



**SAFEGUARDING & CHILD PROTECTION
POLICY**

SAFEGUARDING & CHILD PROTECTION POLICY

This school is committed to safeguarding, child protection and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment

Named staff/personnel with specific responsibility for Safeguarding and Child Protection.

This policy will be reviewed annually.

Academic Year	Designated Safeguarding Lead (DSL)	Back Up DSL	Prevent Lead
September 2021 – July 2022	The Aspire Hub, Burnley – Stacey Faulkner The Aspire Hub, Bolton – Katherine Jackson Outreach – Carol Woodall Both sites – Lauren Bullock	The Aspire Hub, Burnley – Gillian Bullock The Aspire Hub, Bolton – Georgia Costello Outreach – Danny Maher	Gillian Bullock
September 2020- July 2021	Carol Woodall - Bolton Hub Gillian Bullock - Burnley Hub	Jennifer Jackson Bolton Hub Linda Wyld Burnley Hub	Gillian Bullock
September 2019 - July 2020	Elizabeth Overy	Gillian Bullock	Gillian Bullock
September 2018 – July 2019	Elizabeth Overy	Gillian Bullock	Gillian Bullock
Feb 2017 – September 2017	Elizabeth Overy	Gillian Bullock	Gillian Bullock

Safeguarding for Designated Staff in School (DSL's should refresh their training every 2 years KCSIE 2018)

Name of Staff Member	Area of Business	Date when last attended Safeguarding Training	Date when last attended Prevent Training	Provided by Whom
Gillian Bullock	The Aspire Hub, Bolton + Burnley	15/03/2017 23/10/2019 08/10/2019 30/08/2021		Phil Threlfall – Safeguarding Support Phil Threlfall – Safeguarding Training Phil Threlfall – DSL Training
			13/04/2017	High Speed Training
Danny Maher	Outreach	23/07/2019 08/10/2019 30/08/2021		Phil Threlfall – Safeguarding Training
				Phil Threlfall – DSL Training

Jennifer Jackson	The Aspire Hub, Bolton	08/10/2019 30/08/2021		Phil Threlfall – DSL Training
Linda Wyld	The Aspire Hub, Burnley	08/10/2019		Phil Threlfall – DSL Training
Carol Woodall	Outreach	08/10/2019 30/08/2021		Phil Threlfall – DSL Training
Stacey Faulkner	The Aspire Hub, Burnley	30/08/2021		Phil Threlfall – DSL Training
Katherine Jackson	The Aspire Hub, Bolton	30/08/2021		Phil Threlfall – DSL Training
Georgia Costello	The Aspire Hub, Bolton	30/08/2021		Phil Threlfall – DSL Training
Lauren Bullock	The Aspire Hub, Bolton + Burnley	30/08/2021		Phil Threlfall – DSL Training

Safer Recruitment Training

Name of Staff Member	Date when attended	Provided by whom
Keri Latham	October 2021	Highspeed Training (online course)
Jennifer Jackson	24/01/2019	Bolton LA
Lauren Bullock	09/08/2017	Highspeed Training (online course)
Michael Wood	09/08/2017	Highspeed Training (online course)
Gillian Bullock	2013	Bolton LA
Danny Maher	2013	Bolton LA

1. PURPOSE OF A SAFEGUARDING AND CHILD PROTECTION POLICY

An effective child protection policy is one which provides clear direction to staff and others about expected codes of behaviour in dealing with child protection issues. An effective policy also makes explicit, The Hub's commitment to the development of good practice and sound procedures. This ensures that child protection concerns and referrals may be handled sensitively, professionally and in ways which prioritise the needs of the child.

This policy has been written/updated in line with the new Keeping Children Safe in Education September 2021

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021914/KCSIE_2021_September_guidance.pdf

Substantial changes have been made to the updated guidance, it is essential that all staff read and understand everything in Part 1.

We ensure we have met the following changes:

- Further information on child criminal and sexual exploitation
- Guidance on responding to peer-on-peer abuse, including sexual harassment



- Additional guidance on online safety, including remote education

All staff have attended training of the current and up to date Keeping Children Safe in Education 2021 document. This involved all staff being given a copy of the document and taking part in the online quiz in September 2021 as part of our training INSET day. All staff have completed the KCSiE Guidance summary document 2021. All staff signed to say this training was received.

All staff attended either Safeguarding Training or DSL Training, conducted by External party, Phil Threlfall, held on Friday 30th August 2021 at The Aspire Hub, Bolton.

2. INTRODUCTION

The Aspire Hub fully recognises the contribution it can make to protect children and support pupils. There are three main elements to our Safeguarding and Child Protection Policy.

a. Prevention

Creating a positive atmosphere, teaching and support to pupils where children have opportunities to have a voice and that their wishes and feelings are listened to and taken into account.

b. Protection

By following agreed procedures, ensuring staff are trained to recognised possible signs and symptoms of abuse and are trained and supported to respond appropriately and sensitively to child protection concerns.

c. Support

To pupils and staff and to children who may have been abused.

This policy applies to all adults, including volunteers, working in or on behalf of Aspire Behaviour Management Ltd.

3. THE HUB COMMITMENT

The Aspire Hub recognise that high self-esteem, confidence, peer support and clear lines of communication with trusted adults helps all children, and especially those at risk of, or suffering abuse.

The Aspire Hub will therefore:

- Establish and maintain an ethos where children feel secure and are encouraged to talk, and are listened to. That they have opportunities to talk and their wishes and feelings are listened to and taken into account.
- Ensure that children know that there are adults in The Hub who they can approach if they are worried or are in difficulty.
- Include in the curriculum activities and opportunities which equip children with the skills they need to stay safe and/or communicate their fears or concerns about abuse.
- Include in the curriculum material which will help children develop realistic attitudes to the responsibilities of adult life, particularly with regard to children and parenting skills. To enable them to develop to their full potential and enter adulthood successfully.
- Ensure that every effort will be made to establish effective working relationships with parents/carers, schools and colleagues from other agencies.

4. FRAMEWORK

Effective safeguarding systems are those where:

- The child's needs are paramount, and the needs and wishes of the child, be they be a baby or infance, or an older child, should be put first, so that every child received the support they need before a problem escalates.

- All professionals who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to those children.
- All professionals share appropriate information in a timely way and can discuss concerns about an individual child with the DSL and recognise their responsibilities in sharing information with the local authority or children's social care where they feel that appropriate action has not been taken by the DSL or their concerns have not been taken seriously.
- High quality professionals are able to use their expert judgement to put the children's needs at the heart of the safeguarding system so that the right solutions can be found for each individual child.
- All professionals contribute to whatever actions are needed to safeguard and promote the child's welfare and take part in regularly reviewing the outcomes for the child against specific outcomes.

Safeguarding is the responsibility of ALL adults and especially those working with children.

