**Avonmouth Children’s Centre**



**Part of the**

**Safeguarding and Child Protection Policy**

**Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Review Cycle** | **Date of Current Policy** | **Author(s) of Current Policy**  | **Review Date** |
| Annual | 22/01/2023 | Joanne Cole | January 2024 |

**Details of Policy Updates**

|  |  |
| --- | --- |
| **Date** | **Details** |
| **01/09/2020** | **Updated and re-written to reflect COVID-19, new statutory guidance Keeping Children Safe in Education, and for ease of reading** |
| **01/09/2021** | **Update and re-written to reflect new statutory guidance issued in 2021.**  |
| **01/09/2022** | **Update and re-written to reflect new statutory guidance issues in 2022** |

 Contents

|  |  |  |
| --- | --- | --- |
| **Part 1: Policy** |  |  |
| * 1. [Definitions](#_Definitions)
 |  | 3 |
| * 1. [Introduction](#_Introduction)
 |  | 3 |
| * 1. [Equalities and Rights Statement](#_Equalities_Statement)
 |  | 5 |
| * 1. [Overall Aims](#_Overall_Aims)
 |  | 5 |
| * 1. Professional expectations, roles and responsibilities
 | 6 |
| * 1. [Safeguarding training for staff](#_Safeguarding_Training_for)
 |  | 9 |
| * 1. [Safer Recruitment and Safer Working Practice](#_Safer_Recruitment_and)
	2. [Key Safeguarding Areas](#_1.9__)
 |  | 10 |
| 11 |
|  |  |  |
| **Part 2: Procedures**  |  |  |
| * 1. [Reporting Concerns](#_Reporting_Concerns)
 |  | 12 |
| * 1. [Information Sharing](#_2.2__)
 |  | 13 |
| * 1. [Identifying and monitoring the needs of vulnerable children.](#_Identifying_and_monitoring)
 |  | 14 |
| * 1. [Multi Agency Working](#_2.4__)
 |  | 14 |
| * 1. Monitoring Attendance
 |  | 15 |
| * 1. [Respond to incidents of](#_Respond_to_incidents) child-on-child harm.
 |  | 15 |
| * 1. [Responding to allegations of abuse made against professionals](#_Responding_to_allegations)
 |  | 16 |
| * 1. [Mental health and wellbeing](#_2.9__Mental).
 |  | 17 |
|  2.9 [Online Safety](#_2.10_Online_Safety) |  | 18 |
|  |  |  |
| **APPENDICES** |  |
| [Appendix A Key Documentation](#_Appendix_A_–) | 19 |
| [Appendix B Reporting Concerns](#_Appendix_B_–)  | 25 |
| [Appendix C Dealing with a Disclosure](#_Appendix_C_-)  | 25 |
| [Appendix D Types of Abuse and Neglect](#_Appendix_D_-) | 26 |
| [Appendix E Specific actions to take on topical safeguarding issues](#_Appendix_E_Specific) | 28 |

PART 1: Policy

# 1.1 - Definitions

**Safeguarding** is defined as:

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

**Child Protection** is defined in the Children Act 1989 (s.47) as when a child is suffering or is likely to suffer significant harm. Under statutory guidance and legislation, action must be taken to safeguard and promote the child’s welfare.

# 1.2 - Introduction

At Avonmouth Children’s Centre, Safeguarding and promoting the welfare of children is everyone’s responsibility. Everyone who comes into contact with children, their families, and carers, has a role to play. To fulfil this responsibility effectively, all professionals should make sure their approach is child centred. This means that they should always consider what is in the best interests of the child.

We take an ‘it can happen here’ approach where safeguarding is concerned and Everyone who comes into contact with children has a role to play in identifying concerns, sharing information and taking prompt action.

Victims of harm should never be given the impression that they are creating a problem by reporting abuse, sexual violence, or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

Avonmouth Children’s Centreis committed to safeguarding and promoting the welfare of children by:

* The provision of a safe environment in which children can learn.
* Acting on concerns about a child’s welfare immediately.
* Fulfilling our legal responsibilities to identify children who may need early help or who are suffering, or are likely to suffer, significant harm.

All action taken by Avonmouth Children’s Centrewill be in accordance with:

* Current legislation (these are summarised within [Working Together to Safeguard Children: statutory framework](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722307/Working_Together_to_Safeguard_Children_Statutory_framework.pdf))
* Statutory, national, and local guidance – this includes:
* Working Together to Safeguard Children (2018), which sets out the multiagency working arrangements to safeguard and promote the welfare of children and young people and protect them from harm; in addition, it sets out the statutory roles and responsibilities of schools.
* Keeping Children Safe in Education (2022) which is statutory guidance issued by the Department for Education which all schools and colleges must have regard to when carrying out their duties to safeguard and promote the welfare of children.
* Early Years Foundation Stage statutory framework (2021) is statutory guidance which sets standards that school and childcare providers must meet for the learning, development, and care of children from birth to 5.

**This policy should be read in conjunction with the following policies:**

* Recruitment and Selection
* Whistleblowing Policy
* Code of Conduct for Staff/ Staff Behaviour Policy (including the setting’s Low level concerns procedures)
* E-Safety
* Policy on Supporting Children in Care
* Health and Safety

**Parent/Carers**

We are committed to helping parents/carers understand their responsibility for the welfare of all children. Parents/carers are be made aware of our commitment by including a ‘Safeguarding Statement’ in the Parent Pack, which is also displayed in rooms. The full safeguarding policy will be available on request and via our website.

Before children start attending at a Children’s Centre, parents/carers will be asked for a list of adults who are permitted to collect their child. They will also need to provide a password so that staff can verify their identity. Parents/carers will need to say who is collecting their child when they bring them in.

Where possible, any Safeguarding concerns should be discussed with parents/carers and the safeguarding lead should seek agreement to making referrals. We have a duty of care to share Child Protection and Safeguarding information with the knowledge of the parent/carer, unless to do this would place the child at increased risk of significant harm. Parents/carers will be informed of our practice to share information and that this will be transferred to their child’s receiving school or Early Years Setting.

**Visitors**

Reception staff will ask all visitors to sign in/out and issue them with a numbered Visitor Badge. They will show them where to go if they are not familiar with the building. It is explained to visitors that mobile phones cannot be used on the premises.

# 1.3 - Equalities and Rights Statement

With regards to safeguarding we will consider our duties under the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents) and our general and specific duties under the [Public Sector Equality Duty](https://www.gov.uk/government/publications/public-sector-equality-duty). General duties include:

1. Eliminate discrimination, harassment, victimisation, and other conduct that is prohibited by the Equality Act 2010.
2. Advance equality of opportunity between people who share a protected characteristic and people who do not share it.
3. Foster good relations across all protected characteristics between people who share a protected characteristic and people who do not share it.

