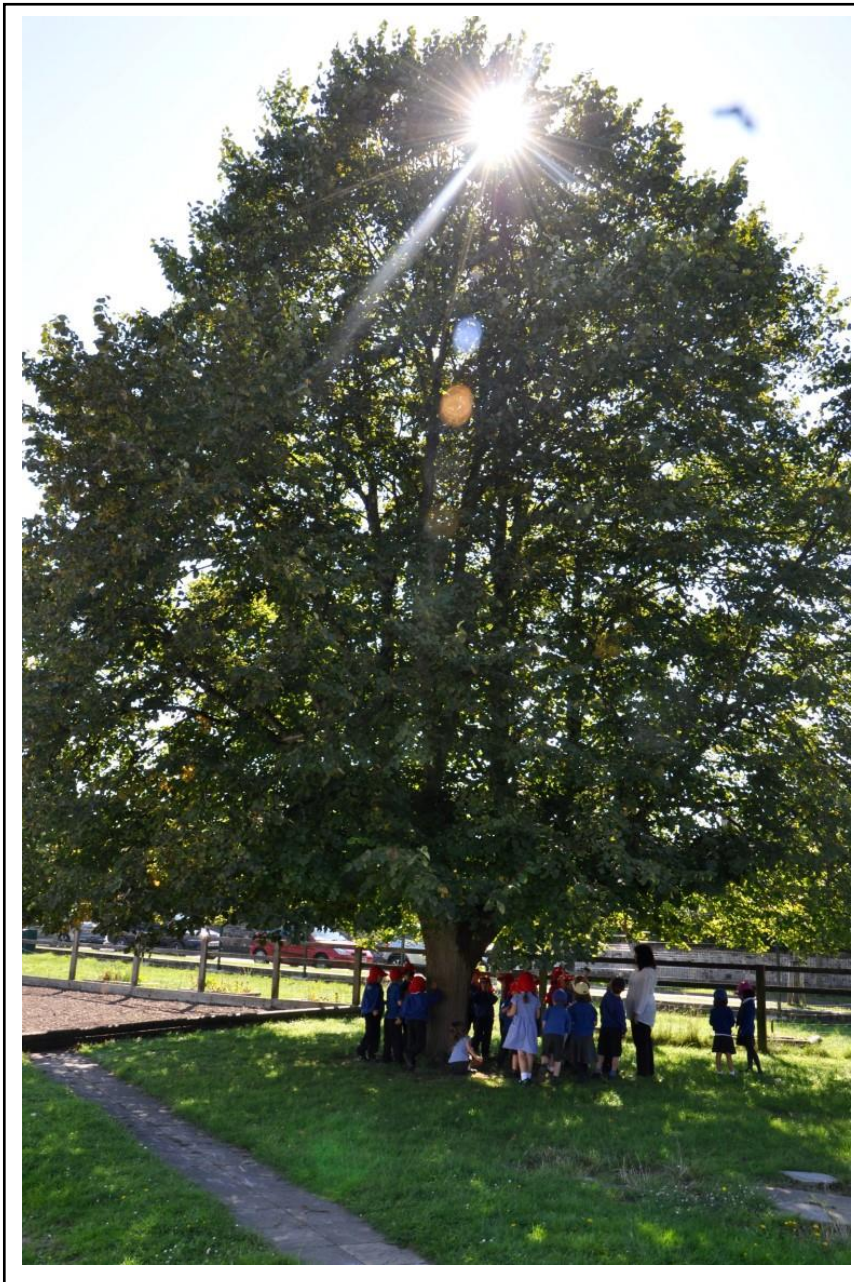




**CHILD PROTECTION AND SAFEGUARDING
POLICY/PROCEDURES**

Reviewed annually in Term 6

Last Review: July 2017



Learning, Playing, Working, Growing together

Our School Vision

"To build a learning community that cares for and values everyone, where promoting confidence through creativity, challenge and high expectations leads to enjoyment and success for all!"

Our School Values

1. Motcombe School is a community where children feel safe. Individuality for all is nurtured and valued; diversity is celebrated and all members feel able to meet their full potential, through the joy of life-long learning.
2. Children at Motcombe School have the right to the highest quality of teaching, which embraces all learning needs and is committed to raising academic standards and emotional growth.
3. We acknowledge that we live in an ever-changing world and are committed to preparing and empowering children to communicate well and fulfil their responsibilities as British and global citizens, whilst developing the ability to use all available technologies, in a safe and secure environment.
4. We promote respect for self and others, fostering qualities of initiative, creativity, growing independence and self-confidence, co-operation and self-motivation through the delivery of a relevant and challenging curriculum that acknowledges the need for health in both mind and body.
5. We are committed to supporting staff in their personal and professional development.