5. ROLES AND RESPONSIBILITIES

The Aspire Hub must ensure that:

- They comply with their duties under legislation. They must have regard to this guidance to ensure that the policies, procedures are effective and comply with the law at all times.
- The DSL to take leadership responsibility for the organisation's safeguarding arrangements.
- There are appropriate policies and procedures in place in order for appropriate action to be taken in a timely manner to safeguard and promote children's welfare.
- The above policies and procedures, particularly concerning referrals of cases of suspected abuse and neglect, are followed by all staff.
- There are appropriate safeguarding responses to children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect including sexual abuse or exploitation and to help prevent the risks of their going missing in future.
- An appropriate senior member of staff, is appointed to the role of designated safeguarding lead (DSL). The DSL should take lead responsibility for the safeguarding and child protection. This should be explicit in the role-holder's job description.
- During term-time the DSL and or a back-up DSL should always be available (during working hours) for staff to discuss any safeguarding concerns. It is a matter for individual settings and safeguarding lead to arrange adequate and appropriate cover arrangements for any out of hours/out of term activities.
- The DSL lead and any deputies should undergo training to provide them with the knowledge and skills required to carry out the role. The training should be updated every two years.
- The Aspire Hub contributes to inter-agency working in line with statutory guidance – [Working together to safeguard children](#)
- Their safeguarding arrangements take into account the procedures and practice of the local authority.
- They recognise the importance of information sharing between professionals and local agencies.
- All staff members undergo safeguarding and child protection training at induction.
- In addition all staff members should receive regular safeguarding and child protection updates (for example, via email, e-bulletins, staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.
- They recognise the expertise staff build by undertaking safeguarding training and managing safeguarding concerns on a daily basis. Opportunity should therefore be provided for staff to contribute to and shape safeguarding arrangements and child protection policy.
- Appropriate filters and appropriate monitoring systems are in place.
- Children are taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.
- Should prevent people who pose a risk of harm from working with children adhering to statutory responsibilities to check staff who work with children, taking proportionate decisions on whether to ask for any checks beyond what is required; and ensuring volunteers are appropriately supervised. The setting should have written recruitment and selection policies and procedures in place.

- At least one person has undertaken safer recruitment training.
- There are procedures in place to handle allegations against any staff.
- There must be procedures in place to make a referral to the Disclosure and Barring Service (DBS) if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have been had they not resigned. **This is a legal duty and failure to refer when the criteria are met is a criminal offence.**
- Their child protection policy includes procedures to minimise the risk of peer on peer abuse and sets out how allegations of peer on peer abuse will be investigated and dealt with, all staff will be able to reassure victims of abuse that they are being taken seriously and will be supported. The policy should reflect the different forms peer on peer abuse can take, make clear that abuse is abuse and should never be tolerated or passed off as “banter” or “part of growing up”. It should be clear as to how victims of peer on peer abuse will be supported.
- Governors and proprietors should ensure sexting and the schools approach to it is reflected in the child protection policy.
- The child protection policy reflects the different gender issues that can be prevalent when dealing with peer on peer abuse.
- Where there is a safeguarding concern the child’s wishes and feelings are taken into account when determining what action to take and what services to provide. Systems should be in place for children to express their views and give feedback. Ultimately any systems and processes should operate with the **best** interests of the child at their heart.
- Staff have the skills, knowledge and understanding necessary to keep looked after children safe. In particular, they should ensure that appropriate staff have the information they need in relation to a child’s looked after legal status.
- Their child protection policy reflects the fact that additional barriers can exist when recognising abuse and neglect of children with special educational needs (SEN) and disabilities.

The Principal should ensure that:

- The policies and procedures are fully implemented and followed by all staff.
- She/he will be the case manager and liaises with the LA designated officer in the event of allegations of abuse being made against a member of staff or volunteer.
- She/he received appropriate child protection training which is regularly updated
- She/he will ensure that sufficient resources and time are allocated to enable the staff to discharge their responsibilities, will help to create an environment where all staff and volunteers feel able to raise concerns about poor or unsafe practice in regard to children and will address any concerns sensitively and effectively in a timely manner in accordance with the agreed whistle blowing policies.

The DSL is expected to:

- Refer cases of suspected abuse to the local authority children’s social care as required
- Support staff who make referrals to local authority children’s social care
- Refer cases to the Channel programme where there is a radicalisation concern as required
- Support staff who make referrals to the Channel programme
- Refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required
- Refer cases where a crime may have been committed to the Police as required
- Liaise with the Lead to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations
- As required, liaise with the “case manager” (as per Part four) and the designated officer(s) at the local authority for child protection concerns (all cases which concern a staff member)
- Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant staff.
- Undergo training to provide them with the knowledge and skills required to carry out the role. This training should be updated at least every two years
- Undertake Prevent awareness training

- Refresh their knowledge and skills at regular intervals, as required, but at least annual, to allow them to understand and keep up with any developments relevant to their role
- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
- Ensure each member of staff has access to and understands the settings child protection policy and procedures, especially new and part time staff
- Are alert to the specific needs of children in need, those with special educational needs and young carers
- Are able to keep details, accurate, secure written records of concerns and referrals
- Understand and support the setting with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of the radicalisation.
- Obtain access to resources and attend any relevant or refresher training courses
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures that the setting may put in place to protect them.
- Ensure the settings child protection policies are known, understood and used appropriately
- Ensure the settings child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly, and work with proprietors regarding this
- Ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school or college in this
- Link with the local authority to make sure staff are aware of training opportunities and the latest local policies on safeguarding
- Always be available (during working hours) for staff in the setting to discuss any safeguarding concerns and arrange adequate and appropriate cover arrangements for any out of hours/out of term activities

6. PROCEDURES

Where it is believed that a child is suffering from, or is at risk of significant harm, we will follow the procedures set out in the document produced by Lancashire Safeguarding Children Board (2015)

All staff will have access to the Safeguarding and Child Protection policy and will work within it.

A copy of the policy will be made publicly available via the Aspires website or by other means.

All parents/carers will be made aware of the settings responsibilities in relation to safeguarding and that the setting will refer all cases of suspected abuse to Children's Social Care via a statement in the prospectus.

All staff will receive induction on day one including a copy of the relevant policies.

All staff via staff meeting will be advised of changes to policy and procedures including when the Safeguarding and Child Protection Policy has been updated.

7. CONFIDENTIALITY

Confidentiality is an issue which needs to be discussed and fully understood by all those working with children, particularly in the context of child protection.

The basic principles of information sharing are the 7 Golden Rules of Information Sharing (Data Protection Act 1998 (2008))



Staff will be reminded on a regular basis of the 7 Golden Rules and in their Safeguarding training, will be informed that they must never promise to keep secrets, that if a child asks them to keep a secret they will tell them that they cannot keep secrets and that any information that indicates that they or another child or adult is being harmed or is at risk of being harmed will be shared with DSL's named within this policy.

Professionals can only work together to safeguard children if there is an exchange of relevant information between them. Any disclosure of personal information to others, (including Children's Social Care Services), must always have regard to both common and statute law.

Normally, personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of that information (Data Protection Act 1998). Wherever possible, consent should be obtained before sharing personal information with third parties. In some circumstances, consent may not be possible or desirable, but the safety and welfare of a child dictate that the information should be shared. The law permits the disclosure of confidential information necessary to safeguard a child or children. Disclosure should be justifiable in each case, according to the particular facts of the case, and legal advice should be sought if in doubt.

8. RECORDS AND MONITORING

Well-kept records are essential to good child protection practice. Our setting is clear about the need to record any concerns held about a child or children within our setting, the status of such records and when these records, or parts thereof, should be shared with other agencies.

All concerns regarding children and any disclosures made will be recorded on the settings agreed proforma. This will be done as soon as possible and within 24 hours of the disclosure and then given to the DSL or if not available will be given to the backup DSL. It is recognised that in some cases the initial reporting to the DSL will be verbal and enable a timely response to the concerns raised.

Records should include: a clear and comprehensive summary of concern, details of how the concern was followed up and resolved and notes of any actions taken.

The DSL will then make a decision regarding any further action in accordance with the Local authority procedures Continuum of Need and thresholds guidance.

Where a referral to Children's Social Care and/or the police is required, it will normally be the DSL that undertakes this action, but recognising that anyone can make a referral to CSC and/or the police.

The child protection files will be stored securely in a central place and only those who are DSL trained will have open access to them. The DSL/backup DSL will share information on a need to know basis.

It is recognised that best practice is that there will be a verbal handover between the DSL and the DSL at the receiving setting prior to the file transfer happening. This will be transferred separately from the main file, ensuring secure transit and confirmation of receipt should be obtained.