Details of our specific duties are published under Avonmouth Children’s Centre’s equality statement.

We adhere to both the [Bristol Equality Charter](https://www.bristolonecity.com/wp-content/uploads/2021/03/Bristol-Equality-Charter.pdf) and [Bristol Childrens Charter](https://www.bristolonecity.com/wp-content/uploads/2021/03/Bristol-Children-Charter.pdf) with a view to contribute towards the [One City Plan](https://www.bristolonecity.com/wp-content/uploads/2021/03/Bristol-Equality-Charter.pdf).

Staff are aware of the additional barriers to recognising abuse and neglect in children with Special Educational Needs and Disabilities (SEND). This will be in line with our Special Educational Needs and Disability Policy.

Avonmouth Children’s Centrealso adheres to the principals of and promotes anti-oppressive practice in line of the [United Nations Convention of the Rights of the Child](https://www.unicef.org.uk/what-we-do/un-convention-child-rights/#:~:text=The%20United%20Nations%20Convention%20on%20the%20Rights%20of,in%20history.%20What%20makes%20the%20UNCRC%20so%20special%3F) and the [Human Rights Act 1998](https://www.legislation.gov.uk/ukpga/1998/42?timeline=false).

# 1.4 - Overall Aims

Safeguarding children is vital for our Children’s Centre as part of the Ofsted registration requirement to follow the Safeguarding and Welfare Requirements of the Early Years Foundation Stage 2020. Having safeguarding leads in place not only protects and promotes the welfare of children, but also enhances the confidence of staff, volunteers and parent/carers.

This policy will contribute to the safeguarding of children at Avonmouth Children’s Centre by:

* Clarifying safeguarding expectations for members of the education setting’s community, staff, children, and their families.
* Contributing to the establishment of a safe, resilient, and robust safeguarding culture in the setting built on shared values; that children are treated with respect and dignity, taught to treat each other and staff with respect, feel safe, have a voice and are listened to.
* Supporting contextual safeguarding practice recognising that the setting’s site can be a location where harm can occur.
* Setting expectations for developing knowledge and skills within the setting’s community (staff, children, parents/carers) to the signs and indicators of safeguarding issues and how to respond to them.
* Early identification of need for vulnerable children and provision of proportionate interventions to promote their welfare and safety.
* Working in partnership with children, parents, and other agencies in the Local Safeguarding Partnership.

Avonmouth Children’s Centreis named as a relevant agency in the Local Safeguarding Partnership (Keeping Bristol Safe Partnership). This policy sets out its statutory duty to co-operate, follow and comply with published arrangements as set out by the Keeping Bristol Safe Partnership.

# 1.5 - Professional expectations, roles, and responsibilities

# Role of all staff

* Staff working in day care rooms MUST keep their personal mobile phones/cameras in their lockers. They can be taken out and used in the staffroom or an office space but must not be used where children are present. If staff need to be contacted in emergency situations this must be done through the Reception Office’s landline. Staff working in an office may keep their mobile phones on their desk but must not go into corridors with them.
* No images of children are to be used for any publicity without parental permission. Only the child’s first name should be used in picture captions.
* All staff will be DBS checked every 3 years.
* All staff will read and understand Part 1 of statutory guidance Keeping Children Safe in Education (2022). Those working directly with children will also read Annex B.
* In addition to this all staff will be aware of the systems in place which support safeguarding including reading this Safeguarding and Child Protection Policy; the Behaviour Policy; the Staff Code of Conduct; Attendance Policy and Procedure; and the role of the Designated Safeguarding Lead (DSL).
* Know who and how to contact the DSL and any deputies responsible for safeguarding.
* All staff will be able to identify vulnerable children and take action to keep them safe. Information or concerns about children will be shared with the DSL where it includes those:
* who may need a social worker and may be experiencing abuse or neglect
* requiring mental health support
* who may benefit from early help
* where there is a radicalisation concern
* where a crime may have been committed
* Be involved where appropriate, in the implementation of individual

plans to further safeguard vulnerable children and understand their academic progress and attainment and maintain a culture of high aspirations for this cohort.

* Record concerns appropriately and in a timely manner by using the Cpoms system.
* To be aware of the need to raise to the senior leadership team any concerns they have about safeguarding practices within the setting.

### Role of the Designated Safeguarding Lead (DSL)

## Designated Safeguarding Lead:

## Joanne Cole – Children’s Centre Day Care Manager

## Deputy Designated Safeguarding Leads:

## Avonmouth Children’s Centre – Annette Dickson and Kim Willey

## Early Years’ Service Manager responsible for Safeguarding and Child Protection:

## Dawn Butler – Early Years Manager

The Early Years’ Service Manager will receive reports from the Children’s Centre Day Care Manager of any occasions when there are concerns or issues of Child Protection.

Details of our DSL and Deputy DSL are available on our website, the notice board in reception or on the notice board in the staff room.Posters are also displayed in the day care rooms.

* The DSL is a senior member of staff who undertakes lead responsibility for safeguarding and child protection within the setting. This responsibility is explicit in the role holder’s job description.
* The DSL works with the senior leadership team, taking lead responsibility for promoting educational outcomes by knowing the welfare, safeguarding and child protection issues that children in need are experiencing or have experienced, and identifying the impact that these issues might be having on child’s attendance, engagement, and achievement at the Children’s Centre.
* Activities include the management of work undertaken by any Deputy DSLs.
* Manage early identification of vulnerability of children and their families from staff through cause for concerns or notifications. This will ensure detailed, accurate, secure written records of concerns and referrals.
* Manage referrals to the local safeguarding partners where children with additional needs have been identified. These can include those –
* who may need a social worker and may be experiencing abuse or neglect
* requiring mental health support
* who may benefit from early help
* where there is a radicalisation concern
* where a crime may have been committed

**The DSL will also:**

* Work with others – acting as a point of contact for outside agencies about safeguarding.
* Support and advise other staff in making referrals to other agencies.
* When required, liaise with the case manager and the Local Authority Designated Officer (LADO) in relation to child protection cases which concern a staff member.
* Coordinate safeguarding training and raise awareness and understanding to the settings community around policies and practice in relation to safeguarding.
* Help promote educational outcomes by sharing information about vulnerable children with relevant staff. This includes ensuring that staff:
* know who these children are,
* understand their academic progress and attainment and maintain a culture of high aspirations for this cohort.
* Are supported to identify the challenges that children in this group might face.
* Provide additional academic support or make reasonable adjustments to help children who have or have had a social worker to reach their potential.
* Ensure the successful transfer of the Safeguarding/Child Protection file when a child moves on to a new setting within 5 days for in year transfer or the first 5 days of the start of a new term.
* DSLs will inform the senior leadership team of enquiries under s.47 of the Children Act 1989 and any police investigations. This includes the need to be aware of the requirement for children to have an Appropriate Adult. Further information can be found in the Statutory guidance - [PACE Code C 2019](https://www.gov.uk/government/publications/pace-code-c-2019/pace-code-c-2019-accessible).

