do if you are worried that a child is being abused 2015
<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>
- 36.13 DfE: Preventing and Tackling Bullying 2017
<https://www.gov.uk/government/publications/preventing-and-tackling-bullying>
- 36.14 LGfL: online safety policies
<http://os.lgfl.net>

37.0 Templates that should be used alongside this policy

- 37.1 Havering LSCB Thresholds
- 37.2 Sample online safety concern form
- 37.3 Sample running record (for Ofsted)
- 37.4 Havering S175 safeguarding audit
- 37.5 Headteacher annual safeguarding report to Governors
- 37.6 LGfL Online safety policy
- 37.7 LGfL Staff acceptable use agreement

38.1 Havering LSCB Thresholds

Havering Safeguarding Children Board
Threshold Document:
Continuum of Help and Support

Ratified: July 2015

Review: July 2016

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Introduction

Safeguarding and promoting the welfare of children can be defined as:

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

[Working Together to Safeguard Children \(2015\)](#) sets out a clear expectation that local agencies will work together and collaborate to identify children with additional needs and provide support as soon as a problem emerges. Providing early help is far more effective in promoting the welfare of children – and keeping them safe – than reacting later when any problems, for example neglect, may have become more entrenched. The importance of using a child-centred approach in following the child's journey is also emphasised. All services which are provided must be based on a clear understanding of the needs and views of the individual child in their family and community context.

This document provides a framework for professionals who are working with children, young people and families

It aims to help identify when a child may need additional support to achieve their full potential. It introduces a continuum of help and support, provides information on the levels of need and gives examples of some of the factors that may indicate a child or young person needs additional support. By undertaking assessments and offering services on a continuum of help and support, professionals can be flexible and respond to different levels of need in different children and families. The framework recognises that however complex a child's needs, universal services e.g. education and health, will always be provided alongside any specialist additional service.

Along the continuum of need services become increasingly targeted and specialised according to the level of need. Children's needs are not static, and they may experience different needs – at different points on the continuum – throughout their childhood years.

This document should be used in conjunction with The London Child Protection Procedures: <http://www.londoncp.co.uk/>

The continuum of need matrix does not provide an exhaustive list but provides examples that can be used as a tool to assist assessment, planning and decision making when considering the needs of children and their safeguarding needs in particular. Any safeguarding indicators of concern should always be considered alongside any related needs. It should be remembered that some children will have additional vulnerability because of their disability or complex needs and the parental response to the vulnerability of the child must be considered when assessing needs and risks.

For some areas of need there may be specialist tools available to assess those needs such as the Neglect toolkit and the CAADA DASH domestic violence risk assessment tool. These are available on the LSCB website at: <http://www.londonscb.gov.uk/>

Remember – where there is an urgent and immediate need to protect a child, dial 999 to contact the Police. Otherwise for all other children who may be at risk of significant harm, contact the relevant Local Authority, Children’s Social Care Service as soon as possible.

The Four Levels of Need

Tier 1: No additional needs

These are children with no additional needs; all their health and developmental needs will be met by universal services. *These are children who consistently receive child focused care giving from their parents or carers.* The majority of children living in each local authority area require support from universal services alone.

Tier 2: Early help

These are children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. *These children may be subject to adult focused care giving.* This is the threshold for a multi-agency early help assessment to begin. These are children who require a lead professional for a co-ordinated approach to the provision of additional services such as family support services, parenting programmes and children's centres. These will be provided within universal or targeted services provision and do not include services from children's social care.

Tier 3: Children with complex multiple needs

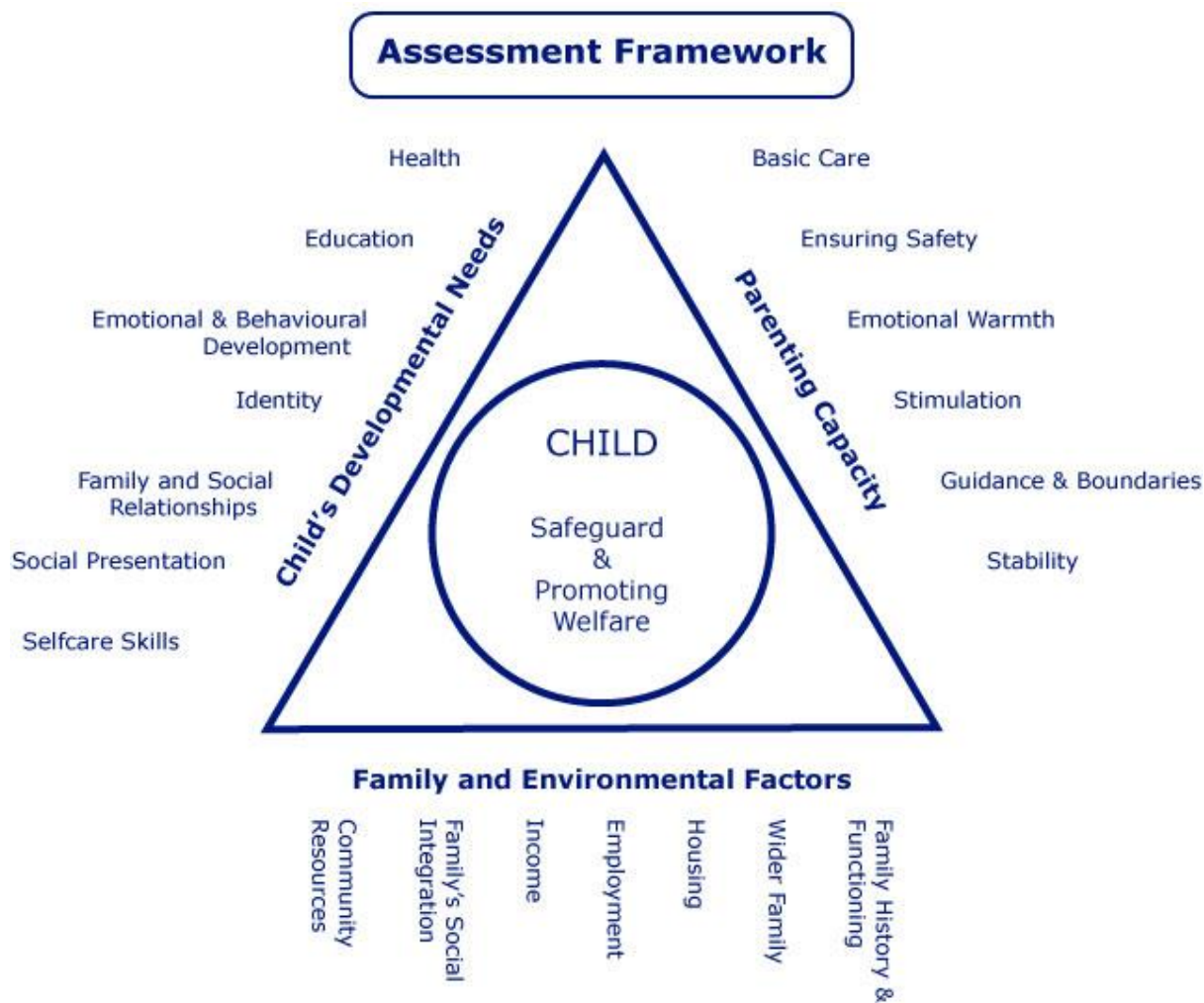
These children require specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. They may require longer term intervention from specialist services. In some cases these children's needs may be secondary to the adults needs. All tier 3 cases will be considered within the Multi-Agency Safeguarding Hub (MASH) processes to determine the type and level of response required to meet need. This is the HSCB's process to determine whether the case requires a social work assessment.

Tier 4: Children in acute need

These children are suffering or are likely to suffer significant harm. This is the threshold for child protection. These children are likely to have already experienced adverse effects and to be suffering from poor outcomes. Their needs may not be considered by their parents. This tier also includes Tier 4 health services which are very specialised services in residential, day patient or outpatient settings for children and adolescents with severe and /or complex health problems. This is likely to mean that they may be referred to children's social care under section 20, 47 or 31 of the Children Act 1989. This would also include those children remanded into custody and statutory youth offending services.

The Assessment Triangle

The assessment triangle below should be used to identify the interplay between the three domains to assess the child's needs and form a judgement regarding the level of need.



Neglect

It can be particularly difficult for practitioners to recognise the signs of neglect because there is unlikely to have been a significant incident or event that highlights the concerns; it is more likely that there will be a series of concerns over a period of time that, taken together, demonstrate that the child is in need or at risk

Children (including those who are unborn) need adequate food, water, shelter, warmth, protection and health care in order to thrive. They also need their carers to be attentive, dependable and kind. Children are neglected if these essential needs (the things they need to develop and grow) are persistently not met.

There are many signs that may indicate neglect as outlined below:

- Neglect may occur during or after pregnancy as a result of parental substance abuse (drugs or alcohol).
- A chaotic family environment which can include an absence of boundaries or routines.
- A parent / carer who has mental health difficulties or learning disabilities such that impacts on their ability to meet the needs of any children.
- Inadequate parenting and/or understanding of what it means to look after a child safely including ensuring adequate supervision or using inadequate caregivers.
- Ensuring access to appropriate medical care or treatment.
- Ensuring that educational needs are met.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Signs of neglect can include poor physical appearance, bad hygiene, lack of appropriate clothing, the child being withdrawn or exhibiting antisocial or sexualised behaviours, and the child not meeting physical or emotional development milestones.