9. SUPPORTING PUPILS AT RISK

Our setting recognises that children who are abused or who witness violence may find it difficult to develop a sense of self-worth and to view the world in a positive way. Whilst at the setting, their behaviour may still be challenging and defiant and they may even be moved to consider alternative provision.

It is also recognised that some children who have experienced abuse may in turn abuse others. This requires a considered, sensitive approach in order that the child can receive appropriate help and support.

The Aspire Hub will endeavour to support pupils through:

- a. The curriculum, to encourage self-esteem and self-motivation
- b. The settings ethos, which promise a positive, supportive and secure environment and which gives all pupils and adults a sense of being respected and valued
- c. The implementation of the Behaviour Policy (required under the Code of Practice, 1993 Education Act)
- d. A consistent approach, which recognises and separates the cause of behaviour from that which the child displays. This is vital to ensure that all children are supported within the setting
- e. Regular liaison with other professionals and agencies who support the pupils and their families, in-line with appropriate confidentiality parameters.
- f. A commitment to develop productive, supportive relationships with parents, whenever possible and so long as it is in the children best interests to do so
- g. The development and support of a responsive and knowledgeable staff group, trained to respond appropriately to child protection situations.

We recognise that, statistically, children with behavioural difficulties and disabilities are particularly vulnerable to abuse. Staff who are, in any capacity, with children with Special Educational Needs and Disabilities, and/or emotional and behaviour problems will need to be particularly sensitive to signs of abuse and be aware that additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

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

Staff are well placed to observe any physical, emotional or behavioural signs which indicate that a child may be suffering significant harm. The relationships between staff, pupils, parents, schools and the public which foster respect, confidence and trust can lead to disclosures of abuse, and/or staff being alerted to concerns.

DEFINITIONS

As in the Children's Act 1989 and 2004, a child is anyone who has not yet reached his/her 18th birthday. Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by others e.g. via the internet. They may be abused by an adult or adults, or another child or children.

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.

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

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The

activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males, women can also commit acts of sexual abuse, as can other children.

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

Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate caregivers)
- Ensure access to appropriate medical care or treatment

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

10. TAKING ACTION TO ENSURE THAT CHILDREN ARE SAFE

All staff and volunteers follow the Child Protection Procedures.

It is **not** the responsibility of the staff to investigate or determine the truth of any disclosure or allegation of abuse or neglect. All staff, however, have a duty to recognise concerns and maintain an open mind.

Accordingly, all concerns indicating possible abuse or neglect will be recorded and discussed with the DSL prior to any discussion with parents.

It must also be stressed that children can be exposed to a range of issues, whether that be in their home environment or communities, examples of these would be where there is domestic abuse, drug or alcohol misuse, parental mental ill health issues, children vulnerable to violent extremism (radicalisation), female genital mutilation, honour-based violence, child sexual exploitation and gang activity, then children may also be particularly vulnerable and in need of support or protection.

Bruising to Non-Mobile Children

All non-mobile children who are observed with injuries/bruises must be considered as possible subjects of non-accidental injury and referred for immediate paediatric assessment (non-mobile children include very young children or children of any age with motor development delays or physical disabilities that restrict mobility).

In addition:

When there is no explanation or there is cause for concern about the explanation that is offered for the injury the child must be referred to children's social care to consider the need for a S.47 enquiry, as per current procedures;

Even if the explanation appears satisfactory, children's social care (CSC) should still be informed of the referral for paediatric assessment (as per current procedures). In these circumstances, CSC will review its records and any relevant information will be shared with the examining paediatrician. CSC will also assist with further information gathering at the request of the examining paediatrician should this be required.

Go to Flowchart in Appendix 3 for procedure

11. SPECIFIC SAFEGUARDING ISSUES

Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example, information for settings can be found on the MindEd and NSPCC websites. Keeping Children Safe in Education 2021, lists a range of specific safeguarding issues



There is also further information regarding some of these issues:

Radicalisation

Radicalisation refers to the process by which a person comes to support terrorism and form of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people.

Staff will be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Staff will use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately.

Prevent Duty Guidance:

<https://www.gov.uk/government/publications/prevent-duty-guidance>

Modern Slavery

The Modern Slavery Act 2015 placed a new statutory duty on public authorities, including schools, to notify the National Crime Agency (NCA) (Section 52 of the Act) on observing signs or receiving intelligence relating to modern slavery, e.g. human trafficking, slavery, sexual and criminal exploitation, forced labour and domestic servitude. The public authority bears this obligation where it has 'reasonable grounds to believe that a person may be a victim of slavery or human trafficking'.

Currently, victims of human trafficking who are identified by a 'first responder', including local authorities, can be referred to the NCD via the NRM (National Referral Mechanism) however this is on a voluntary basis and with the adult victims consent.

Children do not need to give their consent to be referred to the NCA.

Female Genital Mutilation

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

Professional in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

Indicators:

FGM: multi agency practice guidelines: <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

Pages 16-17 – indicators

Pages 42 – the role of an educational setting

Also S5.19 - <http://panlancashirescb.proceduresonline.com/index.htm>

From, October 2015, all teachers who discover (either by disclosure by the victim or visual evidence) that FGM appears to have been carried out on a child under the age of 18 must immediately report this themselves to the police and involved CSC as appropriate. (Statutory duty to report from October 2015 – section 5B of the FGM Act 2003 (S74 as inserted – Serious Crime Act 2015).

Child Sexual Exploitation

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) received "something" e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money etc. as a results of them performing or

others performing on them, sexual acts or activities. Child sexual exploitation grooming can occur through the use of technology without the child's immediate recognition; for example, being persuaded to post sexual images on the internet/mobile phone without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion, and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young persons limited availability of choice resulting from their social/economic and/or emotional vulnerability. Via the curriculum, staff will raise awareness around positive healthy relationships and where appropriate specifically raise awareness of CSE and the grooming process. Any concerns re CSE will be reported to the DSL who will contact the relevant local authority if necessary

Child Criminal Exploitation

Criminal exploitation of children and vulnerable adults is a geographically widespread form of harm that is a typical feature of county lines activity and is defined as:

“Child Criminal Exploitation is common in county lines and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology.”

County lines is a major, cross-cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery and missing persons; and the response to tackle it involves the police, the National Crime Agency, a wide range of Government departments, local government agencies and VCS (voluntary and community sector) organisations.

The UK Government defines county lines as:

“County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of “deal line”. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.”

County lines activity and the associated violence, drug dealing, and exploitation has a devastating impact on young people, vulnerable adults and local communities.

Like other forms of abuse and exploitation, county lines exploitation:

- Can affect any child or young person (male or female) under the age of 18 years;
- Can affect any vulnerable adult over the age of 18 years;
- Can still be exploitation even if the activity appears consensual;
- Can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- Can be perpetrated by individuals or groups, males or females, and young people or adults; and
- Is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

One of the key factors found in most cases of county lines exploitation is the presence of some form of exchange (e.g. carrying drugs in return for something). Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection). It is important to remember the unequal power dynamic within which this exchange occurs and to remember

that the receipt of something by a young person or vulnerable adult does not make them any less of a victim. It is also important to note that the prevention of something negative can also fulfil the requirement for exchange, for example a young person who engages in county lines activity to stop someone carrying out a threat to harm his/her family.

Who is vulnerable?

- Children as young as 12 years old being exploited or moved by gangs to courier drugs out of their local area; 15-16 years is the most common age range
- Both males and females being exploited
- White British children being targeted because gangs perceive they are more likely to evade police detection but a person of any ethnicity or nationality may be exploited
- The use of social media to make initial contact with children and young people
- Class A drug users being targeted so that gangs can takeover their homes (known as 'cuckooing').