**Support to Staff and Volunteers**

The senior leadership team will fully support all members of staff in following this procedure. Following an allegation or investigation:

* Staff and volunteers who work with issues of child protection may themselves need support in dealing with the emotional distress this can cause. They can talk to the setting’s Designated Safeguarding Lead and any of the appropriate agencies listed in the appendices.
* Staff, volunteers or leadership team members may also be subject to allegations of abusing children in relation to their work for the setting. While support will be offered to these individuals by the Children’s Centre, we will ensure that the agency dealing with the matter is given all assistance in pursuing any investigation and the Bristol LADO will be informed. The disciplinary procedure may be implemented.

# 1.6 - Safeguarding training for staff

**All staff:**

* The Children’s Centre Leadership Team will ensure that all staff members undergo safeguarding and child protection (including online safety) training at induction.
* Will receive appropriate safeguarding and child protection (including online safety) refresher training at least annually (via formal training, email e-bulletins and staff meetings).
* All staff must complete FGM awareness training and will understand their legal duty under the [Mandatory Reporting Duty](#_Female_Genital_Mutilation).
* All staff must complete PREVENT awareness training. This is to ensure that they can comply with the legal expectations under the PREVENT duty.
* Staff training includes clear reference to internal whistleblowing policy and guidance for escalating concerns.

### Designated Safeguarding Lead and deputies:

* Will undergo formal training to provide them with the knowledge and skills (including online safety) training required to carry out the role. The training will be updated at least every two years.
* Deputies will be trained to the same level as the DSL.
* The DSL and any deputies will liaise with the Local Safeguarding Partnership to ensure that their knowledge and skills are updated via e-bulletins, attend DSL network meetings, and take time to read and digest safeguarding bulletins.

### Other training considerations:

* At least one person on any appointment panel will have undertaken safer recruitment training, in line with School Staffing (England) Regulations 2009.
* Members of the Senior Leadership Team will make themselves aware of and understand their role within the local safeguarding arrangements. This will ensure that those who have responsibility for the management of behaviour, inclusion, Special Educational Needs, attendance, and exclusions will carry out their duties with a safeguarding consideration.
* The DSL will also be the Designated lead for Children in Care and will undergo appropriate training to fulfil their role to promote the educational achievement of registered children who are in care.
* Training around safeguarding topics in Annex B (including online safety) will be integrated, aligned, and considered as part of a whole setting safeguarding approach.
* Staff have regular supervisions where they can discuss any general training needs or requirements.

# 1.7 - Safer recruitment and safer working practice

**Safer recruitment**

Avonmouth Children’s Centrepays full regard to the safer recruitment practices detailed in ‘Keeping Children Safe in Education’ (2022; Part 3). As part of this policy we will ensure that people working with the children are safe to do so by carrying out the following practices:

* All staff (including the setting’s Manager/Leader) and volunteers will be checked by the Disclosure and Barring Service on joining the settings, to be renewed every 3 years.
* As soon as the need for recruitment is established, a Recruitment Manager will be appointed who is responsible for ensuring that the BCC policies on Safer Recruitment are adhered to.
* Any recruitment panel formed will contain at least one senior member of staff who has completed the following training:
	+ - * BSCB Safer Recruitment Training
			* BCC Fair Selection and Recruitment Training
* All advertisements will contain reference to safeguarding and the Safeguarding Statement will be included.
* Applicants will need to complete a BCC Application Form, containing: Full and former names, Date of Birth, current address, National Insurance number, Academic/ vocational qualifications, full chronological employment history (disclosing any gaps and reasons for leaving). Personal CV’s will not be accepted nor will other versions of application forms.
* The formal interview will contain a range of Safeguarding questions, with supplementary questions used to further assess a candidates understanding/ motivations and reasoning regarding Safeguarding issues.
* Once a candidate has been selected, a conditional offer will be made based on the following background checks: References (checked prior to interview), verification of identity, Disclosure and Barring Service (DBS) certification (processed by BCC), criminal record self-disclosure (although declaration of spent convictions will not automatically bar a candidate), verification of qualifications and professional status and identity checks.
* All checks MUST be carried out before the successful candidate is allowed to begin work. If a DBS has been applied for and not yet available the member of staff can work within the boundaries of the risk assessment.

Supply and Temporary Staff are subject to the same level of vigilance. Supply agencies must provide evidence that all safeguarding checks have been completed. Where a temporary staff member is employed by the Centre directly, a new DBS check will be completed prior to the practitioner working within the setting.

We value volunteers and encourage parents/carers to become involved in supporting the Children’s Centres. Any parent/carer or volunteer with access to children, and without direct supervision from a member of staff, will be expected to provide two satisfactory references and have a satisfactory DBS check.

Students will be expected to give their college as a reference, to ensure that they are suitably placed within the organisation. Students above 16 years old will be expected to have a satisfactory DBS check. Students will be able to start a placement with us prior to receiving the outcome of the DBS check, subject to staff carrying out a risk assessment, and students at no time having unsupervised contact with children. The placement will be offered pending a satisfactory DBS check and will be subject to a probationary period as agreed with their supervisor. Students will only be allowed to accompany children to the toilet or change their nappies or clothes with a member of staff present or until they have completed their probationary period and hold a current DBS.

Monitoring: Although we are committed to Safer Recruitment procedures, we must continue being vigilant after a member of staff/volunteer/student has started working within our Children’s Centres and staff must know the procedures and channels open should concerns arise (see Whistle Blowing Policy and Code of Conduct). All staff and volunteers must declare all convictions/cautions incurred since DBS disclosure which may affect their suitability to work with children.

### Whistleblowing

Staff are aware of the following whistleblowing channels for situations where they feel unable to raise an issue with the senior leadership team or feel that their genuine concerns are not being addressed. Whistleblowing procedures are clearly displayed on the Staff board in the Children’s Centre and a copy of the procedure is accessible in the Policy and Procedure file.

**Use of reasonable force**

‘Reasonable force’ refers to the physical contact to restrain and control children using no more force than is needed.’ The use of reasonable force is down to the professional judgement of the staff member concerned and will be determined by individual circumstances and the vulnerability of any child with Special Educational Needs or Disability (SEND) will be considered.

· The use of reasonable force will be minimised through positive and proactive behaviour support and de-escalation and will follow government guidance (Use of Reasonable Force in Schools 2013; Reducing the need for restraint and restrictive intervention, 2019).

· There is robust recording of any incident where positive handling or restraint has been used. Further review of the incident is carried out to reflect on how the incident could be avoided, this will involve the child and their family.