In considering whether or not a child has been neglected, it is important to consider the quality of care they have received over a period of time, as this could vary to the extent in which it impacts on their development. . It is also important to consider the age of the child in relation to the nature of the neglect and the length of time for which the concerns have existed.

The above signs in isolation would not necessarily indicate for certain that a child is being neglected, however, children who are severely and persistently neglected may be in danger and neglect can also result in the serious impairment to their health or development.

Some adults lack the resources and support to properly care for their children, but some have more complex problems. In both cases help and support from professionals is essential.

Deciding if a child is neglected can be very hard – even for a trained professional – and it's natural to worry that you may be mistaken. For more information about neglect, go to:

http://www.nspcc.org.uk/help-and-advice/worried-about-a-child/online-advice/neglect/neglect-a_wda87020.html

http://www.nspcc.org.uk/Inform/research/briefings/childneglect_wda48222.html

<https://www.gov.uk/government/collections/childhood-neglect-training-resources>

The Indicators of Possible Need

The indicators on the following pages are designed to provide practitioners with an overarching view on what tier of support and intervention a family might need

This is not intended to be a 'tick box' exercise, but to give a quick-reference guide to support professionals in their decision-making, including conducting further assessments, referring to other services and understanding the likely thresholds for higher levels of intervention.

Remember that if there is a combination of indicators of need under Tier Two, the case may be a Tier Three case overall.

Also remember that need is not static; the needs of a child/young person/ family will change over time. Where a plan has been agreed, this should be reviewed regularly to analyse whether sufficient progress has been made to meet the child's needs and on the level of risk faced by the child. This will be important in cases of neglect where parents and carers can make small improvements, but an analysis will need to be undertaken on whether this leads to significant improvements for the child/young person.

If you have child protection concerns, you must also consult the London Child Protection Procedures <http://www.londonscb.gov.uk/procedures/> and you must inform your safeguarding lead or line manager.

Ardleigh Green Infant School - Safeguarding & Child Protection Policy Appendices

Indicators of Need Matrix [Tiers 1 - 4]			
Development of the baby, child or young person			
This includes the child's health, family and social relationships, including primary attachment, and emotional and behavioural development. Some of the indicators will depend on the child's age. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.			
Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services.	Tier 2 Children with additional needs that can be met through the provision of 'early help' - a referral to children's social care is NOT required.	Tier 3 Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	Tier 4 Children in acute need. Require immediate referral to children's social care and/or the police.
The child's education and employment			
Developmental milestones met	Some developmental milestones are not being met which will be supported by universal services.	Some developmental milestones are not being met which will require support of targeted/specialist services	Developmental milestones are significantly delayed or impaired.
The child possesses age-appropriate ability to understand and organise information and solve problems, and makes adequate academic progress.	The child's ability to understand and organise information and solve problems is impaired and the child is under-achieving or is making no academic progress.	The child's ability to understand and organise information and solve problems is very significantly impaired and the child is seriously under-achieving or is making no academic progress despite learning support strategies over a period of time.	The child's inability to understand and organise information and solve problems is adversely impacting on all areas of his/her development creating risk of significant harm.
The young person is in education, employment or training (EET)	The young person is not in education, employment or training (NEET) or their attendance is sporadic and they are not likely to reach their potential.	The young person refuses to engage with educational or employment opportunities and are increasingly socially isolated – there is concern that this results from or is impacting on their mental health.	

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The child's health			
The child is healthy and does not have a physical or mental health condition or disability	The child has a mild physical or mental health condition or disability which affects their everyday functioning but can be managed in mainstream schools. Child may be on school action or action plus/SEN statement Child in hospital.	The child has a physical or mental health condition or disability which significantly affects their everyday functioning and access to education. Child may have SEN statement.	The child has a complex physical or mental health condition or disability which is having an adverse impact on their physical, emotional or mental health and access to education.
The child is healthy, and has access to and makes use of appropriate health and health advice services.	The child rarely accesses appropriate health and health advice services, missing immunisations.	There is no evidence that the child has accessed health and health advice services and suffers chronic and recurrent health problems as a result.	The child has complex health problems which are attributable to the lack of access to health services.
The child undertakes regular physical activities and has a healthy diet.	The child undertakes no physical activity, and/ or has an unhealthy diet which is impacting on their health.	The child undertakes no physical activity and has a diet which seriously impacts on their health despite intensive support from early help services.	Despite support, the child undertakes no physical activity and has a diet which is adversely affecting their health and causing significant harm.
The child has no history of substance misuse or dependency.	The child is known to be using drugs and alcohol frequently with occasional impact on their social wellbeing	The child's substance misuse dependency is affecting their mental and physical health and social wellbeing.	The child's substance misuse dependency is putting the child at such risk that intensive specialist resources are required.
The child's emotional wellbeing			
The child engages in age appropriate activities and displays age appropriate behaviours.	The child is at risk of becoming involved in negative behaviour/ activities - for example anti-social behaviour [ASB] or substance misuse.	The child is becoming involved in negative behaviour/ activities, for example, non-school attendance and as a result may be excluded short term from school. This increases their risk of being involved in ASB, crime, substance misuse	The child frequently exhibits negative behaviour or activities that place self or others at imminent risk including chronic non-school attendance. Child may be permanently excluded or not in education which puts them at high risk

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		and puts them at risk of grooming and exploitative relationships with peers or adults.	of CSE.
The child has a positive sense of self and abilities.	The child has a negative sense of self and abilities.	The child has a negative sense of self and abilities to the extent that it impacts on their daily outcomes.	The child has such a negative sense of self and abilities that there is evidence or likelihood that this is causing harm.
The child's positive sense of self and abilities reduces the risk that they will be targeted by peers or adults who wish to exploit them.	The child has a negative sense of self and abilities and suffers with low self-esteem which makes them vulnerable to peers and adults who pay them attention and/or show them affection but do so in order to exploit them.	The child's negative sense of self and low self-esteem has contributed to their involvement with peers and/or adults who are thought to be treating them badly and/or encouraging them to get involved in self destructive and/or anti-social or criminal behaviour.	The child's vulnerability resulting from their negative sense of self and low esteem has been exploited by others who are causing them harm.
The child is emotionally supported by his/her parents/carers to meet their developmental milestones to the best of their abilities.	The child occasionally does not meet developmental milestones due to a lack of emotional support.	The child is unable to meet developmental milestones due to the inability of their parent/carer to emotionally engage with them.	The child's development is being significantly impaired.
The child has not suffered the loss of a close family member or friend	The child has suffered a bereavement recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well – would benefit from short term additional support from early help services.	The child has suffered bereavement recently or in the past and doesn't appear to be coping. They appear depressed and/or withdrawn and there is concern that they might be/are self-harming or feeling suicidal.	The child has suffered bereavement and is self-harming and/or disclosing suicidal thoughts.
The child has not suffered the loss of a close family member or friend	The child has suffered a bereavement recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well	The child has suffered bereavement recently or in the past and doesn't appear to be coping. There are concerns the child's behaviour has deteriorated significantly at school and/or at home	The child has suffered bereavement recently or in the past and is going missing from school or home and is thought to be at risk of child sexual exploitation or of involvement in

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	– would benefit from short term additional support from early help services.	and/or they are engaging in risky behaviours such as going missing or substance mis-use.	gang/criminal activity.
The child's social development			
The child has strong friendships and positive social interaction with a range of peers	The child has few friendships and limited social interaction with their peers	The child or young person is isolated, and refuses to participate in social activities.	The child or young person is completely isolated, refusing to participate in any activities.
The child is able to communicate with others, engages in positive social interactions and demonstrates positive behaviour in a wide variety of social situations. Child demonstrates respect for others.	The child has communication difficulties and poor interaction with others.	The child has significant communication difficulties. The child interacts negatively with others and demonstrates significant lack of respect for others.	The child has little or no communication skills Positive interaction with others is severely limited.
The child demonstrates accepted behaviour and tolerance towards their peers and others. Where on occasion this is not the case, this is managed through effective parenting and universal services	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Support is in place to manage this behaviour.	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Early support has been refused, or been inadequate to manage this behaviour.	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community, and which is impacting on their wellbeing or safety.
The child demonstrates feelings of belonging and acceptance	The child is a victim of discrimination or bullying.	The child has experienced persistent or severe bullying which has impacted on his/her daily outcomes.	The child has experienced such persistent or severe bullying that his/her wellbeing is at risk.
The child's behaviour			
The child's activities are legal.	The child has from time to time been involved in anti-social behaviour.	The child is involved in anti-social behaviour and may be at risk of gang	The child is currently involved in persistent or serious criminal activity and /or is known to be engaging in