Gangs are known to target vulnerable children and adults; some of the factors that heighten a person's vulnerability include:

- Having prior experience of neglect, physical and/or sexual abuse
- Lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example)
- Social isolation or social difficulties
- Economic vulnerability
- Homelessness or insecure accommodation status
- Connections with other people involved in gangs
- Having a physical or learning disability
- Having mental health or substance misuse issues;
- Being in care (particularly those in residential care and those with interrupted care histories)
- Being excluded from mainstream education, in particular attending a Pupil Referral Unit.

Signs to look out for:

- Persistently going missing from school or home and / or being found out-of-area;
- Unexplained acquisition of money, clothes, or mobile phones
- Excessive receipt of texts / phone calls and/or having multiple handsets
- Relationships with controlling / older individuals or groups
- Leaving home / care without explanation
- Suspicion of physical assault / unexplained injuries
- Parental concerns
- Carrying weapons
- Significant decline in school results / performance
- Gang association or isolation from peers or social networks
- Self-harm or significant changes in emotional well-being

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741194/HOCountyLinesGuidanceSept2018.pdf

Children missing from education (CME)

A child going missing from education is a potential indicator of abuse or neglect. It is essential that all staff are alerted to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns which as traveling to conflict zones, Female Genital Mutilation, Honour Based Violence and forced marriage.

Peer on Peer Abuse



Staff should recognise that children are capable of abusing their peers. Abuse is abuse and should never be tolerated or passed off as “banter” or “part of growing up”.

Victims of peer abuse should be supported as they would be if they were the victim of any other form of abuse, in accordance with this policy. A victim should never be given the impression that they are creating a problem or feel ashamed by reporting abuse, sexual violence or sexual harassment

Children and young people who abuse others should be held responsible for their abusive behaviour, while being identified and responded to in a way that meets their needs as well as protecting others. Allegations of peer abuse will be taken as seriously as allegations of abuse perpetrated by an adult. All staff should understand the importance of challenging inappropriate behaviour between children.

Peer on peer abuse can manifest itself in many ways. Some forms of peer on peer abuse are:

Sexting

Sexting is when someone sends or received a sexually explicit text, image or video. This included sending ‘nude pics’, ‘rude pics’ or ‘nude selfies’. Pressuring someone into sending a nude picture can happen in any relationship and to anyone, whatever their age, gender or sexual preference.

However, once the image is taken and sent, the sender has lost control of the image and these images could end up anywhere. By having in their possession, or distributing, indecent images of a person under 18 on to someone else, young people are not even aware that they could be breaking the law as stated as these are offences under the Sexual Offences Act 2003.

Guidance on how to deal with sexting can be found at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551575/6.2439_KG_NCA_Sexting_in_Schools_WEB_1_.PDF

Initiation/Hazing

Hazing is a form of initiation ceremony which is used to induct newcomers into an organisation such as a private school, sports team etc. There are a number of different form, from relatively mild rituals to severe and sometimes violent ceremonies.

The idea behind this practice is that it welcomes newcomers by subjecting them to a series of trials which promote a bond between them. After the hazing is over, the newcomers also have something in common with older members of the organisation, because they all experienced it as part of a rite of passage. Many rituals involve humiliation, embarrassment, abuse and harassment.

Prejudiced Behaviour

The term prejudice-related bullying refers to a range of hurtful behaviour, physical or emotional or both, which causes someone to feel powerless, worthless, excluded or marginalised, and which is connected with prejudices around belonging, identity and equality in wider society – in particular, prejudiced to do with disabilities and special educational needs, ethnic, cultural and religious backgrounds, gender, home life, for example in relation to issues of care, parental occupation, poverty and social class, and sexual identity (homosexual, bisexual, transsexual).

Teenage relationship abuse

Teenage relationship abuse is defined as a pattern of actual or threatened acts of physical, sexual, and/or emotional abuse, perpetrated by an adolescent (between the ages of 13 and 18) against a current or former partner. Abuse may include insults, coercion, social sabotage, sexual harassment, threats and/or acts of physical or sexual abuse. The abusive teen uses this pattern of violent and coercive behaviour, in a heterosexual or same gender relationship, in order to gain power and maintain control over their partner. Procedures for dealing with peer on peer abuse are available and should always be followed

For all Safeguarding issues:

- a. Staff must immediately report:**

- i. Any suspicion that a child is injured, marked or bruised in any way
 - Which is not readily attributable to the normal knocks or scrapes
 - Received in play
- ii. Any explanation given which appears inconsistent or suspicious
- iii. Any behaviours which give rise to suspicions that a child may have suffered harm e.g. significant changes in behaviour, worrying drawings or play
- iv. Any concerns that a child may be suffering from inadequate care, ill treatment, or emotional maltreatment
- v. Any concerns that a child presenting signs or symptoms of abuse or neglect
- vi. Any significant changes in a children presentation, including non-attendance
- vii. Any hint or disclosure of abuse or neglect received from the child, or from any other person, including disclosures of abuse or neglect perpetrated by adults outside of the family or by other children or young people
- viii. Any concerns regarding persons(s) who may pose a risk to children e.g. staff in school or people living in a household with children present, including inappropriate behaviour e.g. inappropriate sexual comments, excessive one-to-one attention beyond the requirements of their usual role and responsibilities, or inappropriate sharing of images.

b. Responding to Disclosure

Disclosure or information may be received from pupils, parents or other members of the public. School recognises that those who disclose such information may do so with difficulty, having chosen carefully to whom they will speak. Accordingly, all staff will handle disclosures with sensitivity. Any child who has communication difficulties will be given access to express themselves to a member of staff with the appropriate skills.

Such information cannot remain confidential and staff will immediately communicate what they have been told to the DSL and make a contemporaneous record using the setting policy.

12. SAFER SETTING, SAFER STAFF

Staffing Regulations requires us to ensure that at least one person on has undertaken safer recruitment training.

In line with part three of KCSiE 2021, governing bodies and proprietors will take steps to prevent people who pose a risk of harm from working with children by adhering to statutory responsibilities to check staff who work with children, taking proportionate decisions on whether to ask for any checks beyond what is required; and ensuring volunteers are appropriately supervised. The setting should have written recruitment and selection policies and procedures in place. **Please see Safer Recruitment Policy.**

A person who is prohibited from teaching must not be appointed to work as a teacher in such a setting. A check of any prohibition can be carried out using - <https://www.gov.uk/guidance/teacher-status-checks-information-for-employers>

There is a legal requirement for employers to make a referral to the DBS where they think that an individual has engaged in conduct that harmed (or is likely to harm) a child; or if a person otherwise poses a risk of harm to a child.

In line with part four of KCSiE 2021, proprietors will ensure there are procedures in place to handle allegations against members of staff and volunteers. Such allegations should be referred to the LADO at the Local Authority

There must also be procedures in place to make a referral to the Disclosure and Barring Service (DBS) if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have been had they not resigned.

If the allegation is against a member of staff/volunteer then the Lead will be the Case Manager and liaise with the Local Authority. If the allegation is against the Lead then a Director will be the Case Manager.



In all instances, the Case Manager has no role of investigation at the onset of the allegation and advice should be sought from the LADO (Local Authority Designated Officer for Allegations) or Safeguarding in Education Team.

Parents or carers of a child or children involved should be told about the allegation as soon as possible if they do not already know. However, there will be some cases that require a strategy discussion with CSC and/or the police and it will be within the strategy discussion that decisions are made as to what information can be disclosed to parents or carers.

Confidentiality in relation to allegations

In the event of an allegation being made, our school/college will make every effort to maintain confidentiality and guard against unwanted publicity. Parents and carers will be made aware that under S141F of the Education Act 2011, there is a prohibition on reporting or publishing allegations about teachers, this includes via social media e.g. Facebook, Twitter etc. and if breached this could lead to prosecution. If parents or carers wish to apply to the court to have reporting restriction removed, they will be advised to seek legal advice.