Ethos

Our school ethos is our shared vision and common sense of purpose. As an Infant School we recognise that it is a privilege to work with children at the start of their school career and as infant practitioners we have a strong understanding of the need to balance social and emotional maturity with academic ambition and plan learning that supports development of both. This ethos aims to guide the day to day life and development of the school and strongly influence the 'feel' of the school.

Equal Opportunities

At Motcombe we believe that all children, regardless of first language, disability, race, gender, cultural or socio-economic background, should receive equal access to the full school curriculum.

Disability Statement

Motcombe is proud to be an inclusive school. We are able to offer access to the full curriculum for children who have a physical disability.

We have easy access into the main part of both buildings and have accessible toilet facilities.

As with any additional needs the school works closely with parents and appropriate outside agencies.

Key contacts

Role	Name	Training date	Contact details
Designated Child Protection Lead Teacher	Tracy Robinson	March 2016	01323 728901
Designated Child Protection Teacher	Emma Moore	March 2016	..
Designated Child Protection Teacher	Sue Miller	May 2016	
Designated Child Protection Teacher	Jo Ansell	Feb 2016	
Nominated governor for child protection	Liz Barker	Oct 2016	..
Chair of governors	Debbie Aggett	June 2016	..
Local Authority Designated Officer (LADO)	Amanda Glover		07825 782793
Children's Social Care – for reporting concerns	Duty and Assessment Team East - Hastings and Rother		01424 724144
	Duty and Assessment Team West - Eastbourne, Lewes and Wealden		01323 747373
	Emergency Duty Service – after hours, weekends and public holidays		01273 335906 01273 335905
Targeted early help services for children with Level 3 needs	Family Keywork Central Team		01273 335966

Whole school last face to face CP training was held in October 2016

Appendix A THE ROLE OF THE DESIGNATED CHILD PROTECTION TEACHER

Appendix B CHILD PROTECTION AND SAFEGUARDING PROCEDURES

Appendix C School's Prevent Action Plan

Appendix D School's FGM statement

NSPCC Helpline 0800 800 5000

NSPCC Helpline for under 18's 0800 1111

<https://www.nspcc.org.uk/services-and-resources/nspcc-helpline/>

CHILD PROTECTION AND SAFEGUARDING POLICY

1 INTRODUCTION

- 1.1. Safeguarding children is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.
- 1.2. Our pupils' welfare is our paramount concern. The Governing Body will ensure that our school will safeguard and promote the welfare of pupils and work together with other agencies to ensure that our school has adequate arrangements to identify, assess and support those children who are suffering or likely to suffer harm.
- 1.3. Our school is a community and all those directly connected, staff members, governors, parents, families and pupils, have an essential role to play in making it safe and secure.

2 OUR ETHOS

- 2.1 Our school ethos is our shared vision and common sense of purpose. As an Infant School we recognise that it is a privilege to work with children at the start of their school career and as infant practitioners we have a strong understanding of the need to balance social and emotional maturity with academic ambition and plan learning that supports development of both. This ethos aims to guide the day to day life and development of the school and strongly influence the 'feel' of the school.

3 SCOPE

- 3.1 In line with the law, this policy defines a child as anyone under the age of 18 years.
- 3.2 This policy applies to all members of staff in our school, including all permanent, temporary and ancillary staff, governors, volunteers, contractors and external service or activity providers.

4 THE LEGAL FRAMEWORK

- 4.1 Section 175 of the Education Act 2002 places a duty on governing bodies of maintained schools and further education institutions (including sixth-form colleges) to make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Section 157 of the same Act places a similar duty on non-maintained and independent schools, including free schools and academies.
- 4.2 Under section 10 of the Children Act 2004, all maintained schools, further education colleges and independent schools, including free schools and academies, are required to cooperate with the local authority to improve the well-being of children in the local authority area.
- 4.3 Under section 14B of the Children Act 2004, the Local Safeguarding Children Board can require a school or further education institution to supply information in order to perform its functions. This must be complied with.

4.4 This policy and the accompanying procedures have been developed in accordance with the following statutory guidance and local safeguarding procedures:

- [Working Together to Safeguard Children – March 2015 \(A guide to inter-agency working to safeguard and promote the welfare of children.\)](#)
- [Keeping children safe in education - September 2016](#)
- [Pan-Sussex Child Protection and Safeguarding Procedures](#)

5 ROLES AND RESPONSIBILITIES

5.1 The school's lead person with overall responsibility for child protection and safeguarding is the **Designated Child Protection Teacher**. We have four deputy Designated Child Protection Teachers to ensure there is appropriate cover for this role at all times. The Designated Child Protection Teacher's responsibilities are described in Appendix A.