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		involvement.	gang activities.
The child's activities are legal.	The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly.	The child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values.	The child supports people travelling to conflict zones for extremist/ violent purposes or with intent to join terrorist groups The child expresses a generalised non-specific intent to go themselves.
The child demonstrates self-control appropriate with their age and development.	The child from time to time displays a lack of self-control which would be unusual in other children of their age.	The child regularly displays a lack of self-control which would be unusual in other children of their age.	The child displays little or no self-control which seriously impacts on relationships with those around them putting themselves/others at risk.
The child has growing level of competencies in practical and independent living skills.	The child's competencies in practical and independent living skills are at times impaired or delayed.	The child does not possess, or neglects to use, self-care and independent living skills appropriate to their age.	Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm. E.g. bullying, isolation.
The child engages in age appropriate use of internet, gaming and social media.	The child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications.	The child is engaged in or victim of negative and harmful behaviours associated with internet and social media use, e.g. bullying, trolling, transmission of inappropriate images. Or is obsessively involved in gaming which interferes with social functioning.	The child is showing signs of being secretive, deceptive and is actively concealing internet and social media activities, e.g. at risk of being groomed for child sexual exploitation or is showing signs of addiction (gaming, pornography).
The child engages in age appropriate use of internet, including social media.	The child is at risk of becoming involved in negative internet use that will expose them to extremist ideology. They have unsupervised access to the internet and have disclosed to adults or peers that they intend research such ideologies although they haven't done so yet.	The child is engaged in negative and harmful behaviours associated with internet and social media use. The child is known to have viewed extremist websites and has said s/he shares some of those views but is open about this and can discuss the pros and cons or different	There are significant concerns that the child is being groomed for involvement in extremist activities. The child is known to have viewed extremist websites and is actively concealing internet and social media activities. They either refuse to discuss their

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	They express casual support for extremist views.	viewpoints.	views or make clear their support for extremist views.
The child engages in age appropriate activities and displays age appropriate behaviours and self-control.	The child is at risk of becoming involved in negative behaviour/ activities. For example, the child is expressing strongly held and intolerant views towards people who do not share his/her religious or political views.	The child is becoming involved in negative behaviour/ activities. For example, the child is refusing to co-operate with activities at school that challenge their religious or political views. The child is aggressive and intimidating to peers and/or adults who do not share his/her religious or political views.	The child expresses strongly held beliefs that people should be killed because they have a different view. The child is initiating verbal and sometimes physical conflict with people who do not share his/her religious or political views.
The child engages in age appropriate activities and displays age appropriate behaviours and self-control.	The child is expressing verbal support for extreme views some of which may be in contradiction to British law for example, the child has espoused racist, sexist, homophobic or other prejudiced views and links these with a religion or ideology.	The child has connections to individuals or groups known to have extreme views.	The child has strong links with individuals or groups who are known to have extreme views and/or are known to have links to violent extremism. The child is thought to be involved in the activities of these groups.
The child does not run away from home.	The child has run away from home on one or two occasions or not returned at the normal time.	The child persistently runs away and/or goes missing.	The child persistently runs away and/or goes missing and does not recognise that he/she is putting him/herself at risk.
The child's whereabouts are always known to their parents or carers.	The child has been missing from home on one or two occasions and there is concern about what happened to them whilst they were away.	The child persistently goes missing.	The child persistently goes missing and is engaging in risky behaviours whilst they are away. There is concern they might be being sexually exploited or being drawn into criminal behaviour.

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<p>The child does not run away from home.</p>	<p>The child has run away from home on one or two occasions or not returned at the normal time. There is concern that they might have been staying with friends or relatives who have extreme views.</p>	<p>The child persistently runs away and/or goes missing. There are serious concerns that they are running away in order to spend time with friends or relatives with extreme views and that they being influenced by them</p>	<p>The child persistently runs away and/or goes missing and does not recognise that s/he is putting him/herself at risk. For example, whilst missing the young person is spending time with people with extremist views and perceives these people as teaching her/him the correct way to live and those who don't hold these views as deluded and/or as a threat</p>
<p>The child does not have caring responsibilities.</p>	<p>The child occasionally has caring responsibilities for members of their family and this sometimes impacts on their opportunities.</p>	<p>The child's outcomes are being adversely impacted by their caring responsibilities.</p>	<p>The child's outcomes are being adversely impacted by their unsupported caring responsibilities which have been on-going for a lengthy period of time and are unlikely to end in the foreseeable future.</p>
<p>The child is able to communicate with others, engages in positive social interactions and demonstrates positive behaviour in a wide variety of social situations. Child demonstrates respect for others.</p>	<p>The child expresses intolerant views towards peers and this leads to their being socially isolated.</p>	<p>The child often interacts negatively or has limited interaction with those they perceive as holding different views from themselves. They demonstrate significant lack of respect for others, for example, becoming aggressive with those that do not share their intolerant or extreme views.</p>	<p>Positive interaction with others is severely limited. The child has isolated themselves from peers and/or family because of their extreme and intolerant views. They glorify acts of terrorism and/or believe in conspiracy theories and perceive mainstream society as hostile to themselves. They are frequently aggressive and intimidating towards others who do not share their views or have a</p>

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			lifestyle they approve of.
Abuse and neglect			
The child shows no physical symptoms which could be attributed to neglect.	The child occasionally shows physical symptoms which could indicate neglect such as a poor hygiene or tooth decay.	The child consistently shows physical symptoms which clearly indicate neglect	The child shows physical signs of neglect such as a thin or swollen tummy, poor skin tone/sores/rashes, prominent joints and bones, poor hygiene or tooth decay which are attributable to the care provided by their parents/carers.
The child is appropriately dressed.	The child or their siblings sometimes come to nursery/ school in dirty clothing or they are unkempt or soiled.	The child or their siblings consistently come to school in dirty clothing which is inappropriate for the weather and/ or they are unkempt or soiled The parents/carers are reluctant or unable to address these concerns.	The child consistently wears dirty or inappropriate clothing and are suffering significant harm as a result [e.g. they are unable to fully participate at school, are being bullied and/or are physically unwell]
The child has injuries, such as bruising on their shins etc., which are consistent with normal childish play and activities.	The child has occasional, less common injuries which are consistent with the parents' account of accidental injury. The parents seek out or accept advice on how to avoid accidental injury.	The child has injuries for example bruising, scalds, burns and scratches, which are accounted for but are more frequent than would be expected for a child of a similar age.	The child has injuries, for example bruising, scalds, burns and scratches, which are not accounted for. The child makes disclosure and implicates parents or older family members.

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The child is provided with an emotionally warm and stable family environment.	The child's experiences parenting characterised by a lack of emotional warmth and/ is overly critical and/or inconsistent.	The child experiences a volatile and unstable family environment. and this is having a negative effect on the child who, due to the emotional neglect they have suffered is vulnerable to grooming and/or exploitative relationships with abusive adults or risky peer groups	The child has suffered long term neglect of the emotional needs and, as a result, is now at high risk of, or is already involved in sexual or other forms of exploitation either as a perpetrator or victim
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Environmental Factors

Including access to and use of: community resources; living conditions; housing; employment status; legal status. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.

Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services.	Tier 2 Children with additional needs that can be met through the provision of 'early help' - a referral to children's social care is NOT required.	Tier 3 Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	Tier 4 Children in acute need. Require immediate referral to children's social care and/or the police.
The family feels integrated into the community.	The family is chronically socially excluded and/ or there is an absence of supportive community networks.	The family is socially excluded and isolated to the extent that it has an adverse impact on the child.	The family is excluded and the child is seriously affected but the family actively resists all attempts to achieve inclusion and isolates the child from sources of support.
The family has a reasonable income over time and financial resources are used appropriately to meet the family's needs. The family are living on a very low income and/or have significant debt but the parents use their limited resources	There are concerns that the parents are unable to budget effectively and as a result the child occasionally does not have adequate food, warmth, or essential clothing. However, the parents are working with support services to address these issues.	The family does not use its financial resources in the best interests of the child and the child regularly does not have adequate food, warmth, or essential clothing. For example, expenditure on drug, alcohol, gambling or other addictive behaviours means	The child consistently does not have adequate food, warmth, or essential clothing. The parents are consistently unable to budget effectively and are resisting engagement.

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<p>in the best interests of their child/children. The parents maximise their income and resources.</p> <p>The parent / carer is able to manage their working or unemployment arrangements and do not perceive them as unduly stressful.</p>		<p>that there isn't enough money to meet the child's basic needs.</p>	
<p>The family's accommodation is stable, clean, warm, and tidy and there are no hazards which could impact the safety or wellbeing of the child. For example the parent/carer ensures access to balconies is restricted unless a young child is with an adult.</p>	<p>The family's accommodation is stable however the home itself is not kept clean and tidy and is not always free of hazards which could impact on the safety and wellbeing of the child.</p>	<p>The family's home is consistently dirty and constitutes health and safety hazards.</p>	<p>The family's home is consistently dirty and constitutes health and safety hazards. The family has no stable home, and is moving from place to place or 'sofa surfing'.</p>
<p>The neighbourhood is a safe and positive environment encouraging good citizenship.</p>	<p>The child is affected by low level anti-social behaviour in the locality</p>	<p>The neighbourhood or locality is having a negative impact on the child – for example, the child is a victim of anti-social behaviour or crime, or is participating in anti-social behaviour or at risk or participating in criminal activity.</p>	<p>The neighbourhood or locality is having a profoundly negative effect on the child who is involved in frequent anti-social behaviour and criminal activity.</p>
<p>The neighbourhood is a safe and positive environment encouraging good citizenship.</p>	<p>The neighbourhood is known to have groups of children and/or adults who are engaged in threatening and intimidating behaviour and the child is intimidated and feels threatened in the area</p>	<p>The neighbourhood or locality is having a negative impact on the child. The child has been a victim of anti-social behaviour or crime [including sexual or other forms of harassment] and is at risk of being further victimised</p>	<p>The neighbourhood or locality is having a profoundly negative effect on the child who has been a repeated victim of anti-social behaviour and/or crime and is now at high risk of sexual and other forms of exploitation – including being groomed to be a perpetrator.</p>
<p>The neighbourhood is a safe and</p>	<p>The neighbourhood or locality is having</p>	<p>The neighbourhood or locality is having a negative impact on the child who is</p>	<p>The neighbourhood or locality is having</p>

