ST MICHAEL'S
C of E PRIMARY
HIGHGATE

Safeguarding and Child Protection

This policy is reviewed annually by the Designated Safeguarding Leads and ratified by the Governing body.
All staff read and agree to the policy during their induction. At this time, and when updates occur, they also read and sign Keeping children safe in education (2018) Part 1.
Families are encouraged to be familiar with this policy via the school website. Copies of this policy and its associated documents are available from the school office.

Date of issue	January 2019
Renewal date	January 2020
Responsible for this policy	Geraldine Gallagher

To nurture and inspire our children to develop a love of learning in a supportive Christian community and become the best they can be

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1. KEY CONTACTS

SCHOOL STAFF		Training date
Designated Safeguarding Lead	Geraldine Gallagher Headteacher	L3 Updated every 2 years
Deputy Designated Safeguarding Leads	Frances Sorapure Assistant Head KS1 Merle Parker Assistant Head KS2	L3 Updated every 2 years
Nominated Safeguarding Governor	Jonathon Murphy	
Headteacher	Geraldine Gallagher	
Safer recruitment trained staff and governors	Geraldine Gallagher Frances Sorapure	
Haringey Local Authority CONTACTS		
Multi Agency Safeguarding Hub	Mon to Fri 8:45am to 4:45pm: 020 8489 4470 Out of hours: 020 8489 0000 mashreferral@haringey.gcsx.gov.uk	
Local Authority Designated Officer	Sarah Roberts 020 8489 2968 / 1186 lado@haringey.gov.uk	
Haringey Local Safeguarding Children Board River Park House, London N22 8HQ	020 8489 1470 / 3145 lscb@haringey.gov.uk	
NSPCC Helpline	080 8800 5000 https://forms.nspcc.org.uk/content/nspcc---report-abuse-form	

2. INTRODUCTION

St Michael's CofE School fully recognises that safeguarding is dependent on a child centred and coordinated approach. As such this policy sets out St Michael's CofE School's approach to safeguarding and promoting the welfare of children.

All stakeholders, including staff, volunteers and persons who regularly work with children in this school will read this policy which is based on the following guidance and legislation:

- Keeping children safe in education: statutory guidance for schools and colleges (Sept 2018)
- Working Together to Safeguard Children (Jul 2018)
- Statutory framework of the Early Years Foundation Stage (Apr 2017)
- A Competency framework for Governance (Jan 2017)
- London Child Protection Procedures, 5th Edn.(2017) www.londoncp.co.uk
- Disqualification under the Childcare Act 2006 (Jul 2018)
- Data Protection Act 2018
- Information Sharing for safeguarding practitioners (Jul 2018)
- What to do if you're worried a child is being abused (2015)
- Children Act 1989
- Children Act 2004
- Education Act 2002
- Children and Families Act 2014

This policy sets out how the school's governing body discharges its statutory responsibilities relating to safeguarding and promoting the welfare of children who are pupils at this school. Our policy applies to all staff; paid and unpaid, working in the school including governors.

3. PRINCIPLES AND AIMS

As one of the main agencies in daily contact with children, **St Michael's CofE School** recognises that staff are well placed to promote the welfare of all children and keep them safe. As such there is a duty to ensure that all staff are able to observe the outward signs of abuse as well as be signposted as points of communication. Teaching assistants, mid-day supervisors, admin staff or teachers can be the first point of disclosure for a child. Concerned parents/carers are signposted to contact the school and its governors.

We will follow the procedures set out by Haringey Local Safeguarding Children's Board and take account of guidance issued by the DfE to:

- ensure we have a **named governor** responsible for safeguarding & child protection who is well trained to confidently challenge the strategies for improving the safety of pupils.
- ensure we have a named **designated safeguarding lead** and **deputies** who have received appropriate training and support for this role in all education settings incl. Early Years / Sixth Form.
- ensure the names and roles of the designated safeguarding lead, deputies and Governor are **known** and they are recognisable across the school.

- ensure all staff receive annual basic Safeguarding training and are regularly reminded of the expected processes if a disclosure is made to them

The school will therefore:

- ensure children and parents know that there are adults in the school whom they can approach if they are worried
- establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to
- ensure the curriculum ,including personal, social & health education (PSHE), embeds opportunities for children to develop the skills to recognise and stay safe from abuse

The key elements of this policy are

1. Proactively creating a safe environment
2. Managing Adults to maintain a safe environment
3. Protecting Vulnerable Students
4. Clear procedures for the protection of children

The key behaviours to make this policy effective are

1. Nurturing professional curiosity across adults
   the capacity and communication skill to explore and understand what is happening within a family rather than making assumptions or accepting things at face value.

2. Facilitating inter-agency working
   ensuring the smooth flow of information across agencies when requested in accordance with Working together to Safeguard Children 2018 guidance.

3. Establishing contextual safeguarding
   Understanding child protection risks beyond the home but within the child's daily experience

3.1 Proactively creating a Safe environment

We recognise that high self-esteem, confidence and good lines of communication with a trusted adult help to protect children. We aim to equip our children with the recognition, language and skills needed to keep themselves safe.

The school will therefore:

- maintain a school environment where children feel safe
- utilise curriculum activities to include opportunities which equip children with the skills they need to stay safe from , build self esteem, the skills to think independently and make sensible decisions based on their own judgements

- ensure children know that there are adults in the school whom they can approach if they are worried or in difficulty and their concerns will be taken seriously and acted upon as appropriate
- ensure children know that there are adults in trusted positions external to the school, e.g. police or doctor, whom they can approach if they are worried or in difficulty and their concerns will be taken seriously and acted upon as appropriate
- equip children with the knowledge and skills they need to recognise and avoid risky behaviour in the real and virtual world
- Monitor the attendance and welfare of students and work with other agencies when issues are presented
- Engage with Early Help as an effective support tool to avoid the escalation of risky behaviours within families.

Parents understand the responsibility placed on the school and staff for safeguarding and child protection. They are able to access policies and obligations via the school's website.

3.2 Managing Adults to maintain a safe environment

We recognise that safeguarding children is everyone's business. We adopt child protection and safeguarding best practice through our policies, procedures and code of conduct. St Michael's CofE School ensures all staff, trainees, volunteers and external providers in regular activity

- have up to date Disclosure and Barring Service checks
- have regular training in safeguarding and have read statutory documents
- are familiar with the categories, possible signs and the risk factors of abuse.
- understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the Designated safeguarding lead
- the Designated Safeguarding Lead and deputies are proactive in ensuring a safe environment for all children and training for all adults incl induction.
  the Designated Safeguarding Governor and Headteacher check the Single Central Record to ensure it is accurate.

In addition the school will ensure that we practice safer recruitment in checking the suitability of staff and volunteers to work with children. We follow the recommendations for Disqualification under the Childcare Act 2006 (2018) within recruitment.

3.3 Protecting vulnerable students

We recognise that children who have been abused or have witnessed violence towards others may find it difficult to develop a sense of self-worth. They may feel helpless, humiliation and some sense of blame. The school may be the only stable, secure and predictable element in the lives of children at risk.

We recognise that as a result some vulnerable children may develop abusive behaviours and that these children may need to be referred on for appropriate support and intervention.

Additional measures of care are in place for children on or formerly on, the Child Protection register including:

- ensuring the **Behaviour Policy** is aimed at supporting vulnerable pupils i.e. the school considers the context of any abuse a pupil have been subject when adhering to the school Behaviour Policy.
- inter-agency notification if there is unexplained behaviour by vulnerable students incl absence.

We also recognise that children with **Special Educational Needs and Disabilities** may find understanding and communicating abuse difficult. St Michael's CofE School will ensure keypersons for these children are

- well equipped to be vigilant to changes in behaviour
- establish communication systems with their students
- reduce the impact of social isolation
- target parents towards support for their own needs in coping with their child's SEND
- teach personal safety skills such as who to tell, good / bad touches and good / bad secrets as part of the PSHE and SRE curriculum

There is a high risk posed to **Children Missing From Education.** Children missing education (CME) are at significant risk of underachieving, being victims of abuse, and becoming NEET (not in education, employment or training) later on in life. St Michael's CofE School ensures that the **Attendance Policy** covers areas of safeguarding and reporting incl. holding sufficient emergency contacts for a pupil as well as working in conjunction with Haringey Education Welfare Service regarding persistent or unexplained absence.

We will not remove a child from the admission register until another school has requested the unique pupil number for that child or we have liaised with the education welfare service.

If a parent reports that their child has gone missing from home, we ensure this has been reported to the police. If a child absconds from school during the course of the day, the parent will be informed, and if necessary or if the pupil cannot be located, the police will also be informed.

4. SAFEGUARDING AND CHILD PROTECTION PROCEDURES

4.1 Where we have concerns about the welfare of a child we will follow the procedures set out by the Haringey Local Safeguarding Children Board (LSCB). A copy of these procedures can be found on the LSCB website: http://www.haringeylscb.org/

4.2 All staff receive basic child protection training at the point of their induction to include documents listed in the introduction to this policy.
Staff are provided with subject updates regularly, at least annually, so that they are confident about:

- the school's legislative responsibility
- their personal responsibility
- the school's policies and procedures for Safeguarding
- the actions and responsibilities f adults in Safeguarding and Child Protection
- using the content of Keeping Children Safe in Education (2018) Part 1 to inform their actions

We ensure that all staff, paid and unpaid, and governors recognise their duty and feel able to raise concerns about poor or unsafe practice in regard to children.

4.3 Interagency partnerships

The school will:

- Establish strong relationships with external agencies regarding the protection and promotion of safety for all pupils including, Prevent, Police, Schools Nursing, SEND team, CAMHS and Early Help
- Where Early Help is appropriate the designated safeguarding lead will lead on liaising with agencies. This may require staff assistance in supporting agency work or, in some cases, acting as the lead professional.
- Ensure where referrals have been made, there has been feedback obtained from the Local Authority Social Care on decisions taken.
- co-operate as required, in line with Working Together to Safeguard Children (2018), with key agencies in their enquiries regarding child protection matters including notifying the relevant social worker immediately if a pupil who is subject to a Child Protection Plan;
    - is to be excluded (whether fixed term or permanently)

  - has an unexplained absence
  - has any change in circumstances
- undertake appropriate discussion with parents/carers prior to involvement of another agency unless the circumstances preclude this action. If the school believes that notifying parents could increase the risk to the child or exacerbate the situation, advice will be sought from children's social care.