5.2 The school has a **nominated governor** responsible for safeguarding to champion good practice, to liaise with the Head Teacher and to provide information and reports to the Governing Body.

5.3 The **case manager for dealing with allegations** of abuse made against school staff members is the Head Teacher. The case manager for dealing with allegations against the Head Teacher is the chair of governors. The procedure for managing allegations is detailed in Appendix B.

5.4 The **Head Teacher** will ensure that the policies and procedures adopted by the Governing Body are fully implemented and sufficient resources and time are allocated to enable staff members to discharge their safeguarding responsibilities.

5.5 The **Governing Body** is collectively responsible for ensuring that safeguarding arrangements are fully embedded within the school's ethos and reflected in the school's day-to-day practice.

5.6 **All staff members, governors, volunteers and external providers** know how to recognise signs and symptoms of abuse, how to respond to pupils who disclose abuse and what to do if they are concerned about a child.

6 SUPPORTING CHILDREN

6.1 We recognise that children who are abused or witness violence are likely to have low self-esteem and may find it difficult to develop a sense of self-worth. They may feel helpless, humiliated and some sense of blame. Our school may be the only stable, secure and predictable element in their lives.

6.2 We accept that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

6.3 Our school will support all pupils by:

- ensuring the content of the curriculum includes social and emotional aspects of learning;
- ensuring a comprehensive curriculum response to e-safety, enabling children and parents to learn about the risks of new technologies and social media and to use these responsibly;
- ensuring that child protection is included in the curriculum to help children stay safe, recognise when they do not feel safe and identify who they might or can talk to;

- providing pupils with a number of appropriate adults to approach if they are in difficulties;
- supporting the child's development in ways that will foster security, confidence and independence;
- encouraging development of self-esteem and self-assertiveness while not condoning aggression or bullying;
- ensuring repeated hate incidents, e.g. racist, homophobic or gender- or disability-based bullying, are considered under child protection procedures;
- liaising and working together with other support services and those agencies involved in safeguarding children; and
- monitoring children who have been identified as having welfare or protection concerns and providing appropriate support.

7 CHILD PROTECTION AND SAFEGUARDING PROCEDURE

- 7.1 We have developed a structured procedure in line with [Pan-Sussex Child Protection and Safeguarding Procedures](#) which will be followed by all members of the school community in cases of suspected abuse. This is detailed in Appendix B.
- 7.2 In line with the procedures, the relevant Children's Services Duty and Assessment Team will be notified as soon as there is a significant concern. Schools should put in place appropriate safeguarding responses to children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect and to help prevent the risks of their going missing again. For a child missing from education, school must inform the local authority of any pupil who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 10 school days or more, at such intervals as are agreed between the school and the local authority (or in default of such agreement, at intervals determined by the Secretary of State).
- 7.3 The name of the Designated Child Protection Teacher will be clearly advertised in the school, with a statement explaining the school's role in referring and monitoring cases of suspected abuse.
- 7.4 We will ensure all parents and carers are aware of the responsibilities of staff members to safeguard and promote the welfare of children by publishing the policy and procedures on our website and by referring to them in our introductory school materials.

8 RECORD KEEPING

- 8.1 All child protection and welfare concerns will be recorded and kept in line with the East Sussex Local Safeguarding Children Board guidance [Keeping Child Protection and Welfare Concerns: Guidance for Early Years Settings, Schools and Colleges](#).
- 8.2 We will continue to support any pupil leaving the school about whom there have been concerns by ensuring that all appropriate information, including child protection and welfare concerns, is forwarded under confidential cover to the pupil's new school as a matter of priority.

9 SAFER WORKFORCE AND MANAGING ALLEGATIONS AGAINST STAFF AND VOLUNTEERS

- 9.1 We will prevent people who pose risks to children from working in our school by ensuring that all individuals working in any capacity at our school have been subjected to safeguarding checks in line with the statutory guidance – [Keeping children safe in education - September 2016](#)
- 9.2 We will ensure that agencies and third parties supplying staff provide us evidence that they have made the appropriate level of safeguarding check on individuals working in our school.
- 9.3 Every job description and person specification will have a clear statement about the safeguarding responsibilities of the post holder.
- 9.4 We will ensure that at least one member of every interview panel has completed safer recruitment training.
- 9.5 We have a procedure in place to handle allegations against members of staff and volunteers in line with [Keeping children safe in education - September 2016](#) This procedure is detailed in Appendix B.