The process around how the setting manages concerns where a professional may pose a risk to learners and our response to low level concerns can be accessed in section 2.8 Allegations of abuse made against professionals.

# 1.8 - Key safeguarding areas

These topics are themes that can impact on children and families, there are specific areas of safeguarding that the setting has statutory responsibilities to address which are hyperlinked:

* Children in the court system
* Children affected by parental offending/imprisonment.
* Children missing from education – including persistent absence
* Child Exploitation (including both Child Sexual Exploitation and Child Criminal Exploitation and county lines, modern day slavery and trafficking)
* Cybercrime · Domestic Abuse
* Homelessness
* So-called Honour based Abuse (including Female Genital Mutilation and Forced Marriage)
* Online Safety
* Mental health
* Child-on-child harm:
* Bullying (including cyberbullying, prejudice-based and discriminatory bullying).
* Abuse in intimate personal relationships between children (also known as teenage relationship abuse).
* Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse).
* Sexual violence, such as rape, assault by penetration and sexual assault;(this may include an online element which facilitates, threatens and/or encourages sexual violence).
* Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse.
* Causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.
* Consensual and non-consensual sharing of nudes and semi-nude images and or videos (also known as sexting or youth produced sexual imagery).
* Up skirting, which typically involves taking a picture under a person’s clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm; and
* Initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).
* Preventing Radicalisation (The Prevent Duty) · Serious Youth Violence
* Substance Misuse
* Private Fostering
* Young Carers

Additional information about key safeguarding areas can also be found in Keeping Children Safe in Education (2022; Annex B); the NSPCC website - Types of Abuse; And for localised resources for education settings The Bristol Safeguarding in Education Website.

PART 2: Procedures

# 2.1 - Reporting concerns

All staff are clear about recording and reporting concerns to the DSL/DSL deputies in a timely way. In the case a child is in immediate danger, staff should phone the police.

The Children’s Centre is committed to ensuring that they meet their responsibilities in respect of child protection by treating any disclosure seriously and sensitively. The member of staff should take the following action:

* Stay calm.
* Listen to what the child is actually saying.
* Reassure them that they have done the right thing by telling you.
* Do not ask leading questions. Ensure that any questions asked are open or for clarification, not leading/ closed questions. For example, an open question is: Why are you upset? A closed question is: Are you afraid to go home because your Mum will hit you?
* Do not ask the child to repeat what they have they told you, for another worker; as if the matter is to be investigated further it will be done so by trained professionals.
* Do not promise the child that this can be kept secret, as subsequent disclosure could then lead to the child feeling betrayed. Explain that you are obliged to inform other people.
* Reassure the child that the people who will be informed will be sensitive to their needs and will be looking to help protect them. Inform them that it is not in their interests to keep the disclosure confidential and it will have to be passed on to the appropriate agencies.
* Complete the Disclosure Form making a note of any conversations with the child, trying to make these as detailed as possible, including when and where the conversations took place. Complete the body map, if appropriate, to show the position of any bruises or marks the child or young person shows you, trying to indicate the size, shape and colour.
* Record as soon as possible and use the actual words used by the child.
* Keep all records factual. Be aware of not making assumptions or interpretations of what the child is telling you. Store all records on cpoms.
* Discuss your concerns with the Designated Safeguarding Lead. If the disclosure implicates a senior worker, the concerns should be discussed with the next tier of line management.
* If appropriate, inform parents / carers that you are going to report your suspicions / concerns. This might not always be possible and should not put the child or yourself at risk. When you report an incident, First Response/duty officer will ask you if the parent / carer has been informed. If they haven’t, they will want to know the reasons why.
* If possible, report this information yourself to First Response.
* The person to whom the disclosure was made should ensure that the child who has disclosed the information is informed about what will happen next, so they can be reassured about what to expect.

# 2.2 - Information Sharing

Avonmouth Children’s Centreis committed to have due regard to relevant data protection principles which allow for sharing (and withholding) personal information as provided for in the Data protection Act 2018 and UK General Data Protection Regulations. This includes how to store and share information for safeguarding purposes, including information which is sensitive and personal and should be treated as ‘special category personal data’.

Staff at the setting are aware that:

* ‘Safeguarding’ and ‘individuals at risk’ is a processing condition that allows practitioners to share special category personal data.
* Practitioners will seek consent to share data where possible.

There may be times when it is necessary to share information without consent such as:

* To gain consent would place the child at risk,
* by doing so will compromise a criminal investigation,
* It cannot be reasonably expected that a practitioner gains consent,
* or, if by sharing information it will enhance the safeguarding of a child in a timely manner, but it is not possible to gain consent.

There are also times when Avonmouth Children’s Centre will not provide children’s personal data where the serious harm test under legislation is met, (by sharing the information the child may be at further risk). When in doubt the Children’s Centre will seek further advice.

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

# 2.3 - Identifying and monitoring the needs of vulnerable children

The DSL and Deputy DSL will regularly review and monitor those children who have been identified as vulnerable. This can include reviewing attendance data, behaviour data, attainment data and safeguarding records. This is to ensure that:

* Proportionate and early interventions can be taken to promote the safety and welfare of the child and prevent escalation of harm.
* Information about vulnerable children is shared with appropriate staff members.
* Reasonable adjustments are made in relation to setting-based interventions – for example responding to behaviour.

# 2.4 - Multi-agency working

Avonmouth Children’s Centreisa relevant agency in the Keeping Bristol Safe Partnership and will work together with appropriate agencies to safeguard and promote the welfare of children including identifying and responding to their needs. This is in compliance with statutory guidance [Working Together to Safeguard Children 2018](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf).

Staff with concerns about the welfare of the child must make a referral to First Response with the support of the Designated Safeguarding Lead. It is important to remember that if you report concerns, you are not reporting the parents / carers – you are reporting to protect the welfare of the child. If appropriate staff will inform parents / carers that they are going to report suspicions / concerns unless it puts the child or staff member at risk. When making a referral First Response will ask if the parent / carer have been informed and if they haven’t, they will want to know the reasons why.

If the child has an allocated Social Worker (details will be recorded in their file) the suspected abuse/information should be directed to them.

First Response should be telephoned on the same day that staff have a concern on 0117 9036444.

If First Response has been contacted and they pass the call to Children’s' Social Care (Social Services), Social Care should let staff know that they are responding to what they have been told. If staff have not heard from the Social Care team, it may be appropriate to contact them to ensure that the details given to them have been taken into consideration and acted upon.