4.4 Clear recordkeeping procedures for the protection of children

We recognise that systematic, clear record keeping and reporting in a timely manner is essential for safeguarding. The school implements clear procedures for identifying, monitoring and reporting cases, or suspected cases, of abuse. All records and information is stored professionally and securely.

- ensure all records, online or on paper, are kept separate from the main pupil file and in secured locations.
- ensure that electronic records are kept secure with levels of accessibility is managed
- keep factual written records of concerns about children(noting the date, event and action taken), even where there is no need to refer the matter immediately
- develop effective links with relevant agencies and cooperate as required with their enquiries regarding child protection matters
- provide factual information when attending core groups and conferences as and when required
- ensure all relevant child protection records are sent to the receiving school or establishment when a pupil moves schools in accordance with the education child protection record keeping guidance.
- ensure that safe recruitment and DBS processes are applied consistently and that secure records are kept that are consistent with the provision of the Data Protection Act 2018

4.5 Confidentiality and information sharing

Child protection information will be stored and handled in line with the Data Protection Act 2018 and General Data Protection Regulation (GDPR). The Data Protection Act does not prevent school staff from sharing information with relevant agencies, where that information may help to protect a child. St Michael's CofE School will share, as early as possible, information with regard to the risks and concerns about the safety and welfare f a child. When a decision to share information is made the record will show who has been given the information and why.

Child protection records are normally exempt from the disclosure provisions of the data protection act, which means that children and parents **do not** have an automatic right to see them. If any member of staff receives a

request from a pupil or parents to see child protection records, they will refer the request to the Designated safeguarding leads or Headteacher.

The school will:

- ensure confidentiality protocols are adhered to and information is shared appropriately..
- ensure that the head teacher or designated safeguarding leads will only disclose any information about a pupil to other members of staff on a 'need to know' basis, including domestic violence notifications.
- make all staff aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- ensure staff are clear with children that they cannot promise to keep secrets.
- ensure that statutory guidance on recording allegations against adults are followed –
  (see **Managing allegations against staff and volunteers Policy**)

4.6 Expected Inter-agency process where there are concerns about a child

Source: Keeping Children Safe in Education 2018 pg12

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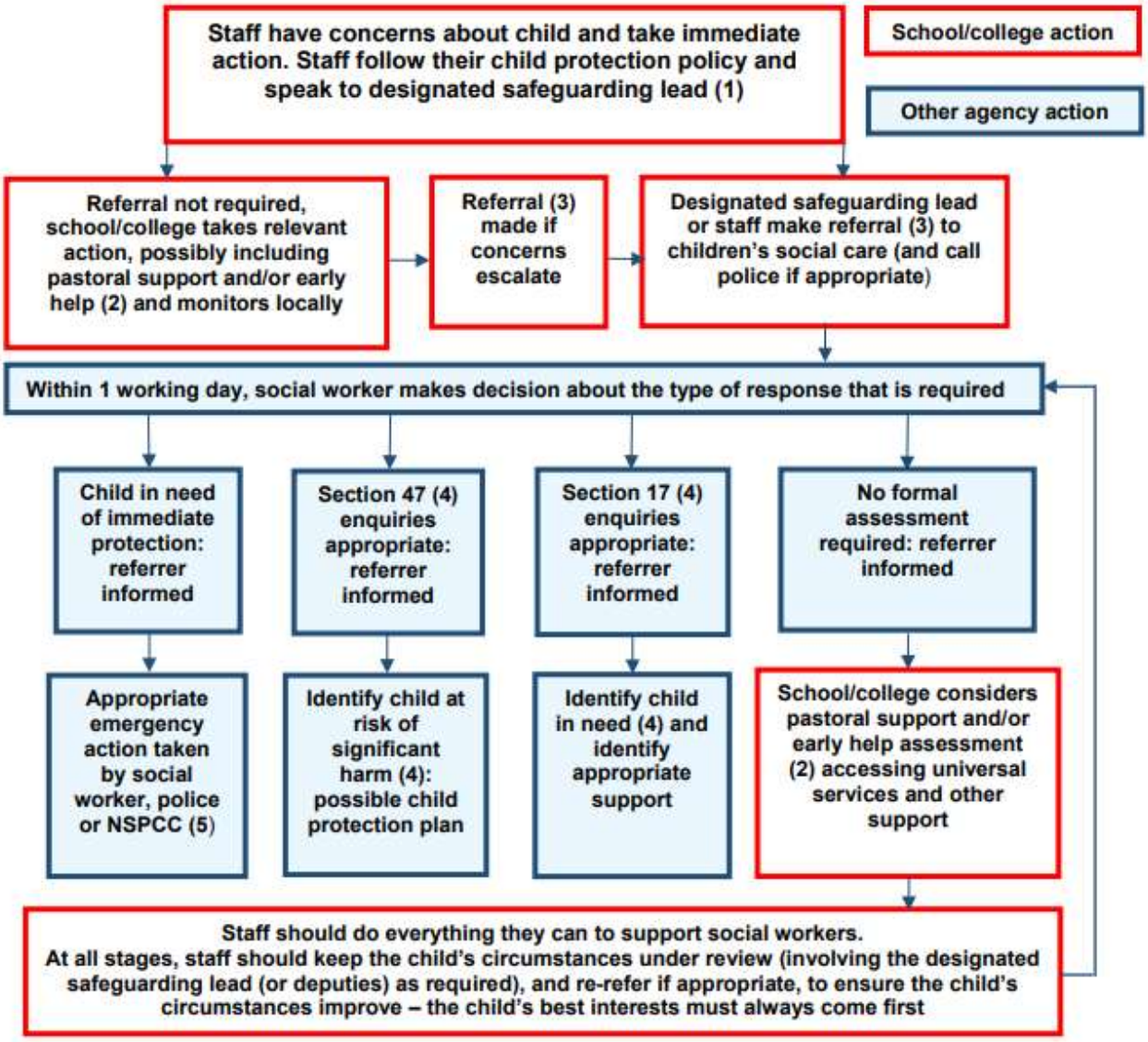

(1) In cases which also involve a concern or an allegation of abuse against a staff member, see Part Four of this guidance.

(2) Early help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. Chapter one of Working Together to Safeguard Children provides detailed guidance on the early help process.

(3) Referrals should follow the process set out in the local threshold document and local protocol for assessment. Chapter one of Working Together to Safeguard Children.

(4) Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989. Under section 47 of the Children Act 1989, where a local authority has reasonable cause to suspect that a child is suffering or likely to suffer significant harm, it has a duty to make enquiries to decide whether to take action to safeguard or promote the child's welfare. Full details are in Chapter one of Working Together to Safeguard Children.

(5) This could include applying for an Emergency Protection Order (EPO).

4.7 What to do if a child discloses something to you

(*For guidance on managing allegations against staff and volunteers see separate policy and KCSIE 2018*)

When a child makes a disclosure (tells you something of concern), always follow the four Rs – Receive, Reassure, React and Record.

Receive

- Listen to the child/young person. Take what the child/young person says to you seriously - if they are not believed or meet with shock, children and young people may retract what they have said.
- Accept what the child/young person says. Be careful not to burden the child/young person with guilt by asking, "Why didn't you tell me before?"

Reassure

- Stay calm. Reassure the child/young person that they have done the right thing in talking to you. Be honest with the child/young person. Do not make any promises that you are unable to keep, like "I'll stay with you", or "Everything will be all right now".
- Do not promise confidentiality.
- Try to alleviate any feelings of guilt that the child/young person displays, e.g. "You are not alone - you are not the only one this sort of thing has happened to".
- Acknowledge how hard it must have been for the child/young person to tell you what has happened.
- Give the child time and a safe place. Stay with them and be aware that they may fear reprisals for having told somebody. They may feel confusing emotions. Telling is an act of courage as well as an act of desperation.

React

- Avoid asking leading questions, for example "Did s/he .....?'
- Be careful about what you ask the child; you may taint any evidence being put before a court. Use open questions, such as, "Is there anything else you would like to tell me?" or "When did it happen?"
- Do not criticise the perpetrator. The child/young person may love him/her and reconciliation may be possible.
- Do not ask the child to repeat what has been said to another member of staff.
- Explain what you have to do next and to whom you have to talk to.
- Inform the designated safeguarding lead.
- Identify the support network available to yourself, as certain disclosures can be emotive. This may include staff counselling services.

Record

- As soon as is reasonably practicable record what has happened (electronically/paper)**.**
- Record; place, date, time and details of the child/young person involved. Record any noticeable nonverbal behaviour of the child/young person. If the child/young person uses their own words to describe sexual organs/acts, record the words spoken. Do not translate them into proper words.
- Use the 'skin map' on the reverse of the 'Note of concern' sheet to indicate positioning, size and location of any injuries identified/observed.
- Be objective in your recording. Include statements made and what you have seen, rather than assumptions or interpretations. Rely on FACT.
- Hand the record to the designated safeguarding lead. Do not destroy any notes. The court in any legal process may require them

Note:

1. Records should be filled in completely and should be as accurate and factual as possible to be about exactly what was seen, heard, said or noticed and when. Opinions, assumptions and interpretations **should not** be recorded, as they are clearly separate from the facts. If you do not feel confident to do this yourself, please ask for help.
2. Remember confidentiality, and do not discuss your concern with others unnecessarily.
3. Do not discuss your concerns with parents or carers unless this has been specifically agreed and authorised by the Designated Senior Person or Headteacher.

5 Areas of concern for the Designated Safeguarding Lead

The designated Safeguarding lead has a responsibility to consider all incidents in terms of contextual safeguarding. This simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare.