The level of DBS certificate required, and whether a prohibition check is required, will depend on the role and duties of an applicant to work in a setting, as outlined in this guidance. It is recognised that for most appointments, an enhanced DBS certificate, which includes barred list information, will be required as the majority of staff will be engaging in regulated activity (as defined in KCSiE 2021).

All staff will be checked in accordance with the requirements of the statutory guidance. These checks will be conducted annually for existing staff and at the point of conditional job offer for new staff. A record of all checks will be entered onto the Single Central Record and disclosure forms will be held on staff personnel files.

13. ONLINE SAFETY

As education settings increasingly work online it is essential that children are safeguarded from potentially harmful and inappropriate online material. Children are taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This may include covering relevant issues through personal, social, health and economic education (PSHE).

Children may be required to remote learn (learn from home) the guidance from DFE will be followed, if children are using equipment supplied by Aspire settings will be in place to limit children's exposure to online risks.

Mobile phones, computers and other digital devices can be a source of fun, entertainment, communication and education. However, we know that some adults and young people will use these technologies to harm children. The harm may include sending hurtful or abusive texts and emails; enticing children to engage in sexually harmful conversations online, inappropriate/indecent webcam filming and photography or face-to-face meetings.

The settings online safety guidance is outlined in the 'Online Safety Policy' which can be found in the 'Policies' folder. This document explains how we try to keep pupils safe when using the internet and mobile technology.

14. USE OF MOBILE PHONES AND CAMERAS

Children have their photographs taken to provide evidence of their achievements for developmental records.

Staff, visitors and volunteers are not permitted to use their own mobile phones to take or record any images of children for their own records. Please see Mobile Phone Policy.



Procedures

Use the Data Protection Act 1998, the setting must seek parental consent to take photographs and use video recorders. Photographs will be stored on the shared drive and access to this is password protected.

The settings digital camera or memory cards must not leave the setting unless on an official school trip.

Photos are printed/uploaded in the setting by staff and once done, images are then immediately removed from the cameras memory.

Printed photographs will be used for assessment records or display and will remain within the building.

Printed photographs will be destroyed when no longer required.

It is acknowledged that often photographs may contain other children in the background.

We allow parents to photograph and video their own children during events. We strongly encourage parents not to post any photographs connected to the setting events on social media. Photographs of children are used for advertising and on the Aspire website. Permission from parents is always sought prior to their use on the website.

On admission, parents will be asked to sign the consent for photographs to be taken by Aspire in relation to promoting/publishing the setting. This consent will last for a maximum of 5 years only. This does not cover any other agency and if any other agency requests to take photographs of any child, then separate consent before photographs are taken will be sought.

As the majority of mobile phones have cameras, all phones should be switched on silent and stored by staff in the staff room unless necessary for the job role i.e. office staff. Staff who may be waiting for an important call may leave their mobile phone with a member of the office staff. In exceptional circumstances, staff may use their phones to be contacted by other staff on the premises. i.e. responding to a crisis situation. Staff cameras and mobile phones are prohibited in all toilet areas.

Children should not typically bring a phone to The Aspire Hub, where a child has brought a phone into the setting, it shall be stored with the office staff for safe keeping.

15. RELATED SAFEGUARDING POLICIES

Safeguarding is not just about protecting children from deliberate harm (child protection). It includes:

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

And relates to:

- Pupils health and safety
- The use of reasonable force/Physical Intervention
- Meeting the needs of pupils with medical conditions
- Providing first aid
- Educational visits
- Personal/Intimate care
- Internet or online safety
- Appropriate arrangements to ensure security
- Rigour with which absence is followed up
- Decision-making process involved in taking pupils off roll
- Care taken to ensure that pupils placed in alternative provision are safe at all times

Safeguarding can involve a range of potential issues such as:

- Child sexual exploitation
- Bullying including online bullying (cyberbullying)
- Domestic abuse
- Drugs and/or alcohol
- Fabricated or induced illness
- Faith abuse
- Female Genital Mutilation
- Forced marriage and honour-based violence
- Gangs and youth violence
- Gender based violence/violence against women and girls
- Mental health
- Private fostering
- Preventing radicalisation (Children who may be vulnerable to violent extremism)
- Sexting
- Teenage relationship abuse
- Trafficking

Related policies include:

- Admissions & Referral
- Anti-bullying Policy
- Behaviour Policy
- Complaints Policy
- Staff Disciplinary Procedure
- Equal Opportunities
- Online Safety Policy
- First Aid Policy
- Health & Safety
- Medication Policy
- Personal/Intimate Care Policy
- Physical Intervention Policy
- Safer Recruitment Policy
- SEND Policy
- Inclusion Policy
- Staff behaviour/codes of conduct
- Whistle Blowing

CHILD PROTECTION PROCEDURES

The DSL will ensure that the Child Protection Policy is made publicly available and that parents are aware of the fact that all cases of suspected abuse or neglect will be referred to Children's Social Care. They will also ensure that staff know the policy and use it appropriately, that it is reviewed and updated regularly along with the proprietors/management.

What should Staff/Volunteers do if they have concerns about a child or young person?

Education professionals who are concerned about a child's welfare or who believe that a child is or may be at risk of abuse should pass any information to the DSL, this should **ALWAYS** occur as soon as possible and certainly within 24 hours.

The DSL Burnley Hub – Stacey Faulkner



The backup DSL Burnley Hub – Gillian Bullock
The Prevent Lead is – Gillian Bullock

The DSL Bolton Hub – Katherine Jackson
The backup DSL Bolton Hub – Gillian Bullock
The Prevent Lead Bolton Hub is – Gillian Bullock

It is these senior colleagues who are responsible for taking action where the welfare or safety of children or young people is concerned. If staff are uncertain about whether their concerns are indeed 'child protection' then a discussion with their DSL will assist in determining the most appropriate next course of action:

Staff should never:

- Do nothing/assume that another agency or professional will act or is acting
- Attempt to resolve the matter themselves, the process in our school is that all concerns are reported to the DSL/backup DSL, if no one who is DSL trained is contactable, then the concerns are reported to the next most senior member of staff.
-

What should the DSL consider right at the outset?

- Am I dealing with 'risk' or 'need'? (By definition, a child at risk is also a child in need. However, what is the priority / level and immediacy of risk / need?)
- Can the level of need identified be met in or by the setting or by accessing universal services/undertaking a level 2 CAF/TAF without referral to Children's Social Care
- What resources are available to me / the setting and what are their limitations?
- Is the level of need such that a referral needs to be made to Children's Social Care which requests that an assessment of need be undertaken? (Level 3 on the Continuum of Need (CoN))
- Is the level and/or likelihood of risk such that a child protection referral needs to be made (i.e. a child is suffering or is likely to suffer significant harm? (Level 4 on the CoN))
- What information is available to me: Child, Parents, Family and Environment?
- What information is inaccessible and, potentially, how significant might this be?
- Who do/don't I need to speak to now and what do they need to know?
- Where can I access appropriate advice and/or support? (Safeguarding in Education Team
- If I am not going to refer, then what action am I going to take? (e.g. CAF, time-limited monitoring plan, discussion with parents or other professionals, recording etc.)

Feedback to Staff Who Report Concerns to the DSL

Rules of confidentiality dictate that it may not always be possible or appropriate for the DSL to feedback to staff who report concerns to them. Such information will be shared on a 'need to know' basis only and the DSL will decide which information needs to be shared, when and with whom. The primary purpose of confidentiality in this context is to safeguard and promote the child's welfare.

Thresholds for Referral to Children's Social Care (CSC)

Where a Designated Safeguarding Lead or back up considers that a referral to CSC may be required, there are two thresholds for (and their criteria) and types of referral that need to be carefully considered:

a. Is this a Child in Need?