10 STAFF INDUCTION, TRAINING AND DEVELOPMENT

- 10.1 All new members of staff, including newly-qualified teachers and teaching assistants, will be given induction that includes basic child protection training on how to recognise signs of abuse, how to respond to any concerns, e-safety and familiarisation with the child protection policy and other related policies.
- 10.2 The induction will be proportionate to staff members' roles and responsibilities and will include, at a minimum, the online child protection training provided by the East Sussex Local Safeguarding Children Board. This training can be accessed from [Czone](#).
- 10.3 The Designated Child Protection Teacher will undergo updated child protection training every two years.
- 10.4 All staff members of the school and the Governing Body will undergo child protection training (whole-school training) every three years.
- 10.5 Staff members who miss the whole-school training will be required to undertake other relevant training to make up for it, e.g. by joining another school's whole-school training.
- 10.6 The nominated governor for child protection will undergo appropriate training prior to or soon after appointment to the role; this training will be updated every two years.
- 10.7 We will ensure that staff members provided by other agencies and third parties, e.g. supply teachers, have received appropriate child protection training commensurate with their roles before starting work. They will be given the

opportunity to take part in whole-school training if it takes place during their period of work for the school.

- 10.8 The Designated Child Protection Teacher will provide an annual briefing to the school on any changes to child protection legislation and procedures and relevant learning from local and national serious case reviews.
- 10.9 The school will maintain accurate records of staff induction and training.

11 CONFIDENTIALITY, CONSENT AND INFORMATION SHARING

- 11.1 We recognise that all matters relating to child protection are confidential.
- 11.2 The Head Teacher or the Designated Child Protection Teacher will disclose any information about a pupil to other members of staff on a need-to-know basis only.
- 11.3 All staff members must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or well-being.
- 11.4 All staff members have a professional responsibility to share information with other agencies in order to safeguard children.
- 11.5 All our staff members who come into contact with children will be given appropriate training to understand the purpose of information sharing in order to safeguard and promote children's welfare.
- 11.6 We will ensure that staff members are confident about what they can and should do under the law, including how to obtain consent to share information and when information can be shared without consent. This is covered in greater detail in Appendix B.

12 INTER-AGENCY WORKING

- 12.1 We will develop and promote effective working relationships with other agencies, including agencies providing early help services to children, the police and Children's Social Care.
- 12.2 We will ensure that relevant staff members participate in multi-agency meetings and forums, including child protection conferences and core groups, to consider individual children.
- 12.3 We will participate in serious case reviews, other reviews and file audits as and when required to do so by the East Sussex Local Safeguarding Children Board. We will ensure that we have a clear process for gathering the evidence required for reviews and audits, embedding recommendations into practice and completing required actions within agreed timescales.

13 CONTRACTORS, SERVICE AND ACTIVITY PROVIDERS AND WORK PLACEMENT PROVIDERS

- 13.1 We will ensure that contractors and providers are aware of our school's child protection policy and procedures. We will require that employees and volunteers provided by these organisations use our procedure to report concerns.
- 13.2 We will seek assurance that employees and volunteers provided by these organisations and working with our children have been subjected to the

appropriate level of safeguarding check in line with [Keeping children safe in education - September 2016](#). If assurance is not obtained, permission to work with our children or use our school premises may be refused.

- 13.3 When we commission services from other organisations, we will ensure that compliance with our policy and procedures is a contractual requirement.

14 WHISTLE-BLOWING AND COMPLAINTS

- 14.1 We recognise that children cannot be expected to raise concerns in an environment where staff members fail to do so.
- 14.2 We will ensure that all staff members are aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. If necessary, they will speak with the Head Teacher, the chair of the Governing Body or with the Local Authority Designated Officer.
- 14.3 We have a clear reporting procedure for children, parents and other people to report concerns or complaints, including abusive or poor practice.
- 14.4 We will actively seek the views of children, parents and carers and staff members on our child protection arrangements through surveys, questionnaires and other means.

15 SITE SECURITY

- 15.1 All staff members have a responsibility to ensure our buildings and grounds are secure and for reporting concerns that may come to light.
- 15.2 We check the identity of all visitors and volunteers coming into school. Visitors are expected to sign in and out in the office visitors' log and to display a visitor's badge while on the school site. Any individual who is not known or identifiable will be challenged for clarification and reassurance.
- 15.3 The school will not accept the behaviour of any individual, parent or anyone else, that threatens school security or leads others, child or adult, to feel unsafe. Such behaviour will be treated as a serious concern and may result in a decision to refuse the person access to the school site.