The key areas of work for the Designated Safeguarding Lead is around

- **Abuse: Physical, Emotional, Neglect, Sexual**
- **Peer on peer abuse**
- **Sexual violence and sexual harassment**
- **Sexting**
- **Child criminal exploitation incl. 'county lines'**
- **FGM**
- **Forced Marriage and 'Honour Based Violence'**

- **Modern Day Slavery or Human Trafficking**
- **Preventing radicalisation**
- **Prevent and Extremism**
- **Working with the Designated Teacher for Looked After Children**
- **Working with Personal Advisers for care leavers**
- **Working as Lead professional on some Early Help Cases**

5.1 Domestic Abuse

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

- psychological
- physical
- sexual
- financial
- emotional

Where there is domestic abuse in a family, the children/young people will always experience trauma sometimes in the longer term. The designated safeguarding lead will take appropriate action to ensure children and young people are kept safe, will engage with services to ensure appropriate help for emotional trauma experienced and will seek advice where necessary.

5.2 Children of Substance Misusing Parents/Carers

Misuse of drugs and/or alcohol is strongly associated with significant harm to children, especially when combined with other features such as domestic violence.
When the school receives information or evidence about drug and alcohol abuse by a child's parents/carers they will follow MASH referral procedures. This is particularly important if the following factors are present:

- use of the family resources to finance the parent's dependency, characterised by inadequate food, heat and clothing for the children.
- children exposed to unsuitable caregivers or visitors, e.g. customers or dealers.
- the effects of alcohol leading to an inappropriate display of sexual and/or aggressive behaviour.
- chaotic drug and alcohol use leading to emotional unavailability, irrational behaviour and reduced parental vigilance.
- disturbed moods as a result of withdrawal symptoms or dependency.

- unsafe storage of drugs and/or alcohol or injecting equipment.
- drugs and/or alcohol having an adverse impact on the growth and development of the unborn child.

5.3 Child Sexual Exploitation (CSE)

'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 (a) in exchange for something the victim needs or wants, and/or (b) 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.'
DFE 2017

Sexual exploitation can take many different forms from the seemingly 'consensual' relationship to serious organised crime involving gangs and groups. It is important to recognise that some young people who are being sexually exploited do not show any external signs of this abuse and may not recognise it as abuse

Further guidance is held in document : Child Sexual Exploitation (Feb 2017)

5.4 Sexual abuse including peer on peer abuse

Any suspicion of sexual abuse or actual disclosure by a child, including children under the age of 13, that he or she has been sexually abused must be referred immediately to the MASH team, who will contact the appropriate investigative agencies.

Parents/carers should not normally be informed at this stage as this may jeopardise the investigation and the safety of the child. Where there is an allegation of, or concern about, sexual abuse a strategy meeting will be held in order to decide on the most appropriate way to proceed. The referrer will normally be invited to the strategy meeting.

Further guidance is held in document: Sexual violence and harassment between children in schools and colleges (May 2018)

5.5 Child Criminal Exploitation incl County Lines

Child Criminal Exploitation refers to the use of children to conduct illicit activities normally for urban gangs, to allow them to operate in coastal or suburban areas

Further guidance is held in document: Criminal exploitation of children and vulnerable adults (Jul 2017)

5.6 Female Genital Mutilation (FGM)

Female genital mutilation includes procedures that intentionally alter or injure the female genital organs for non-medical reasons. FGM is carried out on children between the ages of 0–15, depending on the community in which they live. It is extremely harmful and has short and long term effects on physical and psychological health.

FGM is internationally recognised as a violation of the human rights of girls and women, and is illegal in most countries, including the UK. 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 believe FGM has been carried out.

School staff will be made aware of the signs and indicators that may alert them to the possibility of FGM. Any indication that FGM is a risk or is imminent will be dealt with under the child protection procedures in this policy.

Further guidance is held in document: Multi Agency Statutory guidance on Female Genital Mutilation (Apr 2016)

Professionals also need to be vigilant to the emotional and psychological needs of children who may/are suffering the adverse consequence of the practice (e.g. withdrawal, depression etc).

The Designated Safeguarding lead will make appropriate and timely referrals to social care via the single point of access if FGM is suspected to be a possibility and to the police if it is believed to have taken place. In these cases, parents will not be informed before seeking advice. The case will still be referred to social care even if it is against the pupil's wishes.

5.7 Forced Marriage/Honour Based Violence

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

"Honour-based" violence – is a term that embraces a variety of crimes of violence (mainly but not exclusively against women) including assault, imprisonment and even murder where the person is being punished by

their family and their community – children and young people are being punished for supposedly undermining what the family or community believe to be correct behaviour.

All cases of disclosures or concerns relating to forced marriage/honour based Violence will be reported directly to the DSL and the Police where it is deemed necessary. Information and advice will be sought from single point of access and referrals made to early help or social care where appropriate **(Appendix 1).**
Further guidance is held in document: Forced marriage (May 2018) www.gov.uk/guidance/forced-marriage

5.8 Modern day Slavery and human trafficking

The Modern Slavery Human Trafficking Unit (MSHTU) is a multi-agency organisation led by the the National Crime Agency. Designated Safeguarding Leads will work through the advice of MASH as well as through the National Referral Mechanism
Further guidance is held ion website :
http://www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre/national-referral-mechanism

5.9 Preventing Radicalisation

Safeguarding from radicalisation and extremism is no different from safeguarding from other forms of harm. All staff will clearly understand the pathways for vulnerable individuals and be aware of how to recognise vulnerability and mitigate the risks. The school mitigates risk by embedding British values of tolerance and respect.
The schools works in partnership with Haringey Prevent Tem to ensure the education of students , staff and families regarding radicalisation whether by illegal organisations such as "Muslims Against Crusades" or other non proscribed extremist groups such as the English Defence League.

What will school do?
If staff have concerns about a child or group of children being violent, or being drawn into violent extremism, or being vulnerable to this, they should respond as they would to all vulnerable children and follow the procedures below:

- Talk to the family and other professionals working with the young person about the concerns and get their views.

- Seek consent to complete an early help referral and get a holistic perspective on the situation. Determine if there are additional needs and if so how these could be met.
- Contact other relevant agencies and engage them in a Team Around the Child (TAC) approach to supporting the young person and their family.
- Liaise with the LA Prevent lead.

If you suspect someone is actually engaged in terrorist activity, contact the police or the anti-terrorist hotline immediately on 0800 789 321.
Further guidance is held in document: Prevent duty for schools and childcare providers (Jun 2015)

6.9 Channel

Channel is a joint initiative between the police and Haringey Council which offers support and guidance to local people who may be at risk of becoming involved in extremism, Channel is voluntary and once an assessment has been made can provide a support package tailored to the individual's needs. If you are concerned that someone you are working with is at risk of getting involved in extremism, contact the Channel Co-ordinator. To discuss any potential referral, please email: safercommunities@haringey.gov.uk

Further guidance is held in document: Channel guidance (Apr 2015)

5.10 Private Fostering

A private fostering arrangement is essentially an arrangement between families / households, without the involvement of a local authority, for the care of a child under the age of 16 (under 18 if disabled) by someone other than a parent or close relative (close relatives are parents, step-parents, siblings, siblings of a parent and grandparents) for **28 days or more**. The period for which the child is cared for and accommodated by the private foster carer should be continuous, but that continuity is not broken by the occasional short break.

Privately fostered children are a diverse, and sometimes vulnerable, group. Groups of privately fostered children include:

- Children sent from abroad to stay with another family, usually to improve their educational opportunities;
- Asylum seeking and refugee children;
- Teenagers who, having broken ties with their parents, are staying in short term arrangements with friends or other non-relatives;
- Children of prisoners placed with distant relatives;
- Language students living with host families;

- Trafficked children

  Private foster carers and those with parental responsibility are required to notify a LA children's social care of their intention to privately foster or to have a child privately fostered or where a child has been privately fostered in an emergency.

  Looked After or previously looked after Children

  Where is child is Looked After or previously looked after there will be sound work across the school to ensure their safeguarding. The Designated Safeguarding Lead working in tandem with the Designated Teacher for Looked After Children, the Virtual School Head and other agencies have a joint duty to ensure positive educational outcomes for children.

7. Safeguarding Priorities for St. Michael's C of E School in year 2018 -19

Priority 1 Agreeing and implementing a digital record keeping system

Rationale: it would enable us to have a more secure system. It would streamline our process and improve overall reporting as all staff would have permitted access to relevant areas.

Key focus is to procure and provide training so that system is in place by Summer 2019

Priority 2 Establishing a partnership with the Early help team.

Rationale: An effective safeguarding system is dependent on providing professional support. A large proportion of our cases are not live and for many of our families early help is a good proactive measure.

Key area for focus is to establish a meeting with a member of the team and form a regular contact

8.Safeguarding Priorities for the Borough of Haringey 2018-19

During this period LSCB and partners will continue partnership work to progress the 3 priorities identified within the LSCB Strategy 2016-21.. In addition to the priorities the partnership will also focus on:

- Developing further the partnership response to neglect following the Joint Targeted Area Inspection on neglect that took place in November 2017.

- Agreeing and implementing new safeguarding partnership arrangements in response to Social Work Act 2017 and Working Together to Safeguard Children 2018.

Priority 1 : Overhaul the ways in which agencies tackle chronic neglect
Rationale: *Roughly 1 in 10 children experience neglect – the most common form of child abuse in UK. It is the second most common factor identified in assessments.* Key areas of focus for 2018-19 to support this priority are the development and implementation of : • A partnership response - Early Help • A partnership approach to MASH • A partnership response – understanding thresholds and decision-making • Understanding the child's lived experience in Haringey • Supporting and developing the workforce To ensure the partnership response to neglect is effective a partnership and single agency action plans were drawn up – in response to the Neglect JTAI findings - to address identified areas for improvement

Priority 2 : Improve outcomes for children with vulnerabilities and those subject to particular risks
Rationale: it is recognised that there are vulnerabilities and risks to children and young people that require attention for which the Board has accountability. Key areas of focus for 2018-19 to support this priority are: - • Vulnerable children and young people's strategy is agreed and implemented. • Partnership assurance sessions will be held with partners regarding the effectiveness of safeguarding arrangements for children and young people experiencing FGM, radicalisation in respect of Prevent and Channel guidance, interventions for children after domestic abuse, preventing and managing sexually harmful behaviours, serious youth violence and harmful practices. These will provide assurance regarding safeguarding arrangements and identify appropriate actions to address areas for improvement. • LSCB is assured through the section 11 audit process that the partnership workforce is knowledgeable, confident and competent in identifying and supporting children with a range of vulnerabilities.