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<p>positive environment encouraging good citizenship.</p>	<p>a negative impact on the child, for example, the child is known to be part of a group or associated with a group which is involved in anti-social behaviour – including sexual and other forms of harassment</p>	<p>sometimes participating in anti-social behaviour [including sexual and other forms of harassment] or is present in a group when others do so.</p>	<p>a profoundly negative effect on the child who is frequently involved in anti-social behaviour and criminal activity including, for example, sexual and other forms of harassment or assault</p>
<p>The family is legally entitled to live in the country indefinitely and has full rights to employment and public funds.</p>	<p>The family's legal entitlement to stay in the country is temporary and/or restricts access to public funds and/or the right to work placing the child and family under stress.</p>	<p>The family's legal status puts them at risk of involuntary removal from the country (e.g. asylum-seeking families or illegal workers) OR having limited financial resources/no recourse to public funds increases the vulnerability of the children to criminal activity (e.g. illegal employment, child labour, CSE).</p>	<p>Family members are being detained and at risk of deportation or the child is an unaccompanied asylum-seeker. There is evidence that a child has been exposed or involved in criminal activity to generate income for the family (e.g. illegal employment, child labour, CSE).</p>
<p>The child is legally entitled to live in the country indefinitely and has full rights to education and public funds.</p>	<p>The child's legal entitlement to stay in the country is temporary and/or restricts access to public funds placing the child under stress.</p>	<p>The child's legal status as, for example, an asylum-seeker or an illegal migrant who may have been trafficked puts them at risk of involuntary removal from the country. Their immigration status means they have limited financial resources/no recourse to public funds and increases their vulnerability to criminal activity (e.g. illegal employment, child labour, CSE).</p>	<p>There is evidence that a child has been exposed to or involved in criminal activity either as a result of being trafficked into the country or to support themselves (e.g. illegal employment, child labour, CSE).</p>

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The child and their family have no links to proscribed organisations. See link below for list of terrorist groups or organisations banned under UK law https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2	The child and/or their parents/carers have indirect links to proscribed organisations, for example, they attend religious or social activities which are, or have been in the recent past, attended by members of proscribed organisations.	Family members, family friends or friends of the child have strong links with proscribed organisations.	The child, their parents/carers or other close family members or friends are members of proscribed organisations.
The child spends time in safe and positive environments outside of the home.	The child is known to be/have been a victim or perpetrator of bullying and/or is part of a group or associated with a group which bullies others.	The child is a repeated victim and/or perpetrator of bullying including sexual or other targeted forms of bullying.	The child is a victim of serious and/or repeated and/or escalating acts of bullying, including sexual bullying.
Parental and Family Factors			
Including basic care, emotional warmth, stimulation, guidance and boundaries, stability and parenting styles and attitudes, and whether these meet the child's physical, educational, emotional and social needs. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.			
Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services.	Tier 2 Children with additional needs that can be met through the provision of 'early help' - a referral to children's social care is NOT required.	Tier 3 Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	Tier 4 Children in acute need. Require immediate referral to children's social care and/or the police.
Parenting during pregnancy and infancy			
The parent/carer accesses ante-natal and/or post-natal care	The parent/carer demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments.	The parent/ carer is not accessing ante-natal and/ or post-natal care.	The parent neglects to access ante natal care and is using drugs and alcohol excessively whilst pregnant. AND/OR The parent neglects to access ante natal care where there are complicating

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			obstetric factors that may pose a risk to the unborn child or new born child.
The parent/carer is coping well emotionally following the birth of their baby and accessing universal support services where required.	The parent/carer is struggling to adjust to the role of parenthood.	The parent/ carer is suffering from post-natal depression.	The parent/carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child/ children.
The parent/carer is able to manage their child's sleeping feeding and crying and is appropriately responsive.	The parent/ carer has sustained difficulties managing their child's sleeping, feeding or crying but accepts support to resolve these difficulties.	The parent/ carer has sustained difficulties managing their child's sleeping, feeding or crying despite the intervention of support services or refuses to engage with support services.	The parent/carer is unable to manage their child's sleeping, feeding or crying, and is unable or unwilling to engage with health professionals to address this, causing significant adverse impact on the child.
Meeting the health needs of the child			
The parent/carer understands and is appropriately responsive to the health demands of their child.	The parent/ carer displays high levels of anxiety regarding their child's health and their response is beginning to impact on the well-being of the child.	The parent/ carer displays high levels of anxiety regarding their child's health and their response is impacting on the well-being of the child. For example, they are unnecessarily removed from school or prevented from socialising or playing sport. There are some indications that the parent/carer's concerns for the health of the child are unrelated to any physical or mental symptoms of illness.	The parent/carers' level of anxiety regarding their child's health is significantly harming the child's development. For example, their attendance at school is poor and/or they are socially isolated. There are strong suspicions or evidence that the parent/carer is fabricating or inducing illness in their child.
All the child's needs (e.g. disability, behaviour, long-term conditions) are fully met by the parents.	Parents are meeting the child's needs but require additional help in order to do so.	One or more child's needs (e.g. disability, behaviour, long-term conditions) are not always met by the parents, with additional support	One or more children's needs (e.g. disability, behaviour, long-term conditions) have a significant impact on the day to day lives of the child/children

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		required, and this is having an impact on the day to day lives of the child/children's siblings/parents.	and their siblings and/or parents.
Meeting the educational and employment needs of the child			
The parent/ carer positively supports learning and aspirations and engages with school.	The parent is not engaged in supporting learning aspirations and/or is not engaging with the school.	The parent does not engage with the school and actively resists suggestions of supportive interventions.	The parent/carers actively discourages or prevents the child from learning or engaging with the school.
The young person is supported to success in the labour market.	The young person is not supported to success in the labour market.	The young person is often discouraged from success in the labour market.	The young person is actively obstructed and discouraged from success in the labour market.
The child has an appropriate education and opportunities for social interaction with peers.	There is concern that the education the child is receiving does not teach them about different cultures, faiths and ideas or, if it does, is derogatory and dismissive of different faiths, cultures and ideas.	The child is being educated to hold intolerant, extremist views. They are not using public services, such as schools or youth clubs, and are only mixing with other children and adults who hold similar intolerant, extremist views.	The child is being educated by adults who are members of or have links to proscribed organisations – see link below for list of terrorist groups or organisations banned under UK law https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2
Meeting the emotional needs of the child			
The child is provided with an emotionally warm and stable family environment. The parenting generally demonstrates praise, emotional warmth and encouragement.	Parenting often lacks emotional warmth and/or can be overly critical and/or inconsistent.	The family environment is volatile and unstable. For example, parenting is intolerant, critical, inconsistent, harsh or rejecting and this is having a negative effect on the child who, due to the emotional neglect they have suffered is	The child has suffered long term neglect of their emotional needs and, as a result, is now at high risk of, or is already involved in sexual or other forms of exploitation either as a perpetrator or

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		vulnerable to grooming and/or exploitative relationships with abusive adults or risky peer groups	victim
There is a warm and supportive relationship between the parent/carer and the child which supports the child's emotional, behavioural and social development.	Occasional periods of relationship difficulties impact on the child's development.	Relationship difficulties between the child and parent/ carer significantly inhibits the child's emotional, behavioural and social development which if unaddressed could lead to relationship breakdown.	Relationships between the child and parent/carer have broken down to the extent that the child is at risk of significant harm. For example, the parent/carer rejects their child from home.
The parent/ carer sets consistent boundaries and give guidance.	The parent/ carer struggles to set age appropriate boundaries and has difficulties maintaining their child's routine.	The parent/ carer is unable to judge dangerous situations and/or is unable to set appropriate boundaries.	The parent/ carer is unable to judge dangerous situations and/or is unable to set appropriate boundaries and their child is frequently exposed to dangerous situations in the home and / or community.
There is a positive family network and good friendships outside the family unit.	There is a significant lack of support from the extended family network which is impacting on the parent's capacity.	There is a weak or negative family network. There is destructive or unhelpful involvement from the extended family.	The family network has broken down or is highly volatile and is causing serious adverse impact to the child.
The child is not privately fostered. OR The child is privately fostered by adults who are able to provide for his/her needs and there are no safeguarding concerns. The local authority has been notified as per the requirements of 'The Children (Private Arrangements For	There is some concern about the private fostering arrangements in place for the child.	There is some concern about the private fostering arrangements in place for the child, and that there may be issues around the carers' treatment of the child. And/or the local authority hasn't been notified of the private fostering arrangement.	There is concern that the child is a victim of CSE, domestic slavery, or being physically abused in their private foster placement.