### Additional considerations:

* Where a child and/or their family is subject to an inter-agency child protection plan or a multiagency risk assessment conference (MARAC) meeting, the setting will contribute to the preparation, implementation, and review of the plan as appropriate.
* If there is an immediate risk of harm, the police should be called via 999. For other concerns of criminality, the non-statutory guidance [‘When to Call the Police’ from the NPCC](https://www.npcc.police.uk/documents/Children%20and%20Young%20people/When%20to%20call%20the%20police%20guidance%20for%20schools%20and%20colleges.pdf). If non urgent you should report a crime via 101.
* In the rare event that a child death occurs, or a child is seriously harmed, Avonmouth Children’s Centrewill notify the Keeping Bristol Safe Partnership as soon as is reasonably possible.

# 2.5 – Monitoring Attendance

Avonmouth Children’s Centre acknowledge that children missing from education is a potential indicator of abuse or neglect, or maybe an indicator of need for early help support. Staff should follow procedures for unauthorised absence and monitor children’s attendance. All sessions that are missed by a child should be recorded on cpoms and followed up accordingly by the DSL.

# 2.6 - Respond to incidents of child-on-child harm.

All staff should recognise that children can harm other children. It is important that incidents of abuse and harm are treated under safeguarding policy in conjunction with the behaviour policy. However, concerns regarding the welfare of children requires process and records to be kept on the child’s safeguarding/child protection file.

### Contextual safeguarding approach to child-on-child harm:

Avonmouth Children’s Centrewill minimise the risk of child-on-child harm by taking a contextual approach to safeguarding by increasing safety in the contexts of which harm can occur – this can include the settings environment itself, peer groups and the neighbourhood.

Following any incidents of child-on-child harm, the DSL/Deputies will review and consider whether any practice or environmental changes can be made in relation to any lessons learned. This can include making changes to staffing and supervision, making changes to the physical environment.

The environments of the Children’s Centre should always be planned in ways which minimise the risks to children.

# 2.7 - Responding to allegations of abuse made against professionals

There is no guaranteed way to identify a person who will harm children. However, there are possible warning signs. These may include:

* Paying an excessive amount of attention to a child or groups of children, providing presents, money or having favourites
* Seeking out vulnerable children, e.g. disabled children
* Trying to spend time alone with a particular child or group of children on a regular basis
* Making inappropriate sexual comments
* Sharing inappropriate images
* Being vague about where they have worked or when they have been employed
* Encouraging secretiveness

There may be other sources of concern; this is not a conclusive list. If staff are concerned about another staff member or volunteer’s behaviour they need to pass this on to the Designated Safeguarding Lead.

If it appears that a staff member or volunteer has:

1. behaved in a way that has harmed a child, or may have harmed a child, or,
2. possibly committed a criminal offence against or related to a child, or,
3. behaved in an inappropriate way towards a child which may indicate that he or she is unsuitable to work with children,

Then these procedures must be followed:

* Record the concerns and report them to the Designated Safeguarding Lead.
* The Designated Safeguarding Lead should take steps to ensure that during the remainder of the working day that particular member of staff is not left in sole charge of the children or any child.

### Immediate action that must be taken:

It may be clear in some cases, where a child has been injured and/or there is clear evidence of significant harm or risk of significant harm that an immediate referral must be made to the police, First Response or emergency services. In addition:

The Designated Safeguarding Lead must then contact the Local Authority Designated Officer (LADO) WITHIN 1 WORKING DAY of receiving the report of an allegation.

Local Authority Designated Officer (LADO)

Telephone: 0117 903 7795 or Work Mobile: 07795 091020

* The Children’s Centre should then follow the LADO’s advice on how to deal with allegations against staff.
* The Children’s Centre should take advice from the LADO on how and when to inform the parents of the child.
* The Children’s Centre is required to inform OFSTED of any allegations of abuse against a member of staff, student or volunteer, or any abuse that is alleged to have taken place on the premises or during a visit or outing within 14 days.
* If the concern is regarding the Designated Safeguarding Lead, the above procedure will be followed but the report will be made to the Children’s Centre Day Care Manager.

If it appears that the manager responsible for Safeguarding and Child Protection, has behaved in a way that has harmed a child, or may have harmed a child; or possibly committed a criminal offence against or related to a child; or behaved in an inappropriate way towards a child which may indicate that he or she is unsuitable to work with children, then staff should contact the LADO directly.

### Low level concerns

This should be read in conjunction with the staff code of conduct and Keeping children Safe in Education (2022, Part 4). A low-level concern is not insignificant. If staff have a safeguarding concern or an allegation about another member of staff (including supply staff, volunteers, or contractors) that does not meet the harm threshold, then this should be shared in accordance with the settings low-level concerns policy

* Reports should be made in accordance with Avonmouth Children’s Centre’sown processes and recorded on a Low-Level Concern recording form.
* Avonmouth Children’s Centre creates an environment where staff are encouraged and feel confident to self-refer where they have found themselves in a situation.
* The DSL will address unprofessional behaviour and support the individual to correct it at an early stage providing a responsive, sensitive, and proportionate handling of such concerns when they are raised.
* Review and correct any deficits in the setting’s safeguarding system.

# 2.8 - Mental health and wellbeing

Settings have an important role to play in supporting the mental health and wellbeing of the children attending the setting. Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation, and or may require early help support.

Avonmouth Children’s Centrewill commit to undertake the following:

* Early identification of vulnerability to mental health problems by reviewing attendance, behaviour, and safeguarding records at least on a termly basis.
* Staff will follow a safeguarding process in terms of reporting concerns so the DSL/Deputy DSLs (and wider members of the safeguarding team such as the SENDCo) can assess whether there are any other vulnerabilities can be identified and proportionate support considered.
* The setting will communicate and work with the child and parents/carers to ensure that interventions are in the best interests of the child.
* DSLs will liaise with staff to ensure reasonable adjustments are made and develop ways to support achieving positive educational outcomes.

### Contextual safeguarding approach to mental health

Avonmouth Children’s Centre will ensure that preventative measures are in place to support children to develop resilience and to broaden their knowledge on a range of feelings.

The setting will take a ‘whole setting’ approach to:

* having a culture that promotes mental health and wellbeing
* having an environment that promotes mental health and wellbeing
* making sure children and staff are aware of and able to access a range of mental health services
* supporting staff wellbeing – Ensuring staff are aware of the Employee Assistance Programme.

# 2.9 - Online Safety

Online safety is an integrated and interwoven theme with other safeguarding considerations. It is essential that the DSL takes a lead on ensuring that interventions are effective.

Avonmouth Children’s Centre is committed to addressing online safety issues around content, contact and conduct. This includes:

* Ensuring that online safety is concerned in relevant policies and procedures.
* Online safety is interwoven in safeguarding training for staff.
* The effectiveness of the setting’s ability to safeguard children in respect to filtering and monitoring where information is securely held. Parental consent is needed to upload photos of children on to any online platform including all forms of social media.