Priority 3: Develop high quality partnership working at all levels between our agencies including the strengthening of cross-borough partnership work.
Rationale: *An effective safeguarding system is dependent on professionals across the partnership effectively working together to put children at the system's centre and by every individual and agency playing their full part. Working Together to Safeguard Children 2018 emphasises that effective*

safeguarding systems are where i) children's needs are paramount; ii) professionals working with children and families are alert to their needs and any risks of harm; iii) information sharing is timely and appropriate; and iv) all professionals contribute to actions needed to safeguard children regularly reviewing outcomes against specific actions and plans. In November 2017 the JTAI on neglect identified some strengths to Haringey's safeguarding arrangements and several areas of improvement regarding the partnership's effectiveness.
The lives and experiences of our communities are not determined by borough boundaries in the same configuration as services. Children and families' cross borough boundaries for education, health and social reasons. Cross borough working can be useful to address certain safeguarding issues such as gangs, CSE and serious case reviews.

Key areas of focus for 2018-19 to support this priority are: -

- To evaluate impact and effectiveness of completed actions under this priority since 2016.
- For the strengths and learning from current partnership arrangements to inform the new Strategic Safeguarding Partnership arrangements as defined in Social Work Act 2017 and Working Together to Safeguard Child 2018.
- To work closely with other strategic boards – including Health & Well Being Board, Adult Safeguarding Board and Community Safety Partnership – to identify common agenda's and areas of work to avoid duplication and conflict in partnership working to ensure a consistent partnership approach.
- To strengthen cross borough working : -
    - within discussions and planning for new strategic partnership arrangements.
    - By exploring opportunities for cross borough working in relation to LSCB business and related services.

7. MANAGING AND PREVENTING ALLEGATIONS AGAINST STAFF

9.1 Any allegation of abuse made against a member of staff will be reported straight away to the head teacher. In cases where the head teacher is the subject of an allegation, it will be reported to the chair of governors.

The school will consult with the Local Authority Designated Officer (LADO) in the event of an allegation being made against any member of staff and adhere to the relevant procedures as set out in the school's managing allegations against staff and volunteers policy, Keeping Children Safe in Education and the LSCB's guidance, available on Haringey LSCB website.

The school will ensure that any disciplinary proceedings against staff relating to child protection matters are concluded in full, even when the member of staff is no longer employed at the school and that notification of

any concerns is made to the relevant authorities and professional bodies and included in references where applicable.

Staff who are the subject of an allegation have the right to have their case dealt with fairly, quickly, and consistently and to be kept informed of its progress. Suspension is not mandatory, nor is it automatic but, in some cases, staff may be suspended- refer to managing allegations against staff and volunteers policy for guidance.

Consideration must be given to the needs of the child and recognition that a child may make an allegation against an innocent party because they are too afraid to name the real perpetrator. It is rare for a child to make an entirely false or malicious allegation, although misunderstandings and misinterpretations of events do happen.

9.2 The school will ensure that all staff; paid and unpaid, are trained in good practice so that they can reduce the risk of allegations being made against them. Staff are aware of the need for maintaining appropriate and professional boundaries in their relationships with pupils and parents/carers as advised within the school's code of conduct. As part of the Induction process, all staff will receive guidance about how to create appropriate professional boundaries (in both the real and virtual world) with all children, especially those with a disability or who are vulnerable. All staff will be made aware that behaviour that contradicts the code of conduct, which takes place outside of school, may still lead to disciplinary procedures.

The school will ensure that staff and volunteers are aware that sexual relationships with pupils aged under 18 are unlawful and could result in legal proceedings taken against them under the Sexual Offences Act 2003 (Abuse of Trust).

The school will ensure that communication between pupils and adults, by whatever method, are transparent and take place within clear and explicit professional boundaries and are open to scrutiny (see social media policy).

9.3 Agreed procedures for staff to reduce risk of allegations

Working 1:1

This must always take place in a room where staff can be seen and / or heard from outside the room with the door open or appropriate window provision for viewing.

Use of personal mobile phones during school hours

Personal mobile phones should not be used in class. During breaks and lunchtimes, when not on duty, members of staff are free to use their personal mobile devices in designated areas. If members of staff use their equipment in this way they are still expected to follow professional standards and abide by the school's social media policy. Personal phones **must not** be used to take photographs of school activities. Staff should always use school-owned cameras or tablets if taking photographs of children.

Changing Pupils who have wet or soiled themselves (not SEN pupils)

If a child has wet or soiled themselves due to illness, the parent should be called to collect the child. If this will result in a delay, then the child will be changed by school staff. The procedure for changing a child who has wet themselves should be followed:

- member of staff collects clean clothing and wet wipes if required.
- child undresses themselves as appropriate in one of the toilet cubicles.
- member of staff waits outside the toilet cubicle.
- if the child needs assistance, the member of staff will call another member of staff in their phase to assist.
- both members of staff must be within sight of each other and the dignity of child maintained at all times.

Changing Pupils who have wet or soiled themselves (SEN pupils)

When changing children who require intimate care, it is ideal, although not always practical, that there are two members of staff who are involved in this. Again, please follow the guidance outlined above.

All changing of pupils must only be carried out by teachers, teaching assistants, midday supervisors or office support staff directly employed by the school. Volunteers, work-experience students, teacher training students, sports coaches and consultants must never change any pupil.

Physical Restraint of Pupils

A proportion of allegations against teachers and school support staff relate to incidents involving the physical restraint of pupils. In this school:

- there will be staff trained in the use of physical restraint;
- all staff will be trained in the use of positive behaviour supports and techniques to defuse crisis and conflict situations;
- training will be recurrent, with annual updates at a minimum, and will be appropriate to the type of school setting and to the age and developmental level of pupils;

- training will include information about the effects of medications pupils may be receiving and how restraint procedures might affect the physical wellbeing of the pupil during restraint procedures;
- training will include multiple methods for monitoring a pupil's well-being during a restraint;

10. SAFER RECRUITMENT; SINGLE CENTRAL RECORD, DBS CHECKS

Keeping Children safe in Education (2018) outlines safer recruitment processes in education settings. Safer recruitment at this school means that all applicants will:

- complete an application form
- provide two referees, including at least one who can comment on the applicants suitability to work with children
- provide evidence of identity and qualifications
- complete a barred list check and DBS check before taking up a post
- be interviewed, with at least one question referring to Child protection knowledge

The school staffing regulations require governing bodies of maintained schools to ensure that at least one person on any appointment panel has undertaken safer recruitment training as advised by their LSCB.

There are 3 types of DBS checks
Standard: this provides information about convictions, cautions, reprimands and warnings held on the Police National Computer (PNC), regardless or not of whether they are spent under the Rehabilitation of Offenders Act 1974. The law allows for certain old and minor matters to be filtered out;

• **Enhanced**: this provides the same information as a standard check, plus any approved information held by the police which a chief officer reasonably believes to be relevant and considers ought to be disclosed; and

• **Enhanced with barred list check**: where people are working or seeking to work in regulated activity with children, this allows an additional check to be made as to whether the person appears on the children's barred list

10.1 Single, Central record

It has been a requirement since 2007 that all schools must maintain a Single Central Record of recruitment and vetting checks. This was set out in the original publication 'Safeguarding Children and Safer Recruitment in Education (2007)' and updated in the DfE's September 2016 statutory guidance. The details of all staff and regular visitors or volunteers must be

kept on the school's single central record to ensure that checks have been carried out.
The statutory guidance states: "Generally, the information to be recorded …….. is whether or not the following checks have been carried out or certificates obtained, and the date on which the checks were completed:

- Full name and address checks
- a barred list check
- an enhanced DBS check
- a prohibition from teaching check
- further checks on people living or working outside the UK
- a check of professional qualifications
- a check to establish the person's right to work in the UK/visa details
- Self-declaration of disqualification by association/ disqualification from early years or childcare provision self-declaration form

This single central record is checked termly by the Headteacher and governor responsible for safeguarding to ensure there are no gaps in the record.

10.2 **Visitors and guest speakers to school**

Any outside speakers or visiting organisations will be cleared with the head teacher before booking. Staff will ensure that the speaker/organisation is complementing the programmes of study and teaching taking place in the school. Prior to the visit the content of the session will be discussed and it will be made clear to the visitor that behaviour management is the responsibility of the school staff who will remain present at all times.

10.3 Extended Schools by external providers

During before and after school activities, the school's arrangements for child protection as written in this policy shall apply.
Where services or activities are provided separately by another body, either on or off school site, the governing body will seek assurance that the body concerned has appropriate policies and procedures in place for safeguarding children and child protection and there are arrangements to liaise with the school on these matters where appropriate.

11. <u>ASSOCIATED POLICIES</u>

The following policies provide guidance on matters which may relate to safeguarding and should be read in conjunction with this policy;

- Staff Discipline, Conduct and Grievance
- Managing Allegations Against Other Children,(including Sexting)

- Managing Allegations Against Staff and Volunteers
- Sex and Relationships Education
- Whistle Blowing
- Social Media
- SEND
- Intimate Care
- Positive Handling
- Behaviour
- Anti Bullying
- E.safety
- Curriculum Statement.

Appendix 1: Categories of Abuse

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Children may be abused in an institutional or community setting, by those known to them, or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

There are four recognised types of abuse and it is important that all staff and volunteers know what they are and how to recognise them. These are;

Physical abuse

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

Signs of physical abuse:

- unexplained injuries or burns, particularly if they are recurrent
- improbable excuses given to explain injuries
- refusal to discuss injuries
- untreated injuries
- admission of punishment which appears excessive
- bald patches
- withdrawal from physical contact
- arms and legs kept covered in hot weather
- fear of returning home
- fear of medical help
- self-destructive tendencies
- aggression towards others
- running away

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact , including penetrative or non-penetrative acts. They may include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.