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Fostering) Regulations 2005'.			
	A child is known to live with an adult or older child who has extreme views. The child either doesn't express support for these views or is too young to express such views themselves.	A child is taken to demonstrations or marches where violent, extremist and/or age inappropriate imagery or language is used.	The child, their parents/carers or other close family members or friends are members of proscribed organisations.
	A child is known to live with an adult or young person who has extreme views and the child has unsupervised access to computers which means they may view violent extremist imagery which the adults or young people have been viewing	A child is being sent violent extremist imagery by family members/ family friends or is being helped to access it. Parents/carers either don't challenge this activity or appear to endorse it.	A child is circulating violent extremist images and is promoting the actions of violent extremists and/or saying that they will carry out violence in support of extremist views.
	The child and/or their parents/carers express strong support for a particular extremist organisation or movement but do not express any intention to be actively involved.	The child and/or their parents/carers express strong support for extremist views and a generalised, non-specific intention to travel to a conflict zone in support of those views.	The child and/or their parents/carers are making plans to travel to a conflict zone and there is evidence to suggest that they are doing so to support or participate in extremist activities.
Meeting the practical needs of the child			
The parent/ carer makes appropriate provisions for food, drink, warmth and shelter.	The parent/ carer occasionally makes inappropriate or inadequate provisions for food, drink, warmth and shelter.	The parent/ carer regularly makes inappropriate or inadequate provisions for food, drink, warmth and shelter.	The parent/carer has consistently failed to provide appropriate or adequate provisions for food, drink, warmth and shelter.
The parent/carer provides appropriate clean, clothing.	The carer gives consideration to the provision of clean, age appropriate clothes to meet the needs of the child, but their own personal circumstances can get in the way of ensuring their child	Carer(s) neglect their child physically through their indifference to the importance of providing clean, age appropriate clothes for the child. , This impacts on the child and prevents them	The parent /carer neglects their child physically and/or emotionally for example providing dirty or inappropriate clothing and this causes the child severe distress and/or prevents him/her

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	has these clothes.	meeting developmental milestones.	meeting their developmental milestones.
The parent/carer provides for all the child's material needs	The parent/carer is sometimes neglectful of the child's material needs and this could make them vulnerable to peers or adults who offer them clothes, foods etc in return for favours.	Parent/carer has been/is often neglectful of the child's material needs and this is having a negative impact on the child who may, for example, be socially isolated because of their old or dirty clothing or may be involved in petty theft to get clothes etc. This puts them at risk of grooming for sexual exploitation or involvement in criminal activity.	The child has suffered long term neglect of the material needs and is now at risk of or is already involved in criminal activity to meet their material needs and/or they are being sexually exploited.
Domestic abuse			
The expectant mother or parent/carer is not in an abusive relationship.	The expectant mother/ parent/carer is a victim of occasional or low-level non-physical abuse.	The expectant mother /parent/carer has previously been a victim of domestic abuse and is a victim of occasional or low-level non-physical abuse.	The expectant mother/parent/carer is a victim of domestic abuse which has taken place on a number of occasions.
There are no incidents of violence in the family and no history or previous assaults by family members.	There are isolated incidents of physical and/or emotional violence in the family. The harmful impact of such incidents is mitigated by other protective factors within the family such as supportive grandparents who are able to look after the child when there are arguments/disputes in the family home.	One or more adult members of the family is physically and emotionally abusive to another adult member/s of the family. The perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their violence has on the child. The perpetrator is emotionally harming the child/ren who witness or are otherwise aware of the violence.	One or more adult members of the family is a perpetrator of persistent and/or serious physical violence which may also be increasing in severity, frequency or duration. The perpetrator is emotionally harming the child/ren who witness or are otherwise aware of the violence. The children may also be at risk of physical violence if, for example, they seek to protect the adult victim.

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There are no incidents of violence in the family and no history or previous assaults by family members.	There are isolated incidents of physical and/or emotional violence in the family. The harmful impact of such incidents is mitigated by other protective factors within the family such as supportive grandparents who are able to look after the child when there are arguments/disputes in the family home.	The child has or continues to witness an adult in their household being physically or emotionally abused by another member of the household and are suffering emotional harm as a result. They are starting to exhibit behaviours that suggest they are at risk of becoming perpetrators or victims of abuse including CSE	The child is at high risk of, or is already either a perpetrator or a victim of serious abusive behaviour, including child sexual exploitation.
Parental and family health issues and disability			
Parents do not use drugs or alcohol. OR Parental drug and alcohol use does not impact on parenting.	Drug and/or alcohol use is impacting on parenting but adequate provision is made to ensure the child's safety. The child is currently meeting their developmental milestones but there are concerns that this might not continue if parental drug and alcohol use continues or increases.	Drug/alcohol use has escalated to the point where it includes binge drinking, drug paraphernalia in their home, the child feeling unable to invite friends to the home, the child worrying about their parent/ carer.	Parental drug and/or alcohol use is at a problematic level and the parent/ carer cannot carry out daily parenting. This could include blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of, using drugs/ alcohol when their child is present, involving the child in procuring illegal substances, and dangers of overdose.
There is no evidence of siblings or other household members misusing drugs or alcohol. Nb See Parental factors for assessment of need relating to parental drug/alcohol misuse]	Siblings' or other household members' drug or alcohol mis-use occasionally impacts on the child.	Siblings' or other household members' drug or alcohol mis-use consistently impacts on the child.	Siblings' or other household members' drug or alcohol mis-use is significantly adversely impacting on the child.
The physical or mental health of the parent/carer does not affect the care of the child.	Physical and mental health needs of the parent/carer create an adult focus which at times detracts attention away from the child.	Physical or mental health needs of the parent/ carer is overshadowing the care of their child.	Physical or mental health needs of the parent/carer significantly affect the care of their child placing them at risk of significant harm.

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The parents/ carers learning disabilities do not affect the care of their child.	The parents/carers learning difficulties occasionally impedes their ability to provide consistent patterns of care but without putting the child at risk.	The parents/ carers learning disabilities are affecting the care of their child.	The parents/ carers learning disabilities are severely affecting the care of their child and placing them at risk of significant harm.
The parent/carer's mental health does not impact the child adversely.	Adult mental health impacts on the care of the child. The carer presents with mental health issues which have sporadic or low level impact on the child however there are protective factors in place.	Adult mental health impacts on the care of the child. The carer presents with mental health issues which has sporadic or low level impact on the child and there is an absence of supportive networks and extended family to prevent harm.	Adult mental health is significantly impacting on the care of the child. Any carer for the child presents as acutely mentally unwell and /or attempts significant self-harm and/or the child is the subject of parental delusions.
Where siblings or other members of the family do not have disabilities, serious health conditions or mental health concerns.	Where siblings or other members of the family have disabilities, serious health conditions or mental health concerns which require additional support.	Siblings or other members of the family have a disability or serious health condition, including mental health concerns which impact on the child.	Siblings or other members of the family have disabilities, health conditions or mental health concerns that are seriously impacting on the child, for example causing neglect, putting them at risk of significant harm or causing them high levels of stress and emotional anxiety.
Protection from harm: physical or sexual abuse			
The parent/ carer protects their family from danger/ significant harm.	The parent/carer on occasion does not protect their family which if unaddressed could lead to risk or danger.	The parent/carer frequently neglects/is unable to protect their family from danger/significant harm.	The parent/ carer is unable to protect their child from harm, placing their child at significant risk.
The parent/carer does not sexually abuse their child.	There is a history of sexual abuse within the family or network but the parents respond appropriately to the need to	There are concerns around possible inappropriate sexual behaviour from the parent/carer. Parent or carer has expressed thoughts	The parent/ carer sexually abuses their child. There is a risk the parent/carer may sexually abuse their child and he/she

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	protect the child.	that they may sexually abuse their child but are willing to engage in therapeutic support.	does not accept therapeutic interventions.
There is no evidence of sexual abuse.	There are concerns relating to inappropriate sexual behaviour in the wider family.	The family home has in the past been used on occasion for drug taking /dealing, prostitution or illegal activities.	The family home is used for drug taking and/or dealing, prostitution and illegal activities. The child is being sexually abused/exploited. A schedule 1 offender who is a serious risk is in contact with the family.
The parent/carer does not physically harm their child. The parent uses reasonable physical chastisement that is within legal limits – that is they do not leave the child with visible bruising, grazes, scratches, minor swellings or cuts.	The parent/carer physically chastises their child within legal limits but there is concern that this is having a negative impact on the child’s emotional wellbeing (for example, the child appears fearful of the parent). There is concern that it may escalate in frequency and/or severity as the parent seems highly critical of their child and/or expresses the belief that only physical punishment will have the desired impact on the child’s behaviour. However, The parent is willing to access professional support to help them manage their child’s behaviour.	The parent/carer physically chastises their child leaving the child with visible bruising, grazes, scratches, minor swellings or cuts – this may result from a loss of control. The parent is willing to access professional support to help them manage their child’s behaviour.	The parent/ carer significantly physically harms child.
There is no concern that the child may be subject to harmful traditional practices such as FGM, HBV, Forced marriage and Belief in Spirit possession.	There is concern that the child is in a culture where harmful practices are known to have been performed however parents are opposed to the practices in respect of their children.	There is concern that the child may be subject to harmful traditional practices.	There is evidence that the child may be subject to harmful traditional practices.