# Appendix A – Reporting concerns

* Reporting Concerns Flow Chart
* Process flow chart responding to child-on-child incidents and Mental Health Problems
* Safeguarding contacts poster **–** Multi-agency contacts in Bristol**.**
* For wider local contacts
* Neighboring Local Authority Contacts

# Reporting Concerns Flow Chart - Bristol

You have concerns about a child

Go to speak with Safeguarding Lead immediately. If not available, find the deputy or you act.

Decide No Further Action (NFA) and inform your agency.

Child in Need s17 enquiries. Allocated to Social Care Unit, referrer informed. Your agency participates in assessment, plan, and intervention.

Families in Focus SAF allocated and referrer informed. Your agency participates in assessment, plan and intervention.

First Response assesses referral and threshold (may direct to First Assessment Service or MASH if further information is required) and directs to:

Complete web form referral to First Response (copy of referral kept for file). **Parental consent is required.**

Concern meets threshold for referral to First Response

Single or multi agency led interventions/refer direct to other agencies (e.g. Brook, counselling, etc) – this equates to early help for the child

No further action – will monitor.

Child is in immediate danger – phone 999

Action is taken by the appropriate agencies

**No matter what the outcome, keep monitoring, re-refer or escalate as appropriate. Participate in all assessments and plans. Chase referrals if not kept informed – this is our responsibility.**

Child Protection concern – **take action now.**

Agree who will make the referral to First Response (and call the police on 101 if necessary).

Referral is made to First Response/Police, stating that it is a Child Protection concern.

You will need to record on your own system in writing ASAP (within 24 hours). This applies whether or not you make the actual referral.

Your agency continues to participate in Child Protection Strategy or S.47 Enquiries.

All other welfare and safeguarding concerns

Complete internal concern form and pass to Safeguarding Lead

Lead will assess (with discussion with staff and consultation of any safeguarding file held) to agree actions required.

**All staff should recognise that children are capable of abusing their peers. All staff should be clear about their settings’s policy and procedures with regard to child-on-child abuse (KCSIE, 2022)**

# Safeguarding Response to Mental Health and Child on Child harm

**Repeat incidents or that of moderate concern – Setting liaises with parents/carers. Consider seeking consent and advice for targeted/specialist services to support all children involved in the incident(s).**

**Clear child protection concerns/criminal issue. Make a referral to social care and/or the police for consideration of a statutory assessment.**

**All actions, risk assessments and responses should be recorded on the Safeguarding/Child Protection file. Plans/risk assessments should be reviewed every 3 months or on any occasion another concern is raised.**

**Concerns managed internally through pastoral support, contextual safeguarding, restorative approaches, RSE/PSHE. Setting informs parents/carers of incident and actions.**

**Outcomes**

**Outcomes**

***Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. (KCSIE, 2022)***

**Child protection concern that requires a referral to social care for an assessment under s.17 or s.47 of the Children’s Act 1989. Settings may also refer directly to CAMHs.**

**Concern requires additional support from a targeted agency or Primary Mental Health Specialist.**

**Concern can be managed internally through setting-based early help, support and signposting.**

**Concern and need reviewed alongside learner and family**

**Additional guidance used to respond to the concern**

* ***Advice for Schools and Colleges on Responding to Sexting Incidents*** [**(link)**](https://www.gov.uk/government/groups/uk-council-for-child-internet-safety-ukccis)
* ***Sexual Behaviours Traffic Light Tool*** [**(link)**](https://www.brook.org.uk/training/wider-professional-training/sexual-behaviours-traffic-light-tool/)
* ***Preventing and Tackling Bullying*** [**(link**](https://www.gov.uk/government/publications/preventing-and-tackling-bullying)[**)**](https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing)
* ***NPCC: When to call the police*** [**(link)**](https://www.npcc.police.uk/documents/Children%20and%20Young%20people/When%20to%20call%20police%20guidance%20for%20schools%20and%20colleges.pdf)

**Additional guidance used to respond to the concern:**

* ***Mental health and behaviour in schools*** [**(link)**](https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2)
* ***Promoting children and young people’s mental health and wellbeing*** [**(link)**](https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing)

**Possible examples of child-on-child harm**

* **Bullying (and cyberbullying)**
* **Physical abuse**
* **Sexual violence and sexual harassment**
* **Upskirting**
* **Nudes (sexting, youth produced sexual imagery)**
* **Initiation/hazing type violence and rituals**

**The concern is reviewed by the DSL and safeguarding team. Information should be cross-referenced with attendance, behaviour records, attainment and any safeguarding and child protection concerns.**

**All staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation**

**(KCSIE, 2022)**

**Record the concern/incident in line with your setting’s safeguarding and child protection policy (e.g on CPOMs). The DSL and deputies are notified**