Signs of sexual abuse:

- sudden changes in behaviour or school performance
- displays of affection in a sexual way inappropriate to age

- tendency to cling or need reassurance
- tendency to cry easily
- regression to younger behaviour such as thumb sucking, acting like a baby
- complaints of genital itching or pain
- distrust of a familiar adult or anxiety about being left with a relative, babysitter or lodger
- unexplained gifts of money
- depression and withdrawal
- apparent secrecy
- wetting day or night
- sleep disturbance or nightmares
- chronic illness, especially throat infection or venereal disease
- anorexia or bulimia
- unexplained pregnancy
- fear of undressing eg. for sport
- phobias or panic attacks

Not all sexually abused children will show clear signs of disturbance. Some will be model pupils displaying none of the characteristic signs of sexual abuse.

Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child causing severe and persistent adverse effects on the child's emotional development, often by making them feel they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person, age or developmentally inappropriate expectations being imposed on children, causing children to feel frightened, or in the exploitation or corruption of children.
Some level of emotional abuse is involved in all types of maltreatment of a child, though it may also occur alone.

Signs of emotional abuse:

- physical, mental and emotional development lags
- admission of punishment which appears excessive
- over reaction to mistakes
- continual self-deprecation
- sudden speech disorders
- fear of new situations
- inappropriate emotional responses to painful situations
- neurotic behaviour (eg. rocking, hair twisting, thumb sucking)
- self-mutilation
- fear of parents being contacted
- extremes of passivity or aggression

- drug/solvent abuse
- running away
- compulsive stealing or scavenging
- social isolation
- desperate attention-seeking behaviour
- depression, withdrawal
- air of detachment ('don't care' attitude)

Neglect

Neglect is the persistent failure to meet a child's basic and/or psychological needs, likely to result in serious impairment to 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
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment

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

Signs of neglect:

- constant hunger
- poor personal hygiene
- constant tiredness
- poor state of clothing
- emaciation
- frequent lateness or poor attendance
- untreated medical problems
- destructive tendencies
- low self-esteem
- neurotic behaviour
- poor or no social relationships
- running away
- compulsive stealing or scavenging

Poverty and neglect are totally different – they are not equivalent states.

Appendix 2 : Signs of Safety Principles:

- √ respect and honour families and children as people to do business with
- √ co-operate with the person not the abuse
- √ recognise that cooperation is possible even in the most difficult situations
- √ recognise that all families have some signs of safety that is working well
- √ maintain a clear and relentless focus on safety
- √ learn what the family & child want – what realistic goals can the family set & achieve?
- √ always search for detail through questions – be curious and balanced in your views and don't ignore new evidence
- √ focus on small change for families that is incremental – what can they do and what do they need to do it?
- √ don't confuse information gathering with judgements
- √ offer families some choices
- √ treat every interaction as an occasion for change
- √ accept that children and their families are the best judges of whether what we are doing is working and seek feedback

Signs of Safety Assessment and Planning Form

What are we Worried About?	What's Working Well?	What Needs to Happen?
Past Harm to Children: Action/Behaviour – who, what, where, when; Severity; Incidence & Impact. **Danger Statements:** Future Danger for Children. Worries for the future if nothing changes. **Complicating Factors:** Factors which make the situation more difficult to resolve.	**Existing Strengths:** Best attributes of parenting **Existing Safety/Protection:** The strengths demonstrated as protection over time. Must directly relate to danger.	**Safety Goals:** Future Safety/ Protection What must the caregivers be doing in their care of the child that addresses the future danger? **Family Goals:** What does the family want generally and in relation to safety? **Next Steps:** What are the next steps to be taken to move towards achieving the goal?
Safety Scale: **On a scale of 0 to 10 where 10 means the children are safe enough and Children's Social Care no longer need to be involved and 0 means it is too unsafe for the children to stay at home,** **where do we rate this situation?** *(If different judgements place different people's number on the continuum).* **0** ⟷ **10**		

What are we Worried About?	What's Working Well?	What Needs to Happen?
Past Harm to Children: Danger Statements: Complicating Factors:	Existing Strengths: Existing Safety/Protection:	Safety Goals: Family Goals: Next Steps:

Safety Scale: On a scale of 0 to 10 where 10 means the children are safe enough and Children's Social Care no longer need to be involved and 0 means it is too unsafe for the children to stay at home, where do we rate this situation?
(If different judgements place different people's number on the continuum).

0 ⟷ **10**

Appendix 3 Needs of Children & Young People

This table sets out the possible indicators/features for to be aware of to identify Child's level of need and the potential services they may need to help meet their needs.

This is not a definitive list but does show core areas that will help identify when to make a referral or undertake an assessment.

Concern	**Level 1-Universal** Child with no additional needs	**Level 2-Targeted** Child at low risk to vulnerable. Low-level additional needs not met in short term.	**Level 3-Specialist** Child has complex needs requiring long team specialist support	**Level 4-Statutory** Child has acute needs requiring intensive specialist / statutory involvement
	This list is only a quick reference guide. Remember there maybe multiple concerns.			
Behaviour	▪ Child engages in age appropriate behaviours and self-control. ▪ Child demonstrates appropriate response in feelings and actions	▪ Child displays a lack of self-control unusual in children of their age. ▪ Child has some difficulties with family /adult and peer relationships. ▪ Child displays some inappropriate responses / behaviour.	▪ Child becoming involved in negative disruptive / challenging behaviours/ activities. ▪ Child regularly displays lack of self-control unusual for child of their age. ▪ Child displays abuse / neglect towards vulnerable adults or animals ▪ Child has poor family / adult and peer relationships. ▪ Child finds it difficult to cope with anger and frustration.	▪ Child displays little or no self-control which seriously impacts on relationships with those around them putting child / others at risk ▪ Child's challenging behaviour results in serious risk to child and / or others. ▪ Parents / carers not good role model & condones child's challenging behaviour. ▪ Child cannot maintain relationships
Child Sexual Exploitatio	▪ No concerns of CSE ▪ Child's positive sense of self and abilities reduces	▪ Child has a negative sense of self and abilities and suffers with low self-esteem making	▪ Child's negative sense of self/low self-esteem contributes to their	▪ Child's vulnerability results from their negative sense of self/low esteem, that is exploited by

Concern	**Level 1-Universal** Child with no additional needs	**Level 2-Targeted** Child at low risk to vulnerable. Low-level additional needs not met in short term.	**Level 3-Specialist** Child has complex needs requiring long team specialist support	**Level 4-Statutory** Child has acute needs requiring intensive specialist / statutory involvement
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n (CSE)	the risk that they will be targeted by peers or adults who wish to exploit them.	them vulnerable to peers and adults who pay them attention and/or show them affection but do so in order to exploit them.	involvement with peers and/or adults thought to be treating them badly and/or encouraging their involvement in self-harm and/or criminal behaviour. ▪ Child regularly goes missing and family do not know where Child is.	others causing them harm. ▪ Child frequently goes missing and fails to account for their locations or discloses situations indicating risk of CSE ▪ MASE assesses high risk of CSE. ▪ Child trafficked to UK for sexual exploitation.
Developme nt	▪ Child is developing and growing well ▪ Child is healthy and does not have a physical or mental health condition or disability ▪ Child possesses age appropriate ability to understand and organise information and solve problems ▪ Child makes adequate academic progress. ▪ Young person is in education, employment or training	▪ Some concerns on the growth and development of Child. ▪ Child has a mild physical or mental health condition or disability which affects their everyday functioning but can be managed in mainstream schools ▪ Child under-achieving or is making limited academic progress.	▪ Significant concerns that child's developmental milestones not met. ▪ Child has physical/mental health condition, chronic and recurrent health problem or disability significantly affecting their everyday functioning and access to education ▪ Child not making academic progress despite learning support strategies in place over a period of time. ▪ Young person refuses to engage in educational or	▪ Developmental milestones significantly delayed or impaired. ▪ Child has complex physical/mental health condition or disability, which has adverse impact on their physical, emotional or mental health and access to education. ▪ One or more children's needs (e.g. disability, behaviour, long-term conditions) have a significant impact on the day-to-day lives of Child/children and their siblings and/or parents.

Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
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			employment and are increasingly socially isolated. ▪ Young person not in education, employment or training (NEET) and is not likely to reach their potential.	
Disability	**Child** ▪ Child has no disability. ▪ Child with disabilities is accessing universal services without support.	▪ Child with disabilities who is accessing services may need additional support and/or advice.	▪ Child has permanent & substantial disabilities who require targeted services and whose needs not be met by services without someone to support them.	▪ Severe disability is identified ante-nataly ▪ Child's complex physical/mental health condition, or disability, has adverse impact on their physical, emotional or mental health and access to education.
	Parent/Carer/Extended Family ▪ Family members do not have disabilities/serious health conditions. ▪ Physical health/learning disabilities of the parent/carer does not affect the care of Child.	▪ Physical needs of the parent/carer impacts upon the care of Child. ▪ Parents/carers learning difficulties occasionally impedes their ability to provide consistent patterns of care but without putting Child at risk. ▪ Family members have	▪ Physical needs of the parent/ carer significantly affect their care of child. ▪ Parents/carers learning disabilities are affecting the care of their child. ▪ Siblings or other members of Family have a disability/serious health condition impact on Child.	▪ Parent/carers physical/mental health needs significantly affect care of child placing them at risk of significant harm. ▪ Parents/carers learning disabilities severely affecting care of child placing them at risk of significant harm. ▪ Siblings/other members of Family have disabilities/health concerns that are seriously