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Criminal or anti-social behaviour			
There is no history of criminal offences within the family.	There is a history of criminal activity within the family.	A criminal record relating to serious or violent crime is held by a member of the family which may impact on the children in the household.	A criminal record relating to serious or violent crime is held by a member of the family which is impacting on the children in the household.
The family members are not involved in gangs.	There is suspicion, or some evidence that the family are involved in gangs.	There is a known involvement in gang activity.	There is a known involvement in gang activity which is impacting significantly on the child and family.

Threshold Criteria: Section 47, Section 20, Section 31

In addition the following threshold Criteria also apply.

Section 47, Children Act 1989: Child Protection enquiries [Tier 4]
The table below is an indicator guide of the type of circumstances which would lead to a S47 assessment. This table is intended as a guide and is not exhaustive. Reference should also be made to the London Child Protection Procedures 5th edition. http://www.londonscb.gov.uk/procedures/
Any allegation of abuse or neglect or any suspicious injury in a pre- or non-mobile child.
Allegations or suspicions about a serious injury / sexual abuse to a child.
Two or more minor injuries in pre-mobile or non-verbal babies or young children (including disabled children).
Inconsistent explanations or an admission about a clear non-accidental injury.
Repeated allegations or reasonable suspicions of non-accidental injury.
A child being traumatised injured or neglected as a result of domestic violence.
Repeated allegations involving serious verbal threats and/or emotional abuse.
Allegations / reasonable suspicions of serious neglect.
Medical referral of non-organic failure to thrive in under-fives. .
Direct allegation of sexual abuse made by child or abuser's confession to such abuse.
Any allegation suggesting connections between sexually abused children in different families or more than one abuser.
An individual (adult or child) posing a risk to children.
Any suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority.
No available parent and child vulnerable to significant harm (e.g. an abandoned baby).
Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness.
Child/ren subject of parental delusions.
A child at risk of sexual exploitation or trafficking.
Pregnancy in a child aged under 13.
A child at risk of FGM, honour based violence or forced marriage.

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Section 20, Children Act 1989: Child provided with accommodation

This can be on the initiative of the local authority with the agreement of the parents, or at the request of the parents. Any person with parental responsibility can at any time remove the child from the accommodation.

The child is a child in need who requires accommodation as a result of:

- Having no person with parental responsibility for him/her; or
- Being lost or abandoned; or
- The person who has been caring for him/her being prevented (whether or not permanently, and for whatever reason) from providing him/her with suitable accommodation or care; or
- Having reached the age of 16, his/her welfare is likely to be seriously prejudiced if he/she is not provided with accommodation; or
- Accommodating the child would safeguard or promote his/her welfare (even though a person who has parental responsibility for him is able to provide him with accommodation), provided that that person does not object.

Before providing accommodation, so far as is reasonably practicable and consistent with the child's welfare:

- Ascertain, and give due consideration to the child's wishes and feelings (having regard to his/her age and understanding); and
- Ascertain whether the parents/person(s) with parental responsibility have given a valid consent:
 - Does the parent have the mental capacity to consent?
 - Is the consent fully informed?
 - Is it fair and proportionate for the child to be accommodated?

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Section 31, Children Act 1989: Initiation of care proceedings
<ul style="list-style-type: none">• The child is suffering, or is likely to suffer, significant harm; and
<ul style="list-style-type: none">• The harm, or likelihood of harm, is attributable to:
<ul style="list-style-type: none">○ The care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him; or
<ul style="list-style-type: none">○ The child's being beyond parental control.
'Harm' means ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another;
'Development' means physical, intellectual, emotional, social or behavioural development;
'Health' means physical or mental health; and
'Ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.
Where the question of whether harm suffered by a child is significant turns on the child's health or development, his/her health or development shall be compared with that which could reasonably be expected of a similar child.

Section 1 Children Act 1989 – The Court Welfare Checklist
<i>The welfare checklist to which courts will have regard when deciding whether to make an order in respect of a child:</i>
The ascertainable wishes and feelings of the child concerned (considered in the light of his/her age and understanding);
His/her physical, emotional and educational needs;
The likely effect on him/her of any change in his/her circumstances;
His/her age, sex, background and any characteristics which the court considers relevant;
Any harm which s/he has suffered or is at risk of suffering;
How capable each of his/her parents, and any other person in relation to whom the court considers the question to be relevant, is of meeting his/her needs;
The range of powers available to the court under the Children Act 1989.

Members of the public and professionals requiring advice should contact the relevant local authority's children's social care department. Professional referrers should normally carry out an early help assessment using the Common Assessment Framework (CAF) or similar to identify whether the child/children have needs that should be met by more than one agency. This should then be sent to the relevant Children's Social Care Department - often via a secure e-CAF system.

Children's social care will then review the information about those needs and determine the most appropriate level of service to be provided, which may be universal, early help or statutory provision. Professional referrers are expected to gain parental consent to share information prior to making a referral for further services, unless to do so would place the child at risk of further harm. Concerns about child protection should be made through direct telephone contact with the relevant Children's Social Care Department.

38.2 - Sample Concern Form

Online Safety – Concern Form

Please complete this form if you have any concerns about a pupil and take it immediately to your Designated Safeguarding Lead

If this issue is a sexting concern, or one where you believe a child to be in immediate danger go straight to the DSL, fill the form in after you have spoken to them.

Pupil Name			
Day/Date/Time		DoB	
Member(s) of staff noting concern	Name		Signature
Who reported the concern : Name	Relationship to pupil (if known)		

When did this happen	
Where did this happen	
What device was the child using	
What was the app	
What is the specific URL of the concern	
Who was the child logged on as (username)	
What is the user name of the perpetrator (if known)	
Please take a screen shot, either by taking a screen dump, or by using a mobile phone or camera to take a photo of the screen.	

Note: Any decisions to confiscate or view content on a device belonging to the pupil must be in line with the law and with your school behaviour policy.

Concern (Please describe as fully as possible)

Signature:

Date:

Actions Taken			
Date	Person taking action	Action	Signature

Would you like feedback about this concern? Yes No Date Given.....

Please pass this form to the Designated Safeguarding Lead when completed

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38.3 - Sample Running Record for Ofsted

Date	Year group	Gender	Concern raised by (role)	Concern raised by (initials)	Any external contact	Type of concern	Action	
21/03/2016	5	M	TA	PP	none	Physical	class teacher met with parent	Example
24/03/2016	2	M	T	TW	HT called MASH	Sexual	MARF	
24/03/2016	1	F	T	JD	none	emotional	HT met with parent	
03/04/2016	6	F	TA	PP	UK SIC	Online	CT work with pupil	

Ofsted ask for a summary of concerns brought to the Designated Safeguarding Lead.
 This log is used to record where concerns are coming in from. It does not form part of the CP record for the child.



38.4 Section 175 Education Act Audit Tool

This tool looks at all requirements under Section 11 Children Acts 2004, Section 175 Education Act 2002 and Keeping Children Safe in Education 2016, the assumption is these will be in place in all schools. This audit requires evidence that this is in place. If any element is not in place, an explanation **MUST** be provided with a timescale to remedy the issue. Self-assess how you meet the standards and note the action required.

Please note that any document referred to must be provided or a link provided to the school's website where it can be accessed.

School / Provider:.....

Audit completed by:

Audit signed off by (Headteacher / Director):

Date of annual review:.....

Designated Safeguarding Lead (DSL) and team:.....

Name of Safeguarding Governor:

Appendix 1 – Requirements under Ofsted
Appendix 2 – Requirements under Section 11 Children Acts 2004, Section 175 Education Act 2002, Keeping Children Safe in Education 2015
Appendix 3 – SCR fields

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Policy Standard Criteria 1

Policies and procedures are in place in respect of safeguarding and promoting the welfare of children and the implementation of section 11/section 175

		Evidence	Notes and Actions required
a	<p>The school / provider has a Safeguarding and Child Protection Policy which is in line with the London Child Protection Procedures 2015, KCSIE 2015 and other LSCB guidance</p> <p>Including</p> <ul style="list-style-type: none"> - Radicalisation and extremism - FGM - Online Safety - Peer on Peer abuse 		
b	The policy is reviewed every year or in the event of local / national developments		
C1	<p>Staff and service users are aware of the Safeguarding and Child Protection Policy and have access to it</p> <p>Staff are able to contribute to the policy</p>		
C2	All staff have read part 1 of Keeping Children Safe in Education (Most recent version 2016) and have been supported by SLT to understand it.		<p>2016 version released 26th May 2015</p> <p>https://www.gov.uk/government/publications/keeping-children-safe-in-education--2</p> <p>To be in place 5th September 2016</p>
d	The Safeguarding and Child Protection Policy is approved and endorsed by the Board of		

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	Governors		
e	Has the Board of Governors identified a Nominated Governor for Safeguarding and notified the DSL who this is?		
e2	The HT provides governors with an annual safeguarding report, or this is a clear part of termly reports to governors.		
f	There is a process for recording incidents, concerns and referrals in relation to children and young people and the action that results from these		
g	Have you carried out an equalities impact assessment in relation to your safeguarding processes?		
h	Regarding standards, how do you ensure:		
h1	Information sheets contains up-to-date family information including alternative contacts and if appropriate estranged parents.		
h2	All Child-in-Need / Child Protection / Early Help / In school vulnerabilities / LAC records are securely stored		

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h3	All Child-in-Need / Child Protection / LAC records include front sheet chronological summary and dated ordered entries including recording of decision		
h4	Records for Child-in-Need / Child Protection / LAC should include all contacts with parents and other professionals		
h5	All discussions with MASH / Children Social Care about welfare of child are recorded and include record of decisions and actions to be taken such as Early Help or Referral		

Policy Standard Criteria 2

There is a clearly established line of accountability within the organisation with regards to safeguarding and promoting the welfare of children

		Evidence	Actions required
a*	There is a DSL with clearly defined role and responsibilities in relation to safeguarding at senior management level. Is there a job description for the DSL. The DSL is supported by a team.		
b	Staff and volunteers are clear who is the DSL and team members are, and the circumstances in which they should be contacted. Evidence how this is achieved.		