Under section 17 (S17(10)) of the Children Act 1989, a child is in need if:

- i. He is unlikely to achieve or maintain, or to have the opportunity to achieve or maintain, a reasonable standard of health or development, without the provision of services by a local authority;
- ii. His health or development is likely to be impaired, or further impaired, without the provision of such services;
- iii. He is disabled.

b. Is this a Child Protection matter?

Under section 47(1) of the Children Act 1989, a local authority has a duty to make enquiries where they are informed that a child who lives or is found in their area:

- i. Is the subject of an Emergency Protection Order;
- ii. Is in Police Protection; or where they have
- iii. Reasonable cause to suspect that a child is suffering or is likely to suffer significant harm.

Therefore, it is the 'significant harm' threshold that justifies statutory intervention into family life. A professional making a child protection referral under s.47 must therefore provide information which clearly outlines that a child is suffering or is likely to suffer significant harm.

The DSL will make judgements around 'significant harm', levels of 'need' and 'risk' when to refer.

Making Referrals to CSC

(Guidance for the DSL)

- **LEVEL 1** - needs and risks are met through Universal Services or simple specific agency response
- **LEVEL 2** - evidence of some unmet needs and low risk. Targeted Service Provision via CAF/TAF
- **LEVEL 3** - higher levels of unmet needs and medium risk. Child in Need (CIN)
- **LEVEL 4** - Significant unmet needs and high risk. Child Protection (CP) and Looked After Children.

CSC Responses to Referrals and Timescales

In response to a referral, Children's Social Care may decide to:

- Provide advice to the referrer and/or child/family
- Refer on to another agency who can provide services
- Convene a Strategy Meeting (within five working days)
- Provide support services under Section 17
- Undertake a Statutory Assessment (completed within 45 working days)
- Convene an Initial Child Protection Conference (within 15 working days of a Strategy Meeting)
- Accommodate the child under Section 20 (with parental consent)
- Make an application to court for an Order
- Take no further action
- Step down to Wellbeing, Prevention and Early Help

Feedback from Children's Social Care

Upon receiving referral, Children's Social Care will decide on a course of action. They should acknowledge receipt of a written referral within ONE working day. If the referrer has not received an acknowledgement within THREE working days they should make contact with the relevant manager in the Children's Social Care Team. The Children's Social Care manager is responsible for ensuring that the referrer and the family (provided this does not increase any risk to the child) are informed of the outcome of the referral and reasons for supporting the decision. This will be done as soon as possible and, in all cases, within a maximum of 7 working days.

Offloading/De-briefing

It may be necessary that staff members need to 'offload' before they go home when involved in a difficult situation. We encourage staff to talk to either the DSL or back-up DSL if they feel they need to. Where there are 2 members of staff involved, liaising with each other is acceptable where necessary for a Scholarpack write up, however confidentiality within that environment must be maintained and not be discussed with other members of staff. We ask staff to be mindful of who is within earshot of their conversation.

We encourage staff to complete 'Serious Incident Form', this enables staff to have some 'time out' after dealing with an incident and allows staff to reflect on the incident and also their actions. When completed and handed in, it also advises SMT where additional support and training may be necessary.



We also have leaflets in the staff room for a free counselling service. Staff can use this service if they feel it would be beneficial for them. This is a link to their website - <https://www.freeflowcounsellingservice.co.uk/>

Risk Assessment 'Checklist'

- Does/could the suspected harm meet the LSCB definitions of abuse?
- Are there cultural, linguistic or disability issues?
- I am wrongly attributing something to impairment?
- Does the chronology indicate any possible patterns which could/do impact upon the level of risk?
- Are any injuries or incidents acute, cumulative, and/or episodic?
- Did any injuries result from spontaneous action, neglect, or intent?
- Explanations consistent with injuries/behaviour?
- Severity and duration of any harm?
- Effects upon the child's health/development?
- Immediate/longer term effects?
- Likelihood of recurrence?
- Child's reaction?
- Child's perception of the harm?
- Child's needs, wishes and feelings?
- Parent's/carer's attitudes/response to concerns?
- How willing are they to cooperate?
- What does the child mean to the family?
- What role does the child play?
- Possible effects of intervention?
- Protective factors and strengths of/for child (i.e. resilience/vulnerability)
- Familial strengths and weaknesses?
- Possibilities?
- Probabilities?
- When and how is the child at risk?
- How imminent is any likely risk?
- How grave are the possible consequences?
- How safe is this child?
- What are the risk assessment options?
- What are the risk management options?
- What is the interim plan?



COLLECTING CHILDREN FROM THE ASPIRE HUB

In the event that the parent/carer cannot collect their child at the end of the day and they wish to send another adult, there is a procedure in place that each child will have a password. The password will be agreed on admission and provided on the admissions form by the parent/carer.

The adult collecting the child (if not the parent/carer) will have to provide the child's password to staff before staff will allow the adult to remove the child from our premises and care.

Parent/carers will also be expected to provide notice that they will not be collecting their child and another adult will do so in their place.

CHILDREN WHO ARE NOT COLLECTED AT THE END OF THE DAY

Children will be collected at 15:00. If a child is not collected by 15:15, the parents/carers will be contacted. In the event that we cannot get hold of the child's parent/carer, we will attempt to make contact with the child's emergency contacts.

Two members of staff will stay on site and the child will be supervised. We will continue to attempt to get hold of parents/carers and emergency contact for a reasonable amount of time. If this fails and we still cannot get hold of parents/carers or the emergency contact then we will contact the Child Social Services and follow their guidance.

MISSING CHILDREN

We have the best interests of all the children at The Aspire Hub at the forefront of everything that we do. We have taken steps to ensure that the building and surrounding areas are safe and that a child remains accounted for at all times, however in the event that a child does go missing whilst at The Aspire Hub, we will take the following steps:

- Alert the DSL
- Regroup the remaining children
- Search the building
- Search the surrounding area
- Call the police
- Inform parents

Each morning, registration is completed electronically via Scholarpack. At 09:30am, Children's Attendance will be checked by the Admin team. If any children are marked as absent and we have not received a call from parents or been advised they are at an appointment, we will attempt to contact parents/guardians and emergency contacts, if necessary. We will then liaise with school and our DSL to consider whether there is cause for concern.