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		disabilities /serious health conditions that require additional support.		affecting child and putting them at risk of significant harm.
Honour Based Violence	▪ No concerns Child may be subject to honour-based violence.	▪ There is concern that Child may be subject to honour-based violence.	▪ Allegation of honour based violence or intended honour based violence is raised	▪ Evidence that Child may be subject to honour based violence.
Domestic Abuse	▪ Expectant mother/ parent/carer is in a healthy relationship. ▪ There are no incidents of violence in Family or history of violence between by family members or new partners.	▪ Historic incidents of physical and/or emotional violence in Family. ▪ Harmful impact of incidents is moderated by other protective factors within Family who are able to look after Child when there are arguments /disputes in Family home. ▪ Information has become known that a person living in the house may be a previous perpetrator of domestic abuse, although no sign of abuse are apparent. ▪ Perpetrator shows insight	▪ Expectant mother/parent/carer is victim of previous domestic abuse and is a victim of increasing or more serious incidents of domestic abuse. ▪ One or more adult family members is physically and emotionally abusive to another adult family member/s ▪ Perpetrator/s show limited or no commitment to changing their behaviour and little understanding of the impact their violence has on Child. ▪ Perpetrator is emotionally harming Child/ren who	▪ Expectant mother/parent/carer is current victim of domestic abuse, which is increasing in severity, frequency or duration. ▪ One or more adult members of family is perpetrator of persistent and/or serious physical and emotional violence, which may also be increasing in severity, frequency or duration. ▪ Perpetrator/s show no commitment to changing their behaviour and no understanding of the impact their violence has on Child. ▪ Perpetrator is emotionally harming Child/ren who witness

Concern	**Level 1-Universal** Child with no additional needs	**Level 2-Targeted** Child at low risk to vulnerable. Low-level additional needs not met in short term.	**Level 3-Specialist** Child has complex needs requiring long team specialist support	**Level 4-Statutory** Child has acute needs requiring intensive specialist / statutory involvement
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		and accepts support	witness or are otherwise aware of the violence. ▪ Child has/or continues to witness adult in household physical or emotional abuse to another household member. ▪ Child shows signs of the impact of Domestic Abuse, i.e. aggression or passive behaviour. ▪ Confirmation previous domestic abuse perpetrator residing at property.	or are otherwise aware of the violence. ▪ Children may also be at risk of physical violence if, for example, they seek to protect the adult victim. ▪ Child is at high risk of, or is already either a perpetrator or a victim of serious abusive behaviour
Emotional Well Being / Abuse	▪ Child is provided with an emotionally warm and stable family environment. ▪ Child engages in age appropriate activities and displays age appropriate behaviours. ▪ Child has a positive sense of self and abilities. ▪ Able to demonstrate	▪ Child's experiences parenting that shows a lack of emotional warmth or it is inconsistent. ▪ Child beginning to develop a negative sense of self and abilities. ▪ Child at risk of becoming involved in negative behaviour/ activities – i.e. challenging behaviour,	▪ Child experiences a volatile and unstable family environment and this is having a negative effect on Child. ▪ Child has negative sense of self and abilities to the extent it is affecting their daily outcomes. ▪ Child is becoming involved in negative behaviour/ activities,	▪ Child suffered long- term neglect of the emotional needs. ▪ Child at high risk of, or already involved in sexual or other exploitation either as a perpetrator or victim ▪ Child has such a negative sense of self and abilities that there is evidence or likelihood that this is causing harm. ▪ Child frequently exhibits

Concern	**Level 1-Universal** Child with no additional needs	**Level 2-Targeted** Child at low risk to vulnerable. Low-level additional needs not met in short term.	**Level 3-Specialist** Child has complex needs requiring long team specialist support	**Level 4-Statutory** Child has acute needs requiring intensive specialist / statutory involvement
	This list is only a quick reference guide. Remember there maybe multiple concerns.			
	empathy	substance misuse. ▪ Child has some difficulties with family/peer relationships ▪ Child displays inappropriate responses and actions ▪ Child does not always understand impact of own actions on others	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 and puts them at risk of grooming and exploitative relationships with peers or adults.	negative behaviour or activities that place self or others at imminent risk including chronic non-school attendance. ▪ Child is withdrawn /unwilling to engage.
Female Genital Mutilation (FGM)	▪ No concerns that Child may be subject to FGM	▪ Concern that Family may have a history of practising FGM ▪ Female child is born to a woman who has undergone FGM ▪ Female child has an older sibling or cousin who has undergone FGM ▪ Female child's father comes from a community known to practise FGM ▪ Family indicate that there are strong levels of influence held by elders and/or elders	▪ Family believe FGM is integral to cultural or religious identity. ▪ Female child talks about a long holiday to her country of origin or another country where the practice is prevalent. ▪ Female child or parent state that they or a relative will go out of the country for a prolonged period.	▪ Female child or sibling confides that they will be having a 'special procedure' or attending a special occasion to 'become a woman'. ▪ A parent or family member expresses concern that FGM may be carried out on Female child. ▪ Female child requests help because she is aware or suspects that she is at immediate risk of FGM. ▪ A mother/family member discloses that Female child has

Concern	**Level 1-Universal** Child with no additional needs	**Level 2-Targeted** Child at low risk to vulnerable. Low-level additional needs not met in short term.	**Level 3-Specialist** Child has complex needs requiring long team specialist support	**Level 4-Statutory** Child has acute needs requiring intensive specialist / statutory involvement
	This list is only a quick reference guide. Remember there maybe multiple concerns.			
		are involved in bringing up female children ▪ Female child from practising community is withdrawn from Personal, Social, Health and Economic (PSHE) education or its equivalent. ▪ Increased emotional/psychological needs, i.e. Withdrawal or depression, or significant change in behaviour. ▪ Female child is missing from education for a period.		had FGM.
Forced Marriage	▪ Concern that child may be subject to Forced Marriage.	▪ Concern that child may be subject to forced marriage.	▪ Allegation of forced marriage or intended forced marriage is raised	▪ There is evidence that Child may be subject to forced marriage.
Health (Physical)	▪ Good physical health ▪ Adequate diet, hygiene, exercise. ▪ Regular dental & optical care.	▪ Health problems maintained in mainstream school. ▪ Child/parent do not attend health / medical appointments. ▪ Defaulting on immunisations check and/or dental care. ▪ Child is overweight.	▪ Chronic / recurring health problems. ▪ Child has health condition/disability requiring regular treatment that child / parent refuses and affects child's health.	▪ Serious physical & emotional health problems. ▪ Parents/Carers fail to access health services causing Child harm ▪ Medical referral for non-organic failure to thrive in child under 5 years

Concern	**Level 1-Universal** Child with no additional needs	**Level 2-Targeted** Child at low risk to vulnerable. Low-level additional needs not met in short term.	**Level 3-Specialist** Child has complex needs requiring long team specialist support	**Level 4-Statutory** Child has acute needs requiring intensive specialist / statutory involvement
	This list is only a quick reference guide. Remember there maybe multiple concerns.			
				▪ Early teenage pregnancy
Health (Mental Health)	**Child** ▪ Good state of mental health ▪ Child has not suffered a significant loss, e.g. close family member or friend	▪ Persistent minor mental health problems – perhaps resulting in less than 90% school attendance ▪ Child has suffered a bereavement or trauma recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well.	▪ There is no evidence that Child has accessed mental health and advice services and suffers recurrent mental health problems as a result. ▪ Child has suffered bereavement or trauma recently or in the past and does not appear to be coping. ▪ Child appears depressed and/or withdrawn and there is concern that they might be/are self-harming or feeling suicidal.	▪ Refuses medical care endangering life and suffers chronic mental health problems as a result. ▪ Emerging acute mental health problems including threat of suicide, psychotic episode or severe depression. ▪ Child has suffered bereavement or trauma and is self- harming and/or disclosing suicidal thoughts. ▪ Child appears to suffer with an eating disorder.
	Parent/Carer/Extended Family ▪ No concerns about parents/carers mental health.	▪ Mother with young baby and postnatal depression. ▪ Parent / carer experiencing bouts of anxiety and depression and have sought support around this (e.g. GP).	▪ Parental / carer with learning disability, mental ill health. ▪ Parent / carers experiencing chronic episodes of mental ill health (psychotic (including perinatal)/ bi-polar / suicide) and engaged with long-term community mental health	▪ Child subject of parental delusions implying risk. ▪ Parent / carer has mental ill health but no insight into this and is not engaged in support offered or the condition causes significant harm.

Concern	**Level 1-Universal** Child with no additional needs	**Level 2-Targeted** Child at low risk to vulnerable. Low-level additional needs not met in short term.	**Level 3-Specialist** Child has complex needs requiring long team specialist support	**Level 4-Statutory** Child has acute needs requiring intensive specialist / statutory involvement
	This list is only a quick reference guide. Remember there maybe multiple concerns.			
			support to address.	
Housing	▪ Family accommodation is appropriate, stable, clean, warm, and tidy and there are no hazards that could affect the safety or wellbeing of Child. ▪ Neighbourhood is a safe and positive environment. ▪ Family is legally entitled to live in the country and has full rights to employment and public funds.	▪ Family's accommodation is stable but home itself is not kept clean, tidy, and not always free of hazards. ▪ Family home would benefit from improvements to support the needs of Child or parent/carer with a disability. ▪ Family home is overcrowded and does not meet the needs of Family ▪ Child affected by low level challenging behaviour in the locality. ▪ Neighbourhood is known to have groups of children and/or adults who are engaged in threatening and intimidating behaviour and child is intimidated/feels threatened in area. ▪ The parent/carer's is in low	▪ Family's home is consistently poor and constitutes health and safety hazards including hoarding ▪ Accommodation is not appropriate for a child or parent/carer with a disability ▪ Neighbourhood or locality is having a negative impact on child – i.e. child is victim of challenging behaviour or crime, (including sexual or other forms of harassment) and is at risk of being further victimized ▪ Family's legal status puts them at risk of involuntary removal from country ▪ Family have limited financial resources/no recourse to public funds. ▪ Family at risk of eviction for rent arrears	▪ Family's home is consistently dirty and constitutes health and safety hazards including hoarding. Family has no stable home, and is moving from place to place or 'sofa surfing'. ▪ Accommodation is overcrowded or does not meet the needs of Family. ▪ Accommodation is not appropriate for a child or parent /carer with a disability. ▪ Multiple complex needs e.g. substance misuse, domestic abuse, mental health and finance history of numerous house moves, unstable accommodation. ▪ Risk of homelessness and eviction. ▪ Neighbourhood is having a profoundly negative effect on Child who has been a repeated

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		level rent arrears/accessing debt support services for housing arrears ▪ Family's legal entitlement to stay in the country restricts access to public funds and/or the right to work placing Family under stress.		victim of anti- social behaviour and/or crime and is now at high risk of sexual and other forms of exploitation. ▪ Family members detained and at risk of deportation ▪ Child is unaccompanied asylum-seeker. ▪ Evidence child exposed to, or involved in, criminal activity to generate income for family.
Gangs	▪ Child's activities are legal. ▪ There is no history of criminal offences within Family. ▪ Family members are not involved in gangs / organised crime	▪ Child has from time to time been involved in challenging behaviour. ▪ There is a history of criminal activity within Family. ▪ There is suspicion, or some evidence that Family are involved in gangs / organised crime.	▪ Child is involved in challenging behaviour and may be at risk of gang involvement. ▪ Criminal record relating to serious or violent crime is held by a family member, which may affect children. ▪ There is a known family involvement in gang/organised crime activity.	▪ Child is currently involved in persistent or serious criminal activity ▪ A family member that is affecting children holds criminal record relating to serious or violent crime. ▪ There is a known involvement in gang / organised crime activity affecting significantly on child and family. ▪ Child is currently involved in persistent or serious criminal activity.