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c	Staff and volunteers are aware of what their personal responsibilities are if they are concerned about a child/young person. Evidence how you know this.		
d	Staff and volunteers are able to access a supervision/support structure whilst working with children and young people. How frequently does this happen?		
e	There are mechanisms in place that enable the views of children and young people to be taken into account in the planning and provision of services (school councils etc.)		
f	Are reasonable steps taken to ensure that pupils are safe on sight/site?		
g	Are there adequate security arrangements for the grounds and buildings?		
h	Does the school monitor visitors, volunteers and those using premises during school time? What checks are made on visitors, contractors etc.?		
i	Is assurance sought from users of school premises that they have appropriate policies (Safeguarding / Child Protection, Vetting, Health & Safety, Insurance) in place to safeguard children?	-	
j	Are arrangements in place to refer children who may have gone missing to the relevant agencies?		

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* DSL must have sufficient time and resources to enable them undertake their duties

Policy Standard Criteria 3

The organisation maintains safe recruitment and complaints procedures

		Evidence	Actions required
a	The school / provider has recruitment policy which covers how to recruit safely for staff who have contact with children, including what checks need to be undertaken to determine suitability		
b	Staff are aware of the safe recruitment policy and how to access it		
c	The training is accessed by all those who have a role in recruiting staff who will have contact with children		
d	All those who have contact with children have appropriate checks in line with current legislation and guidance <i>(e.g. Disclosure and Barred List Check, self-declarations about previous convictions or disciplinary action in relation to inappropriate behaviour towards children or vulnerable adults, Prohibition List check)</i>		

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e	<p>Single Central Register including other checks on staff. Does this include:</p> <ul style="list-style-type: none"> • Mandatory pre appointment checks carried out in accordance with DCSF guidance – identity, qualification, DBS (including barred list) • Written confirmation from a supply agency, where relevant, that appropriate checks have been carried out and are satisfactory e.g. identity, qualifications, DBS, Prohibition List check (for all staff that have a teaching role) 		
f	<p>Systems are in place for children/young people and staff to make a complaint where there are concerns and/or allegations about a member of staff.</p> <p>Staff are aware of the NSPCC whistleblowing helpline 0800 028 0285</p>		
g	<p>All staff are aware of the procedures to follow in the event of an allegation or concern about a member of staff or volunteer.</p>		
h	<p>The head teacher / director has a clearly defined role and responsibilities in relation to dealing with allegations against staff and volunteers. Ensure that all allegations are discussed with HR and Local Authority Designated Officer (LADO); and actions taken in line with discussion and fully recorded.</p> <p>Arrangements for managing allegations</p>		

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	against the Headteacher is the chair of governors responsibility		
i	Whistle-blowing procedures in place, such that all staff/volunteers can raise issues of poor practice or allegations against other staff		
j	The school has recording and retention systems in place for allegations		
k	Should any disclosures be listed within an enhanced DBS then an appropriate risk assessment should be carried out to document the consideration and decision that has been made.		
l	There is a sufficient clause within staff contracts that outlines employee responsibility to make the employer aware if anything needs to be disclosed going forward.		

Policy Standard Criteria 4

There is staff training on safeguarding and promoting the welfare of children

		Evidence	Actions required
a	An induction process is in place for all staff, temporary staff, and volunteers who will have contact with children which includes		

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	familiarisation with the Safeguarding and Child Protection Policies and Procedures as well as basic Child Protection training		
b	Registers are kept of staff who have completed induction, basic Child Protection training and ongoing safeguarding training.		
c	Staff training needs are regularly reviewed to ensure knowledge of safeguarding and child protection matters is maintained and up-to-date.		
d	Additional training (both multi and single agency) is available for all staff working with children/young people appropriate to role to include local initiatives and learning from Serious Case Reviews.		
e	When did the school / provider last access Safeguarding Awareness training for all staff in the last three years (up to 2016) and annually thereafter.		
f	Has the DSL (and team) completed higher level training in the last two years? What other means does the DSL (and team) use to keep up to date?		

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Policy Standard Criteria 5

The organisation participates in effective inter-agency working and information sharing in order to ensure the safeguarding of children and the promotion of their welfare

		Evidence	Actions required
a	A school / provider has an information protocol in line with Havering child and young people partnership protocol showing responsibility to share information relevant to the safeguarding of children in a secure manner		
b1	Staff/volunteers are aware of this policy and their personal responsibilities relating to it, including the obtaining of consent where appropriate.		
b2	How are they made aware of these – for example do you provide training on information sharing?		
c	Specific policies or arrangements are in place to communicate with partner agencies in relation the safeguarding of children/young people? Please provide examples.		
d	Safeguarding records relating to children/young people are stored securely and safely		
e*	Staff are aware of their responsibilities in relation to the reporting of private fostering		

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	arrangements		
f	Arrangements are in place to support effective interagency working on individual cases including Early Help, CIN and CP. Evidence how you achieve this.		

Policy Standard Criteria 6

Online safety is a clear aspect of safeguarding

		Evidence	Actions
a	Who in the Safeguarding Team leads online safety? Is there a governor for online safety?		
b	Is there an online safety policy?		
c	How are online safety incidents recorded?		
d	What training is there for <ul style="list-style-type: none"> - Staff - Governors - Parents 		
e	Where is online safety in the curriculum? How is it taught?		
f	How do pupils know how to report?		
g	Is there an Acceptable Use Policy / Agreement (AUP) for		

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	<ul style="list-style-type: none"> - Staff - Governors and volunteers - Visitors <p>How often is it signed?</p>		
h	Is appropriate filtering and monitoring systems in place?		

Policy Standard Criteria 7

Effectiveness of Policies – use this to record longer case study examples

		Evidence must be provided
a	How effective are these arrangements to safeguard children within your school?	
b	Are policies and procedures adopted by the governing body implemented and followed by staff	
c	How do you know? Evidence must be provided.	
d	Do you need to take any action to improve the effectiveness of the safeguarding arrangements? How will you do this?	

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e	Do safeguarding policies and practice feature in the school strategic plan, with development issues identified and addressed?	
f	Does the Head Teacher / Director report annually to the governing body on the effectiveness of safeguarding/child protection procedures	
g	Does the governing body take effective and prompt action when deficiencies/weaknesses are identified?	

Appendix 1 : Ofsted requirements

Other than your '***Safeguarding and Child Protection***' Policy, Ofsted guidance suggests that you have '**Policies**' which cover the following issues:

1. Pupil health and safety;
2. Bullying;
3. Racist abuse;
4. Harassment and discrimination;
5. Use of physical intervention;
6. Meeting the needs of pupils with medical conditions;
7. Providing first aid;
8. Drug and substance misuse;

9. Educational visits
10. Intimate care
11. Internet care
12. Whistle blowing & Managing Allegations
13. Acceptable Use agreement, including staff responsibilities with online behaviours, data protection and esafety

Ofsted would like you to consider

1. How you measure the effectiveness of these policies?
2. How you recruit and vet adults working with children
3. How effective and appropriate the training you provide for your staff is?
4. How you encourage and enable your pupils to report any concerns or complaints
5. How pupils are kept safe on-site?
6. How you
 - a. record information relevant to safeguarding concerns clearly and accurately and
 - b. share it appropriately, both internally and with other agencies?
7. How you help pupils to keep themselves safe, including encouraging pupils to adopt safe and responsible practices and deal sensibly with risk?

Appendix 2 : Requirements under Section 175 Education Act 2002, Section 11 Children Acts 2004 and Keeping Children Safe in Education 2016

Section 175 Education Act 2002 requires

- The governing body of a maintained school to make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school.
- The governing body of an institution within the further education sector to make arrangements for ensuring that their functions relating to the conduct of the institution are exercised with a view to safeguarding and promoting the welfare of children receiving education or training at the institution.

Section 11 Children's Act 2004 requirements are as follows:

- All people working in education and schools contribute to the safeguarding and promoting of children's welfare.
- All schools / providers and further education institutions have a statutory duty to safeguard and promote the welfare of children. Consequently, staffs in these establishments play an important part in safeguarding children from abuse and neglect by early identification of children who may be vulnerable or at risk of harm and by educating children, about managing risks and improving their resilience through the curriculum.
- All schools / providers and further education institutions should create and maintain a safe environment for children and young people, and should be able to manage situations where there are child welfare concerns.