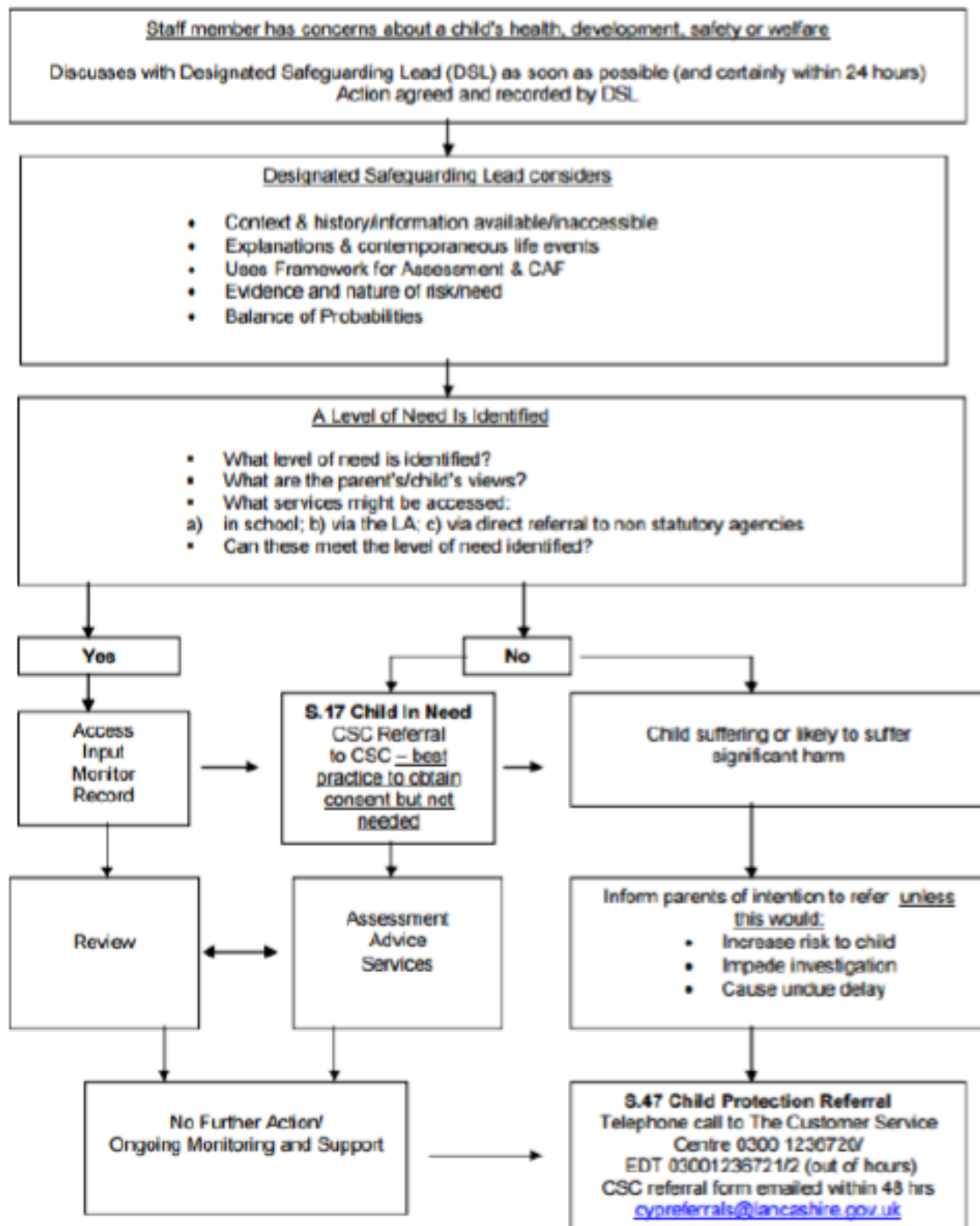
Children will not be able to access the main door, as the internal front doors leading from the corridor and the office and reception areas are coded.

Children who do not attend school due to sickness, or who are late, the Admin team will contact their mainstream school to advise for their registration.

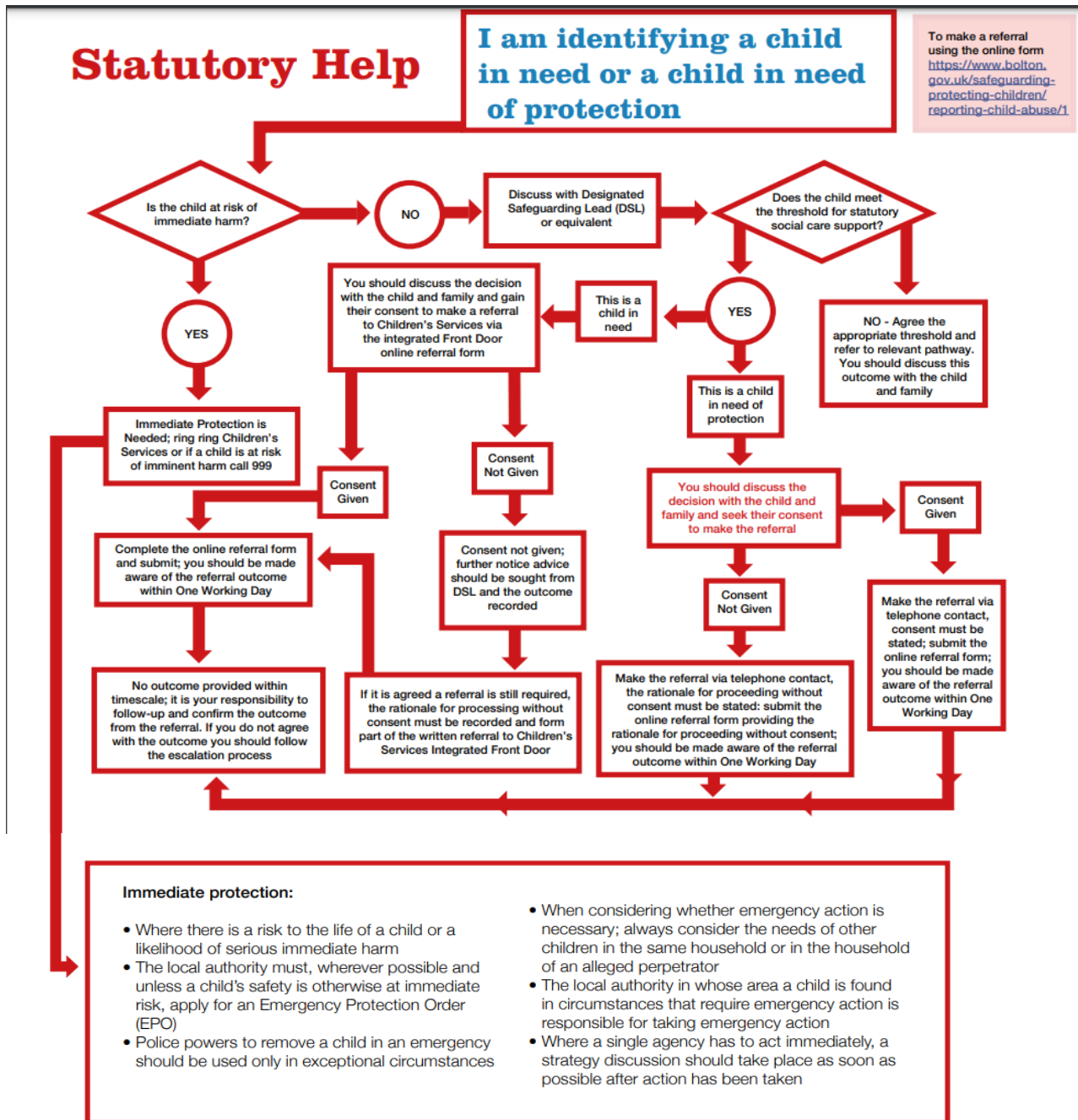
Date	Ratification	Reviewed by
Feb 2017	This policy was ratified by the board of Directors	Directors
August 2017	Policy was amended to reflect the changes to The Hub converting to school status	GB
August 2017	Further changes to reflect school status	Lauren Bullock
September 2018	Further changes to reflect changing in staffing	Lauren Bullock
December 2018	Further changes to reflect changes to registration procedure and to reinforce confidentiality and offloading process	Lauren Bullock
August 2019	Amendment to reflect staff changes and Safeguarding Training received by all staff	GB & Lauren Bullock
November 2020	Amendment to reflect staff changes and updated Training received by all staff	Louise English
September 2021	Amendment to reflect new DSL's and training undertaken	Lauren Bullock
March 2022	Amended links and added in Bolton Details, updated to incorporate KCSiE 2021	Louise English

APPENDIX 1: TAKING ACTION ON CHILD WELFARE/PROTECTION CONCERNS

Lancashire-



Bolton-



NB If a child has a disability or special education needs and is considered a 'child in need', and there are no child protection concerns, a direct referral should be made to the Children With Disabilities Team

Framework for Action

Providing effective support to children and their parents

APPENDIX 2: TALKING AND LISTENING TO CHILDREN



If a child wants to confide in you, you **SHOULD**:

- Be accessible and receptive
- Listen carefully and uncritically, at the child's pace
- Take what is said seriously
- Reassure children that they are right to tell
- Tell the child that you must pass this information on
- Make sure that the child is ok
- Make a careful record of what was said

You should **NEVER**:

- Investigate or seek to prove or disprove possible abuse
- Make promises about confidentiality or keeping 'secrets' to children
- Assume that someone else will take the necessary action
- Jump to conclusions, be dismissive or react with shock, anger, horror etc.
- Speculate or accuse anybody
- Investigate, suggest or probe for information
- Confront another person (adult or child) allegedly involved
- Offer opinions about what is being said or the persons allegedly involved
- Forget to record what you have been told
- Fail to pass this information on to the correct person (the Designated Senior Leader)

Children with communication difficulties, or who use alternative/augmentative communication systems:

- While extra care may be needed to ensure that signs of abuse and neglect are interpreted correctly, any suspicions should be reported in exactly the same manner as for other children
- Opinion and interpretation will be crucial (be prepared to be asked about the basis for it and to possibly have its validity questioned if the matter goes to court)

Recordings should:

- State who was present, time, date and place
- Be passed to the DSL or backup immediately (certainly within 24 hours)
- Use the child's words wherever possible
- Be factual/state exactly what was said
- Differentiate clearly between fact, opinion, interpretation, observation and/or allegation

What information do you need to obtain:

- Schools have no investigative role in child protection
- Never prompt or probe for information, your job is to listen, record and pass on
- Ideally, you should be clear about what is being said in terms of who, what, where and when
- The question which you should be able to answer at the end of the listening process is 'might this be a child protection matter?'
- If the answer is yes, or if you're not sure, record and pass on immediately to the DSL

If you do need to ask questions, what is and isn't OK?

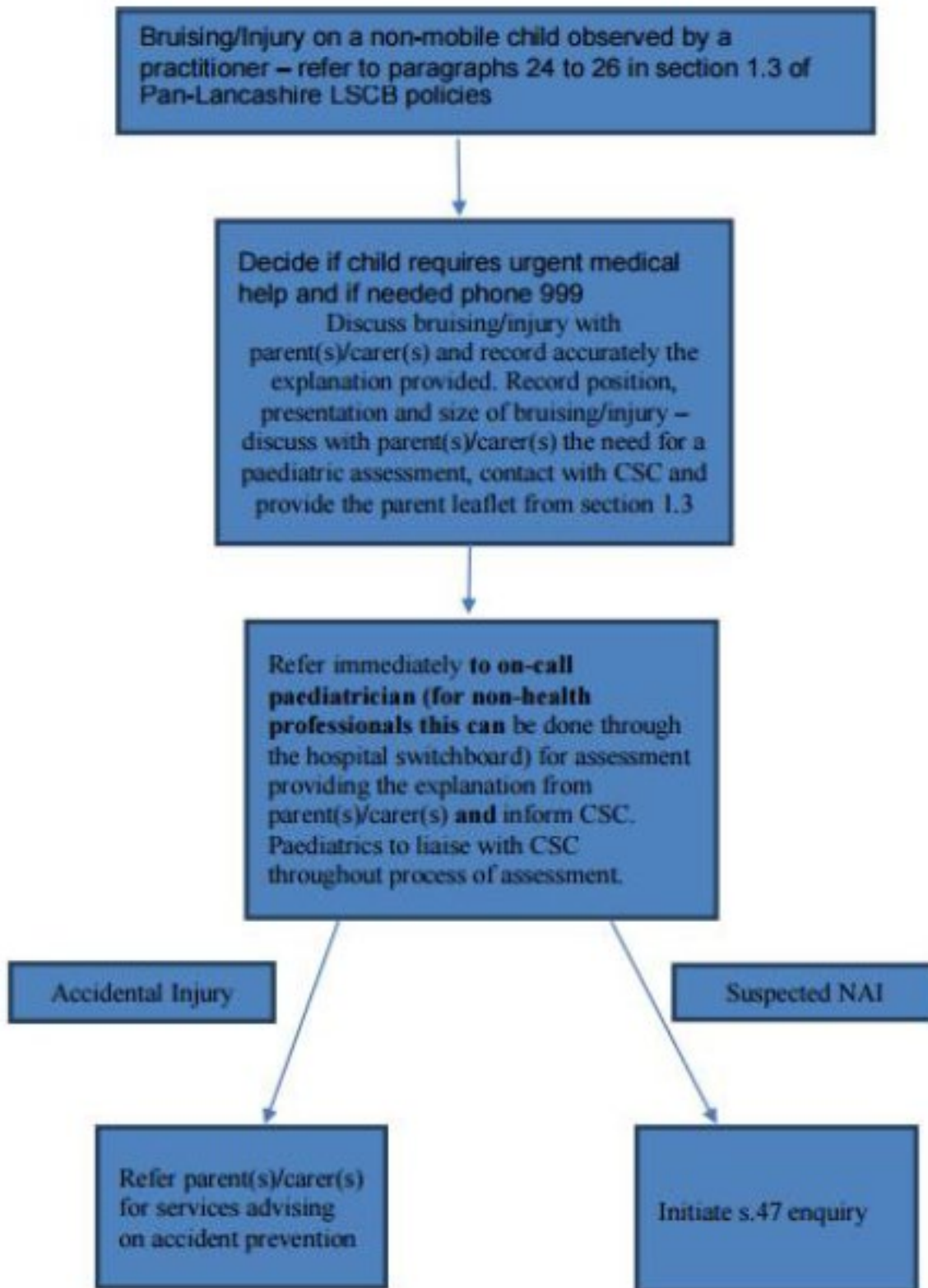
- Never asked closed questions i.e. ones which children can answer yes or no to e.g. Did he touch you?
- Never make suggestions about who, how or where someone is alleged to have touched, hit etc
- If we must, use only 'minimal prompts' such as 'go on ... tell me more about that ... tell me everything that you remember about that '
- Timescales are very important: 'When was the last time this happened?' is an important question

What else should we think about in relation to disclosure?

- Is there a place in school which is particularly suitable for listening to children e.g. not too isolated, easily supervised, quiet etc.
- We need to think carefully about our own body language – how we present will dictate how comfortable a child feels in telling us about something which may be extremely frightening, difficult and personal
- Be prepared to answer the 'what happens next' question
- We should never make face-value judgements or assumptions about individual children. For example, we 'know that [child] tells lies'
- Think about how you might react if a child DID approach you. We need to be prepared to offer a child in this position exactly what they need in terms of protection, reassurance, calmness and objectivity
- Think about what support you could access if faced with this kind of situation.

APPENDIX 3 – BRUISES TO NON –MOBILE CHILDREN FLOW CHART

The flowchart below has been developed to assist health, education, early years and social care practitioners in following the agreed multi-agency procedure where a non-mobile child is observed with bruising and/or injuries.



APPENDIX 4 – CHILDRENS SOCIAL CARE



Referrals for Bolton- <https://www.boltonsafeguardingchildren.org.uk/worried-child>

In an emergency call 999 or if a child is at significant risk of immediate harm and it is not safe to wait for the online referral form to be assessed call **01204 331500**.

The Integrated Front Door operates from 8:45 – 17:00, Monday to Friday. Out of hours or bank holidays, call the emergency duty team **01204 337777**.

Referrals for Lancashire-

The Customer Service Centre	0300 123 6720
email address for referrals	cypreferrals@lancashire.gov.uk
Emergency Duty Team (Out of Hours)	0300 123 6721/3

Customer Service Contact Numbers in neighbouring Local Authorities:-

Blackburn with Darwen 01254 666400 EDT 01254 587547

Blackpool 01254 477299

Cumbria 0333 240 1727

North Yorkshire 01609 536993 EDT 0845 0349417

St Helens 01744 676600 or 0300 6500 148 EDT 0845 0500 148

Wirral 0151 606 2008 EDT 0151 604 63501

Sefton 0845 140 0845 EDT 0151 9208234

Rochdale 0300 303 0440 EDT 0300 303 8875

Bradford 01274 437500 EDT 01274 431010

Wigan 01942 828300 EDT 0161 834 2436