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Child Mental Ill Health	▪ No concerns about child's mental health	▪ Some concerns about mental health	▪ Child self-harms causing minor injury and parents appropriately respond. ▪ Child's mental ill health and associated behaviour is causing parents / carers great concern. ▪ Child's mental ill health affects ability to engage in everyday activity.	▪ Serious mental health issues. ▪ Child repeatedly self-harms / harm is life threatening and /or parent responds inappropriately. ▪ Parent / carer does not feel able to manage child's mental ill health.
Parental Mental Ill Health	▪ No concerns about parental / carers mental health.	▪ Mother with young baby and post-natal depression. ▪ Parent / carer experiencing bouts of anxiety and depression and have sought support around this (e.g. GP).	▪ Parental / carer with learning disability, mental ill health. ▪ Parent / carers experiencing chronic episodes of mental ill health (psychotic / bi-polar / suicide) and engaged with long-term community mental health support to address.	▪ Child subject of parental delusions implying risk. ▪ Parent / carer has mental ill health but no insight into this and is not engaged in support offered.
Missing	▪ Child does not run away or is absent from home/care/school. ▪ Their parents or carers always know Child's whereabouts.	▪ Child has run away from school, home/care on occasions or not returned at normal time. ▪ There is concern about what happened to Child whilst they were away.	▪ Regularly missing from home /care /education ▪ Child missing but whereabouts known and there is a concern about what happened to child whilst missing ▪ Child is suspected of engaging	▪ Child persistently missing from home / care/education ▪ Child is engaging in risky behaviours whilst they are away ▪ Concern child might be being sexually exploited or being drawn into criminal

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			in risk taking behaviour whilst missing	behaviour.
Neglect	*Remember children experiencing neglect may present with other areas of concern that may distract from neglect as underlying issue*			
	▪ Child is appropriately dressed. ▪ Child's nutritional and health needs are met. ▪ Child has injuries consistent with normal play and activities ▪ Child is provided with emotionally warm and stable family environment	▪ Child shows physical symptoms that may indicate neglect i.e. poor hygiene, tooth decay ▪ Child, or their siblings, consistently come to nursery / school in dirty clothing or they are unkempt/soiled ▪ Child has less common injuries consistent with parent/carer's account. ▪ Parents seek out or accept advice on how to avoid accidental injury. ▪ Parent occasionally appears to prioritise own needs before child's.	▪ Child, or siblings, consistently come to school in dirty clothing that is inappropriate for weather and/or they are unkempt/soiled. ▪ Parent/carers are reluctant or unable, to address concerns and put own needs before child. ▪ Child has injuries i.e. bruising, scalds, burns and scratches, which are accounted for but more frequently than expected. ▪ Child experiences a volatile / unstable family environment which has negative effect on child ▪ Child displays behaviour consistent with neglect i.e.	▪ Child shows severe physical signs of neglect i.e. thin / swollen tummy, poor skin tone, rashes, sores, prominent bones , poor hygiene or tooth decay which are attributable to care provided ▪ Child consistently wears dirty or inappropriate clothing and are suffering significant harm as result i.e. unable to fully participate at school, are being bullied, are physically unwell ▪ Child has injuries, i.e. bruising, scalds, burns and scratches, which are not accounted for. Child makes disclosure and implicates parents or extended family members. ▪ Child has suffered long term neglect of the emotional needs

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			non-adherence to boundaries, challenging behaviour, crime, use of drugs, passive, vulnerable, bullied.	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 ▪ Parent/carer does not consider child's needs.
Offending	▪	▪	▪ Child at risk of re-offending ▪ Child involved in serious youth violence.	▪ Youth Offending Service involved
Parenting	▪ Parents provide for all child's physical needs. ▪ Child protected from danger / significant harm in / out of home. ▪ Child shown warmth, praise & encouragement. ▪ Parent provides appropriate guidance & boundaries.	▪ Affected by low income / unemployment. ▪ Poor parental engagement with services. ▪ Parent requires advice on parenting. ▪ Concerns re diet, hygiene, clothing. ▪ Emerging concerns. ▪ Parent/carer offers inconsistent	▪ Child's care impacted by extreme poverty / debt. ▪ Privately fostered by distant relative. ▪ Abuse allegation with no injury in non-mobile child. ▪ No consistent good enough parenting	▪ Parents unable to care for child without support. ▪ Unable to provide safe and adequate parenting ▪ Highly critical / apathetic towards child.
Physical Abuse				▪ Inconsistent explanation, or hospital admission, re: non-accidental injury. ▪ Child suspected as being

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				subjected to significant harm due to fabricated / induced illness
Radicalisation	▪ Child and family have no links to proscribed terrorist groups ▪ Open & accepting of difference, ▪ Accesses social media in age appropriate manner	▪ Child and/or their parents/carers have indirect links to proscribed organisations, for example, they attend religious or social activities that are, or have been in the recent past, attended by members of proscribed organisations. ▪ Expresses intolerant prejudiced views linked to extreme violent ideology ▪ Child at risk of accessing extremist websites ▪ 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.	▪ Family members, family friends or friends of Child have strong links with prescribed organisations. ▪ Aggressive & intimidating towards their peers not sharing / or sharing their political or religious views. ▪ Open to extremist grooming, through internet /links with extremist groups. ▪ Child has connections to known extremist individuals / groups ▪ Child expresses intolerant views towards peers and this leads to them being socially isolated. ▪ Child is engaged in negative and harmful behaviours associated with internet and social media use, (such as	▪ Child or other close family members or friends are members of proscribed organisations. ▪ Confirmed/strong suspicions child linked to/involved with individuals or groups known to have extreme views and to have links to violent extremism. ▪ Child expresses strongly held beliefs that people should be killed because they have a different view. ▪ Child is initiating verbal and sometimes physical conflict with people who do not share their religious or political views. ▪ Significant concerns that child is being groomed for involvement in extremist activities. ▪ Child conceals internet/social

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		▪ Child is expressing sympathy for inappropriate ideologies. ▪ Child has expressed racist, sexist, homophobic or other prejudiced views and violent extremism.	viewing extremist websites). ▪ Child often interacts negatively or has limited interaction with those they perceive as holding different views from themselves. ▪ A child is being sent violent extremist imagery by family members / family friends or is being helped to access it. ▪ Child and/or their parents/carers express strong support for extremist views.	media activities and either refuses to discuss their views or make clear their support for extremist views. ▪ Child circulating violent extremist images and promoting the actions of violent extremists and/or saying they will carry out violence in support of extremist views. ▪ Parents/carers either do not challenge this activity or appear to endorse it. ▪ Child/family members making plans to travel to a conflict with evidence to suggest they are doing so to support or participate in extremist activities.
Relationships (Social Context)	▪ Child maintains good relationships and positive interaction with family and a range of peers. ▪ Child demonstrates accepted behaviour and	▪ Parents / carers' relationship difficulties may affect child. ▪ Parents under stress, which affects their parenting capacity. ▪ Child has few friendships	▪ Child is becoming isolated ▪ Child unable to sustain friendships and moves between different social groups in school ▪ Child declines to participate in	▪ Child is completely isolated ▪ Child has poor social skills (little or no communication skills may be related to an expressive language disorder) ▪ Positive interaction with others

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	tolerance towards their peers and others. ▪ Child is confident in social situations ▪ Child engages in age appropriate use of internet, gaming and social media. ▪ Family is integrated in the community	and limited social interaction with their peers ▪ Child is a victim of discrimination or bullying. ▪ Family is experiencing social exclusion and/ or there is an absence of supportive community networks. ▪ Child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications. ▪	social activities. ▪ Child has experienced persistent or severe bullying which has affected his/her daily outcomes. ▪ Family is chronically socially excluded and isolated to the extent that it has an adverse impact on Child. ▪ Family have a limited support network. ▪ 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.	is severely limited. ▪ Child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community, and which impacts on their wellbeing or safety. ▪ Child experienced such persistent or severe bullying that his/her wellbeing is at risk. ▪ Family is excluded and child is seriously affected but family actively resists all attempts to achieve inclusion and isolates child from sources of support. ▪ Family experiencing chronic social exclusion. ▪ No support network. ▪ Child showing signs of being secretive, deceptive and is actively concealing internet/social media activities or showing signs of addiction (gaming, pornography).