Keeping Children Safe in Education, May 2016

- This document summarises the Government's guidance to Local Authorities, schools and further education institutions. The guidance sets out their respective responsibilities for carrying out their functions with a view to safeguarding and promoting the welfare of children under the Education Act 2002.

Prevent Duty, 1st July 2015

- The Counter-Terrorism and Security Act 2015, came into force on 1 July, puts a statutory duty on schools to "prevent people from being drawn into terrorism". It specifies: "Being drawn into terrorism includes not just violent extremism but also non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists exploit."

FGM Duty, 31st October 2015

- The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either are informed by a girl under 18 that an act of FGM has been carried out on her; or they observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18.
If a FGM disclosure is made to a teacher, the teacher must tell the DSL and then report directly to the police.

Appendix 3 : Single Central Record fields

Name	can be stored as FIRST and LAST
Address	this must be a home address
DOB	use 3/6/16 NOT 3.6.16 - if . is used in a date, excel will not recognise it as a date
Date Address ID Seen	
Date Photo ID seen	
Date Started with School	
Job Title (e.g. Teacher/ Parent Helper/ Admin)	
Teaching Role (Y/N) (Teachers and anyone in teaching role)	'Y' for teachers and any support staff that work in a teaching role - whole class, group or 1:1
Teaching Qualifications Required (Yes / No)	Teachers only
If Required, Teaching Qualifications Evidenced, or any qualifications required for the post.	in addition to QTS also add actual degree detail (recommended because the conservative gov - and previous coalition - were a bit fixated on quality of the qualification), so recommend putting the detail in just in case!
If Required, Date Teaching Qualifications Seen	
If Required, Date GTC Registration Seen	historic
Barred list checked	historic, now part of enhanced DBS
Date of DBS Certificate	
DBS Disclosure Number	
Overseas Police Check/ Certificate of Good Conduct Required (Yes/No)	
If Required, DBS Overseas Checks Completed (Yes/No)	
Date Passport/Visa/Work Permit evidenced for Right to Work in the UK	should be 'yes' for all - for UK staff write 'yes, UK passport' or 'yes, UK birth cert'; for others 'Yes' - with qualifying information about their right to work

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If Required, Date Visa or Work Permit Expires (Earliest Date)	passport / visa expiry for non UK nationals
If Required, Most Recent Date Work Permit or Visa Evidenced	
Date Medical Clearance Received	suggest going back to 1/9/14 and marking all others as 'historic'
Date Satisfactory Reference One Completed	suggest going back to 1/9/14 and marking all others as 'historic'
Date Satisfactory Reference Two Completed	suggest going back to 1/9/14 and marking all others as 'historic'
Evidence Checked By	
Interviewed by, who on the interview panel is safer recruitment trained.	
Prohibition Check (teachers + anyone in a teaching role)	date of check. Only needs to be rechecked if staff also work at another setting.
Disqualification Declaration form / family disclosure form	date of check

38.5 - Head Teacher annual safeguarding report to Governors



Annual Safeguarding Report to Governing Body of Ardleigh Green Infant School

Date:

To provide a report to the Governing Body on safeguarding practice that enables the Governing Body to monitor compliance with the requirements of Safeguarding Children and to identify areas for improvement.

Section 175 of the Education Act 2002 came into force on 1 June 2004 and placed a duty on LAs, the governing bodies of maintained schools... to have arrangements in place to ensure that they:

- Exercise their functions with a view to safeguarding and promoting the welfare of children;
- Have regard to any guidance issued by the Secretary of State for Children, Schools and Families when drawing up those arrangements.

A copy of the completed document should be appended to the minutes of the Governing Body meeting where the Safeguarding Report is given.

Designated Lead:

CP Team members:

Safeguarding Governor:

Safeguarding Training:

- Designated teachers must undertake training at least every 2 years.
- Teaching and other staff should have training at least every 3 years.

Staff	Course title	Date	Provider
Designated CP Lead			

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CP team member 1			
CP team member 2			
Safeguarding governor			
Governing body			
Teaching staff Teaching assistants Midday supervisors Administrative staff Caretaking and cleaning Technicians Volunteers			

Names of staff and governors who have undertaken training in safer recruitment:

Is the Single Central Record of Recruitment and Vetting checks up to date and complete?

Yes

Report on induction of new staff in safeguarding policy and procedures

New Staff Since Last Report Period	Numbers	Safeguarding induction given	Initial training Y/N
Teachers			
Governors			
Support			
Volunteers			

Policies and other documents relating to safeguarding

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Policies and/or procedures for Safeguarding	Written/reviewed	Next review date
Accident book		
Anti-bullying including online bullying		
Behaviour management		
Safeguarding and Child Protection Including <ul style="list-style-type: none"> - Radicalisation and Extremism - FGM 		
Departmental statements on safeguarding (Secondary Schools)		
Drugs and substance misuse		
Equality & Diversity (new guidance pending)		
Extended School / before and after school activities		
First Aid (including management of medical conditions and intimate care)		
Health & Safety (including school security)		
Induction – staff Induction – governors Induction - volunteers		
Online safety		
Whistleblowing - Management of allegations against staff		
PSHE curriculum		
Racial Equality		
Reasonable force & restraint		
Recruitment and selection		
S175 Safeguarding audit		
Safeguarding statement in school prospectus		
Sex and Relationship Education		
Single Central Record		
Staff Code of Conduct		
Staff Acceptable Use Agreement		
Use of photographs/video		

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Vulnerable children – procedures to protect		
Work placement		

Progress made on areas requiring action as identified in previous audit	Actions still outstanding, how and when these will be addressed
Additional comments:	

Number of child protection referrals made:

	Number	No. Case conferences	No. attended	No. reports submitted
Physical				
Sexual				
Emotional				
Neglect				

Number of pupils

On Child Protection Register:

Child in Need:

Early Help:

Looked after (Havering):

Looked after (other borough or authority):

Number of allegations made against staff: 0

Other comments on safeguarding issues and actions to be taken:

ACTION	By whom	By when

Date Approved by the Governing Body

Signed..... Chair of Governors Date

Signed..... Headteacher Date.....

A copy of this report should be emailed to the Havering Safeguarding for Schools Adviser
nora.hammond@haverling.gov.uk

38.6 – Online Safety Policy

See separate policy document

38.7 – Staff Acceptable Use Agreement

Covers use of digital technologies in school: i.e. **email, Internet, intranet and network resources**, learning platform, software, **equipment and systems**.

- I will only use the school's digital technology resources and systems for Professional purposes or for uses deemed 'reasonable' by the Head and Governing Body.
- I will not reveal my password(s) to anyone.
- I will not allow unauthorised individuals to access email / Internet / intranet / network, or other school / LA systems.
- I will ensure all documents, data etc., are saved, accessed and deleted in accordance with the school's network and data security and confidentiality protocols.
- I will not engage in any online activity that may compromise my professional responsibilities.
- I will only use the approved, secure email system(s) for any school business. (Which is currently: Staffmail – e.g. vmorris@agi.havering.sch.uk)
- I will only use the approved school email, school MLE or other school approved communication systems with pupils or parents/carers, and only communicate with them on appropriate school business.
- I will not browse, download or send material that could be considered offensive to colleagues.
- I will report any accidental access to, or receipt of inappropriate materials, or filtering breach to the appropriate line manager / school named contact.
- I will not download any software or resources from the Internet that can compromise the network, or are not adequately licensed.
- I will not connect a computer, laptop or other device (including USB flash drive), to the network / Internet that does not have up-to-date anti-virus software, and I will keep any 'loaned' equipment up-to-date, using the school's recommended anti-virus, firewall and other ICT 'defence' systems.
- I will not use personal digital cameras or camera phones for taking and transferring images of pupils or staff without permission and will not store images at home without permission.
- I will use the school's Learning Platform in accordance with school / and London Grid for Learning advice.
- I will ensure that any private social networking sites / blogs etc that I create or actively contribute to are not confused with my professional role.
- I agree and accept that any computer or laptop loaned to me by the school, is provided solely to support my professional responsibilities and that I will notify the school of any "significant personal use" as defined by HM Revenue & Customs.
- I will ensure any confidential data that I wish to transport from one location to another is protected by encryption and that I follow school data security protocols when using any such data at any location.
- I understand that data protection policy requires that any information seen by me with regard to staff or pupil information, held within the school's information management system, will be kept private and confidential, EXCEPT when it is deemed necessary that I am required by law to disclose such information to an appropriate authority.
- I will embed the school's e-safety curriculum into my teaching.
- I will only use School and/or LA systems in accordance with any appropriate school and/or LA policies.
- I understand that all Internet usage / and network usage can be logged and this information could be made available to my manager on request.
- I understand that failure to comply with this agreement could lead to disciplinary action.

User Signature

I understand that it is my responsibility to ensure that I participate in all training provided, remain up-to-date and read and understand the school's most recent online safety policies.

I agree to abide by all the points above.

I wish to have an email account; be connected to the Intranet & Internet; be able to use the school's ICT resources and systems.

SignatureDate

Full Name (printed)

Job title

Authorised Signature:

I approve this user to be set-up and will ensure all necessary training and guidance is provided.

Signature Date

Full Name (printed)