**Secure the safety of the learner(s) involved and source support for any other young people affected**

**You are made aware of an incident or pattern of child-on-child abuse**

**There is a concern about a child’s mental health**

|  |
| --- |
| Multi-Agency Contacts for Safeguarding in Education.  |
| **If you have concerns about a child/young person in Bristol …** |
| If a child is at immediate risk call the POLICE | **POLICE** 999 |
| To make an URGENT referral, i.e. a child is likely to suffer or is suffering significant harm, call children’s social care. | **FIRST RESPONSE** - 0117 9036444 |
| Out of Hours Referrals | **EMERGENCY DUTY TEAM** - 01454 615 165 |
| To make a NON-URGENT referral, contact FIRST RESPONSE using the online form  | **FIRST RESPONSE Online form**<https://www.bristol.gov.uk/social-care-health/make-a-referral-to-first-response> |
| To raise concerns and ask for advice about radicalisation (also contact First Response). | **PREVENT DUTY -** 01278 647466 PreventSW@avonandsomerset.police.uk |
| To liaise with the specialist Safeguarding Police unit | **Lighthouse Safeguarding Unit (Avon and Somerset police)** 01278 649228LighthouseBristol@avonandsomerset.police.uk |
| For advice and guidance about whether to make a referral | **Families in Focus (Targeted Support)**  |
| **South**0117 9037770 | **East Central**0117 3576460 | **North**0117 3521499 |
| **If you have concerns about a professional working with a child…** |
| To raise concerns and ask for guidance in relation to the conduct of someone who works with children | **[Local Authority Designated Officer - (LADO)](https://bristolsafeguarding.org/children/lado-concerns-about-professionals/)**T: 0117 9037795[KBSP LADO notification form](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fbristolsafeguarding.org%2Fmedia%2Fcjykm3dx%2F1-lado-referral-form-kbsp-nov21.doc&wdOrigin=BROWSELINK) |
| **For information, advice and guidance in relation to safeguarding policy and procedures.** |
| [**Safeguarding in Education Team**](https://www.bristolsafeguardingineducation.org/safeguarding-in-education-team/)T: 0117 9222710E: Safeguardingineducationteam@bristol.gov.uk  |
| **South Advisor**Elisabeth ClarkElisabeth.clark@bristol.gov.uk07824503572 | **East Central Advisor**Jess Curtisjessica.curtis@bristol.gov.uk07788363338 | **North Advisor**Sarah Woodingsarah.wooding@bristol.gov.uk07785475173 |
| Child sexual exploitation & child criminal exploitation | **Operation Topaz (Avon and Somerset Police)**[**https://www.avonandsomerset.police.uk/forms/vul**](https://www.avonandsomerset.police.uk/forms/vul) |
| **Safer Options Team - Education inclusion managers** |
| **South**Ingrid.Hooper@bristol.gov.uk | **East Central**Calum.Paton@bristol.gov.uk | **North**Ross.Moody@bristol.gov.uk |
| Report a Child Missing from Education | **Bristol City Council – Education Welfare**<https://www.bristol.gov.uk/schools-learning-early-years/children-missing-education-cme> |
| Children affected by Forced Marriage | **Forced Marriage Unit**T: (0) 20 7008 0151E: fmu@fco.gov.uk |
| Online Safety Advice  | **Professional Online Safeguarding Helpline**T: 0344 381 4772E: helpline@saferinternet.org.uk |
| Reporting online abuse and grooming  | **Child Exploitation and Online Protection command**<https://www.ceop.police.uk/ceop-reporting/> |
| FGM advice | **NSPCC FGM Helpline**T: 0800 028 3550E: fgmhelp@nspcc.org.uk |
| Domestic Abuse support (Bristol) | **Directorate of local and national services**[**https://www.bristol.gov.uk/crime-emergencies/abuse-violence**](https://www.bristol.gov.uk/crime-emergencies/abuse-violence) |
| Young Carers – advice and support.  | **Carers Support Centre** T: 0117 958 9980W:<https://www.carerssupportcentre.org.uk/young-carers/contact-young-carers/> |
| Whistleblowing professional policy | **NSPCC Whistleblowing hotline** T: 0800 028 0285E: help@nspcc.org.uk |
| [**Child and Adolescent Mental health**](https://www.awp.nhs.uk/camhs/camhs-services) **(CAMHS)** |
| **Primary Mental Health Specialists (advice) Child and Adolescent Mental Health**  |
| **South**0117 3408121 | **East Central**0117 3408600 | **North**0117 3546800 |
| Advice around harmful sexualised behaviour. | **Be Safe**0117 3408700W: <https://www.awp.nhs.uk/camhs/camhs-services/HSB-services/be-safe> |
| **Brook Traffic Light Tool**[CPD: Brook Sexual Behaviours Traffic Light Tool (RSE) Course](https://www.brook.org.uk/training/wider-professional-training/sexual-behaviours-traffic-light-tool/) |

#  Other Local Authorities Contacts

|  |  |  |
| --- | --- | --- |
| **Local Authority in which the child is resident** | **Contact details** | **Out of hours/****Weekend** |
| **South Gloucestershire** | **Access and Reponses Team*** **01454 866000** ‐ Monday to Thursday 9.00 – 5.00, 4.30 on Friday
* accessandresponse@southglos.gov.uk

Website: [Access and Response Teams (ART) | South Gloucestershire Council (southglos.gov.uk)](https://www.southglos.gov.uk/health-and-social-care/care-and-support-children-families/access-response-team-art/) | **Emergency Duty Team** **01454 615165**  |
| **North Somerset** | **Single Point of Access*** **01275 888 808 –**Monday-Thursday 8.45am-5pm, Friday 8.45am-4.30pm

Website: [Children, young people and families | North Somerset Council (n-somerset.gov.uk)](https://www.n-somerset.gov.uk/my-services/children-young-people-families) |
| **Bath and North East Somerset (BANES)** | **Children’s Social Work Services*** **01225 396312 or 01225 396313** weekdays, 8.30am to 5pm, except Fridays when we're closed from 4.30pm
* **ChildCare\_Duty@bathnes.gov.uk**

Website: [Report a concern about a child | Bath and North East Somerset Council (bathnes.gov.uk)](https://beta.bathnes.gov.uk/report-concern-about-child) |

#

# Appendix B – What to do if abuse is suspected

Staff should keep monitoring the child’s behaviour, making a note of any particular concerns on cpoms.

Any concerns should be discussed with the Designated Safeguarding Lead (DSL) who is responsible for child protection. The child’s parents / carers should be seen at the earliest opportunity to ascertain if there is a known reason for a change in behaviour. All staff should follow the Safeguarding Recording Procedure:

* Any concerns should be recorded on Cpoms
* The Cause for Concern and body map (if applicable) will be automatically assigned to the Designated Safeguarding Lead and Deputy.
* A decision is made on what action needs to take place and make any referrals or sharing of information with other agencies if appropriate.
* If the child has an allocated Social Worker their contact details should be clearly indicated.
* Cpoms will automatically hold all information in chronological order.

Staff recognise that if abuse is taking place, they will not assume the parents are causing it, there may be other family members or friends or other individuals who are causing it so will keep an open mind.

# Appendix C - Dealing with a disclosure

**When a child tells me about abuse they have suffered, what must I**

**remember?**

* Stay calm.
* Do not communicate shock, anger, or embarrassment.
* Reassure the child. Tell them you are pleased that they are speaking to you.
* Never promise confidentiality. Assure them that you will try to help but let the child know that you may have to tell other people to do this. State who this will be and why.
* Encourage the child to talk but do not ask "leading questions" or press for information. Use ‘Tell Me, Explain to me, Describe to me’ (TED) questioning.
* Listen and remember.
* Check that you have understood correctly what the child is trying to tell you.
* Praise the child for telling you. Communicate that they have a right to be safe and protected.
* It is inappropriate to make any comments about the alleged perpetrator.
* Be aware that the child may retract what they have told you. It is essential to record all you have heard.
* At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
* As soon as you can afterwards, make a detailed record of the conversation using the child’s own language. Include any questions you may have asked. Do not add any opinions or interpretations.

NB It is not education staff’s role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

* The 5 ‘R’s are helpful in understanding what professional's duties are in relation to responding to an incident.

**Recognise – Respond – Reassure – Refer – Record**

**Historical Abuse**

There may be occasions when a child will disclose abuse (either sexual, physical, emotional or neglect) which occurred in the past. This information needs to be treated in exactly the same way as a disclosure of current child abuse. The reason for this is that the abuser may still represent a risk to children now.

**Confidentiality and Appropriate Disclosure of Information**

Confidentiality and appropriate disclosure of information confidentiality is crucial to working relationships, but the welfare of the child is paramount. The law does not allow anyone to keep concerns relating to abuse to themselves. Therefore, confidentiality may not be maintained if the withholding of information will prejudice the welfare of the child.