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School	▪ Achieving key stages ▪ Good attendance at school, college or training	▪ Occasional truanting or non-school attendance (less than 90%) ▪ Poor punctuality/links between home and school. Child not supported to reach educational potential. ▪ Developmental delay ▪ Few/no qualifications or NEET (not in education, employment or training) ▪ Fewer than 3 exclusions ▪ Mild learning/behavioural difficulties emerging, poor concentration, lack of interest in education and other school activities. ▪ Child's achievement is impacted by poor attendance.	▪ Chronic/poor nursery or school attendance / punctuality ▪ Poor home and nursery/school link. No parental support for education. ▪ More than 3 fixed term exclusions / at risk of permanent exclusion, persistent truanting or no education provision. ▪ Statement of Special Education Needs or ongoing difficulty with learning and development. ▪ No access to books, toys or education materials	▪ Chronic non-school attendance, truanting ▪ No parental support for education ▪ Permanently excluded, frequent exclusions or no education provision ▪ Severe/complex learning difficulties require residential educational provision ▪ Child maybe permanently excluded/not in education putting them at high risk of CCSE. ▪ Child's achievement is seriously impacted by lack of education
Self-Harm	▪ Child or young person has shown no indication to experiment with self-harm.	▪ Child or young person has experimented with self-harm and has no intention to self-harm again. ▪ Child is accessing social	▪ Child or young person is continuing to self-harm and there are underlying issues causing distress. ▪ Child is influenced through	▪ Child or young person needs immediate protection to avoid serious harm (e.g. self-harm is increasing, persistent suicidal thoughts, plans or means to

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		media sites related to self-harm	accessing self-harm social media sites	suicide, suspected abuse or neglect). ▪ Child appears to suffer with an eating disorder.
Sexual Abuse	▪ No evidence of sexual abuse. ▪ Sexual activity appropriate for age.	▪ History of sexual abuse within family or network but parents respond appropriately to protect child. ▪ Concerns relating to inappropriate sexual behaviour in the wider family.	▪ Family home has in the past been used on occasion for drug taking /dealing, prostitution or illegal activities. ▪ Unsafe sexual activity (including engaging in age inappropriate relationships, no contraception).	▪ Concerns around possible inappropriate sexual behaviour from the parent/carer. ▪ Parent/ carer/family member/ visitor to the home sexually abuses Child. ▪ Risk the parent/carer may sexually abuse their child and he/she does not accept therapeutic interventions. ▪ Family home used for drug taking and/or dealing, prostitution, illegal activities. ▪ Child is being sexually abused/exploited. ▪ Offender who has risk to children status is in contact with Family.
Sexual Health	▪ Sexual activity is appropriate for age	▪ Sexual activity aged 13-15 where there are also concerns of Fraser	▪ Unsafe sexual activity ▪ Sharing of sexual images ▪ Not accessing sexual health /	▪ Sexual activity under the age of 13 (involving genital contact)

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		competence, grooming, power imbalances, possible Child Sexual Exploitation (CSE). ▪ Child under 16 is accessing sexual health and contraceptive services.	contraceptive services ▪ History of Sexual Transmitted Diseases (STDs)	▪ Risk taking sexual activity ▪ Early teenage pregnancy ▪ Sexual partner known to the Police/ in position of trust/family member
Substance Misuse	▪ Child has no history of substance misuse or dependency. ▪ There is no evidence of parents, siblings or other household members misusing drugs or alcohol. ▪ Parental drug and alcohol use does not affect parenting.	▪ Child is known to be using drugs and/or alcohol. ▪ Drug and/or alcohol use is affecting parenting but adequate provision is made to ensure Child's safety. 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 ▪ The substance/alcohol misuse of siblings or other household members occasionally affects Child.	▪ Drug/alcohol use has escalated. ▪ The frequency of the known child's substance misuse is affecting their mental health, physical health and social wellbeing. ▪ Drug paraphernalia in their home, Child feeling unable to invite friends to the home, Child worrying about their parent/carer. ▪ Siblings' or other household members' drug or alcohol misuse is increasingly affecting Child.	▪ Child's substance misuse dependency puts them at such risk that intensive specialist resources are required. ▪ Parental drug and/or alcohol use is at a problematic level that they 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 child in procuring illegal substances, and dangers of overdose. ▪ Substance misuse of siblings or other household members is

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				significantly adversely affecting child.
Trafficking	▪ Child/family are legally entitled to live in the country indefinitely and have full rights to education and public funds.	▪ Child/family's legal entitlement to stay in the country is temporary and/or restricts access to public funds placing Child and family under stress. ▪	▪ Child/family's legal status puts them at risk of involuntary removal from the country (for example, asylum seeking families or illegal migrant/worker who may have been trafficked) ▪ The immigration status means they have limited financial resources/no recourse to public funds, which increases the vulnerability of Children to criminal activity (e.g. illegal employment, CSE).	▪ Family members are detained and at risk of deportation or Child is an unaccompanied asylum-seeker. ▪ Evidence that child has been exposed to, or involved, in criminal activity because of being trafficked into the country or to support themselves or generate income for family (e.g. illegal employment, CSE).
Young Carer	▪ Child does not have any caring responsibilities	▪ Child occasionally has caring responsibilities for members of their family and this impacts on their opportunities ▪ Family are accessing support through either Brent Carers or other organisation	▪ Child's outcomes are adversely impacted on by their caring responsibilities. ▪ Family refuse to access support services.	▪ Child's outcomes are being adversely impacted on by their unsupported caring responsibilities which have been on-going for a lengthy period and are unlikely to end in the foreseeable future

You can contact Haringey MASH (Multi-Agency Safeguarding Hub)

020 8937 4300

(8.45am to 5.00pm Monday to Thursday 8.45am to 4.45pm Fridays)

Outside of normal office, hours contact Emergency Duty Team Tel: 020 8489 0000

Email: mashreferral@haringey.gcsx.gov.uk

Appendix 4 – Note of concern form

St Michael's CofESt Michael's CofE School
DATE……..

SAFEGUARDING CHILDREN – CAUSE FOR CONCERN

If you have concerns about a child, complete this form and discuss the concerns with the Designated Safeguarding Lead (DSL) soon as possible (within one working day)

If you are concerned about an injury e.g. a bruise, use a body map to identify the position and be specific about the size, and colour of the bruise on the body.

If a child has made a disclosure, do not promise to keep it a secret. Tell the Designated Safeguarding Lead (DSL) immediately and write down everything the child has told you.

N.B. At all stages confidentiality is crucial.

Child's Name:	**Date of birth:**
Nature of Concern / Incident: (Please give full details of the nature of the concern, ensuring that you record dates, times, frequencies, as appropriate and any relevant conversations with the child.)	
Date concern noted:	
Any additional information incl. previous events:	
Staff member's name and Role:	

Date passed on to DSL:		
Initial action taken: (this section might include details of initial enquiries of the child, consultation with the DSL, contact with Safeguarding Advisory Service, any contact with or explanations from mother/ father/carers etc.)		
Date:	**Time:**	**Staff Signature:**
Date:	**Mother/Father/Carers Signature:** **Print names**	

Recommended follow up action:

Date and time of notification of DSL ……..

Name and signature of DSL ……..

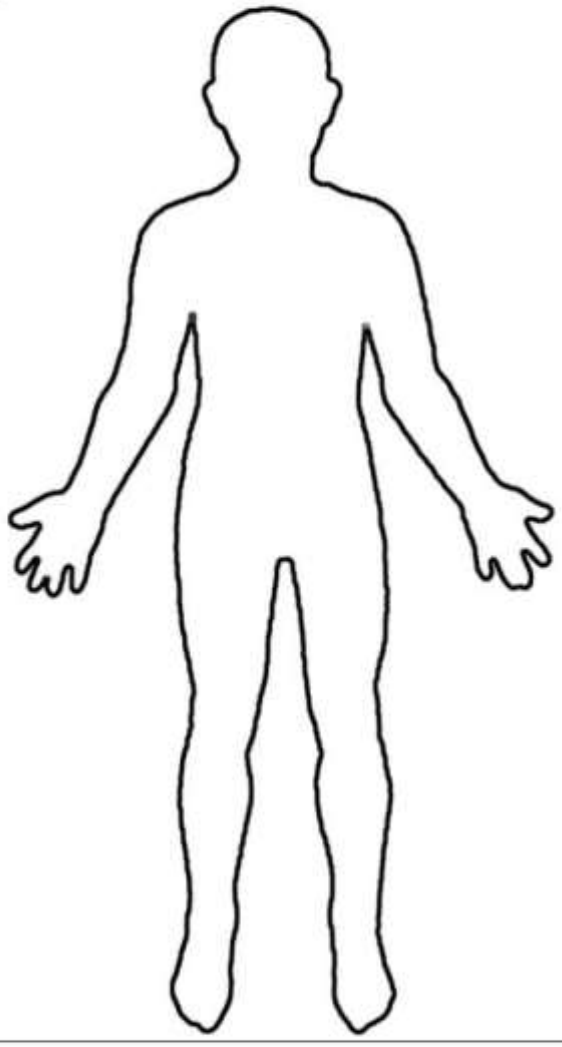
Date of report……..

***This report to be filed separate from the child's learning and development records by the DSL.**

Skin map – used by non-medical staff to assist you in reporting your concerns.
Please highlight:

Front view Back view

Left Right



Action: To be completed by the designated person for child protection

THIS IS A DOUBLE-SIDED SHEET
Any discussion to be recorded separately on a note of discussion sheet.

Appendix 5 Private Fostering

What is Private Fostering?

A private fostering arrangement is essentially one that is made privately (that is to say without the involvement of a local authority) for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative with the intention that it should last for 28 days or more.

Who is Private Foster Carer?

A child may be privately fostered if s/he does not live with:

- Parent or legal guardian
- Grandparent
- Brother or sister

Some Common Examples of Private Fostering:

- A teenager who isn't getting on with their parents so goes to live with a friend's family.
- Parents who pay someone to care for their children while they are away working or studying.
- Children who are sent from abroad to live with other families in the UK.
- Children who are placed with a family friend or relative as a result of parental separation, divorce, arguments at home or a parent being hospitalised.

If you think that a child may be privately fostered or is about to enter into a private fostering arrangement, then you must follow this process:

→ Make your Safeguarding Lead and Head Teacher aware of the situation

↓

- A referral then needs to be made to the MASH

↓

MASH team will refer onto appropriate agency who will then gather information to determine whether child is privately fostered

↓

If the child is privately fostered then the case will be allocated to a Social Worker who will assess, visit and support the child, parents and private foster carer.

What to do on ICS: ICS has a process specific to Private Fostering. Using this process is the correct way to log information on Privately Fostered children and helps information to be collated from ICS.