All information that has been collected on any child will be kept securely on Cpoms and access will be limited to the appropriate staff, management and relevant agencies.

In the event of an investigation it is essential that no information on child protection concerns relating to a child are disclosed inappropriately. Any such leaks could have serious consequences for both the child concerned and any investigation. Children’s individual safeguarding information should be stored securely on their personal Cpoms files.

If uncertain about what information may be shared, take advice or refer to Bristol’s Information Sharing protocol.

* Whilst parents / carers have the right to see any records kept on their child, this might not always be appropriate and should not put the child or yourself at risk.

* It is very important that only those who need to know, actually know, to avoid rumour and gossip that could affect the child, parent / carer and the group.

# Appendix D - Types of abuse and neglect

Abuse and neglect are defined as the maltreatment of a child or young person whereby someone may abuse or neglect a child by inflicting harm, or by failing to prevent harm. They may be abused by an adult or adults or by another child or children.

All setting staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another. For children with Special Educational Needs and Disabilities (SEND) additional barriers can exist when identifying abuse and neglect, these include:

* assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child’s disability without further exploration
* being more prone to peer group isolation than other children
* the potential for children with SEN and disabilities being disproportionally impacted by behaviours such as bullying, without outwardly showing any signs
* and communication barriers and difficulties in overcoming these barriers.

The following are the definition of abuse and neglect as set out in Working Together to Safeguard Children (2018) however, the ultimate responsibility to assess and define the type of abuse a child or young person may be subject to is that of the Police and Children's Services – our responsibility is to understand what each category of abuse is and how this can impact on the welfare and development of our children and where we have concerns that a child or young person may be at risk of abuse and neglect (one or more categories can apply) to take appropriate action as early as possible.

**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.

**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 because 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.

**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), 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.

**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.

# Appendix E Specific actions to take on topical safeguarding issues

In recognition that the threshold of child protection is ‘likely to suffer’ significant harm, Avonmouth Children’s Centre may need to make a referral to children’s social care. Where possible, this will involve notifying the parent/carer if it does not place the child at further risk of harm.

It is also important to recognise the importance of liaising with other education settings who may have siblings attending. It is likely that they may hold additional information which will support early identification of harm and in turn develop your assessment of need.

# Child Exploitation – both Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)

Child sexual exploitation is where a young person (or a third person or persons) receives “something” (food, gifts, money, affection) as a result of them performing, and /or another or others performing on them, sexual activities.

Risk indicators include:

* Disclosure of older boyfriends
* Gang affiliation
* Receiving gifts/drugs/money
* Missing and truanting
* Coercive relationships
* Trafficking
* Chatting to strangers on line
* Found in risky locations

If a member of staff feels any child, older siblings or young parents are at risk of CSE then child protection procedures should be followed and a referral made to First Response and Operation Topaz (the police).

# Domestic Abuse

Operation Encompass is a national operation where local police forces notify when the police are called to an incident to domestic abuse. Avon and Somerset have their own version of this and will notify education settings whenever they have responded to a domestic abuse incident. This will enable the education setting to take proactive action and reasonable adjustments in relation to behaviour management and achieving positive educational outcomes.

Under the current information sharing protocol, the education setting is not permitted to share his information without seeking consent from Avon and Somerset police in case this may put a victim and child at further risk of harm. The only exception to this when information is shared with new education setting (part of statutory duties in relation to transfer of the Safeguarding/ Child Protection file, Keeping Children Safe in Education). Additional instructions around this are sent out with every single notification.

* Education settings must have signed up to a Police Safeguarding Notification Briefing to receive these.
* Each setting should have at least 2 members of trained staff able to receive and act upon these notifications.
* Each setting should promote an open culture of safeguarding to enable children

 and families to disclose and feel safe to talk about their experiences and what support may be required.

# Female Genital Mutilation

Female circumcision is illegal in the UK and it is an offence to take UK nationals, permanent or habitual UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal. All agencies have a statutory responsibility to safeguard children from being abused through FGM. Some signs that MAY indicate a girl is at risk of FGM include: -

* Parents requesting an extended leave from school on top of school holidays
* If a girl comes from a country that has high prevalence of FGM
* Mother and other siblings have already undergone FGM
* Child may indicate that they are going for a ‘special event’

Staff will consider whether any other indicators exist that suggest FGM may have or has already taken place, for example:

* The child has changed in behaviour after a prolonged absence from the setting
* The child has health problems, particularly bladder or menstrual problems;
* The child has difficulty walking, sitting or standing and may appear to be uncomfortable.

The Children’s Social Care team will liaise with the Paediatric Services where it is believed that FGM has already taken place to ensure that a Medical Assessment takes place.

Staff who are concerned that a girl is at risk of FGM will document it and report to First Response. If staff know that FGM has been carried on a girl under 18 then there is a mandatory duty to report this to the police.

**Non-Mobile Babies**

Injuries in Non-mobile babies are rare and must be further investigated by a paediatrician even if an explanation seems plausible. Children’s Centres working with non-mobile babies need to follow the Keeping Bristol Safe Partnership “Addendum to the Multi Agency Guidance for Injuries in Non- Mobile babies”.

If a Children’s Centre needs to implement the procedure, (contact the on-call duty paediatrician on 0117 9230000) it is important that as well as arranging for the baby to be examined by the Community Paediatrician staff contact Social Care / First Response to request checks are made on the family. This information will be made available to the Community Paediatrician to help in any risk assessment of the injury. This is not the same as making a referral to First Response and parents should be reassured that this is the case, but it is important that they check to see if the baby is already known to Social Care.

# Preventing Radicalisation - The Prevent duty

All settings are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 (the CTSA 2015), in the exercise of their functions, to have “due regard109 to the need to prevent people from being drawn into terrorism”.110 This duty is known as the Prevent duty.

The Prevent duty should be seen as part of the settings wider safeguarding obligations. Designated safeguarding leads and other senior leaders should familiarise themselves with the revised [Prevent duty guidance: for England and Wales](https://www.gov.uk/government/publications/prevent-duty-guidance), especially paragraphs 57-76, which are specifically concerned with schools (and also covers childcare).

The guidance is set out in terms of four general themes:

* risk assessment,
* working in partnership,
* staff training, and
* IT policies.

# 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 (\*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.)
* with the intention that it should last for 28 days or more.

Cases of private fostering arrangements must be reported to children’s social care to ensure that needs are adequately made.

Statutory guidance states that this should be done at least 6 weeks before the arrangement is due to start or as soon as you are made aware of the arrangements. Not to do so is a criminal offence.

Further support and reasonable adjustments should be made by the education setting to promote achievement of positive educational outcomes.