16 QUALITY ASSURANCE

- 16.1 We will ensure that systems are in place to monitor the implementation of and compliance with this policy and accompanying procedures. This will include periodic audits of child protection files and records by the Designated Child Protection Teacher.
- 16.2 We will complete an audit of the school's safeguarding arrangements at frequencies specified by the East Sussex Local Safeguarding Children Board and using the audit tool provided by them for this purpose.
- 16.3 The school's senior management and the Governing Body will ensure that action is taken to remedy without delay any deficiencies and weaknesses identified in child protection arrangements.

17 POLICY REVIEW

- 17.1 This policy and the procedures will be reviewed every academic year. All other linked policies will be reviewed in line with the policy review cycle.
- 17.2 The Designated Child Protection Teacher will ensure that staff members are made aware of any amendments to policies and procedures.

18 LINKED POLICES AND PROCEDURES

- 18.1 The following policies and procedures are relevant for the child protection and safeguarding policy and procedure. Policies are available as model policies from Czone or will be on the system under:

Read Only/School Policies/Safeguarding.

- Administration of Medicines Policy
- Anti-Bullying Policy
- Attendance Policy
- Behaviour Policy
- Children Missing from Education Policy and Procedures
- Complaints procedure
- Drug and Alcohol Education Policy
- E-safety Policy
- Equalities Policy
- Keeping Records of Child Protection and Welfare Concerns: Guidance for Early Years Settings, Schools and Colleges
- Health and Safety Policy and other linked policies and risk assessments
- ICT Acceptable Use Policy
- Offsite Activities and Educational Visits Policy and risk assessments
- Pastoral Care Policy
- Physical Education and Sports Guidance
- Positive Handling and Physical Intervention Policy and Guidance
- Premises Inspection Checklist
- PSHEe Policy
- Pupil Images Policy
- Recruitment and Selection Policy and procedures
- Teachers' Standards, Department for Education guidance available on [GOV.UK website](https://www.gov.uk)
- Sex and Relationship Education Policy
- Social Media Policy
- Special Educational Needs and Disabilities Policy
- Spiritual, Moral, Social and Cultural Development Policy
- Work Experience Handbook

APPENDIX A

THE ROLE OF THE DESIGNATED CHILD PROTECTION TEACHER

1 MANAGING REFERRALS

- 1.1 Refer all cases of suspected abuse to East Sussex Children's Social Care and to the Police if a crime may have been committed.
- 1.2 Liaise with the Head Teacher about safeguarding issues relating to individual children, especially ongoing enquiries under section 47 of the Children Act 1989.
- 1.3 Act as a source of support, advice and expertise to staff members on matters of child protection and safeguarding.
- 1.4 Liaise with agencies providing early help services and coordinate referrals from the school to targeted early help services for children in need of support.

2 RECORD KEEPING

- 2.1 Keep written records of child protection and welfare concerns in line with East Sussex Local Safeguarding Board guidance [Keeping Child Protection and Welfare Concerns: Guidance for Early Years Settings, Schools and College.](#)
- 2.2 Ensure a stand-alone file is created as necessary for children with safeguarding concerns.
- 2.3 Maintain a chronology of significant incidents for each child with safeguarding concerns.
- 2.4 Ensure such records are kept confidentially and securely and separate from the child's educational record.
- 2.5 As soon as a child with safeguarding concerns moves to another school, liaise with the new school's Designated Child Protection Teacher for information sharing. Ensure the child's child protection or welfare concerns records are transferred to the new school as soon as possible.

3 INTER-AGENCY WORKING AND INFORMATION SHARING

- 3.1 Cooperate with Children's Social Care for enquiries under section 47 of the Children Act 1989.
- 3.2 Attend, or ensure other relevant staff members attend, child protection conferences, core group meetings and other multi-agency meetings, as required.
- 3.3 Liaise with other agencies working with the child, share information as appropriate and contribute to assessments.

4 TRAINING

- 4.1 Undertake appropriate training, **updated every two years**, in order to
- be able to recognise signs of abuse and how to respond to them, including special circumstances such as child sexual exploitation, female genital mutilation, fabricated or induced illness (see chapter 8 of the [Pan-Sussex Child Protection and Safeguarding Procedures](#));
 - understand the assessment process for providing early help and intervention, e.g. the East Sussex Safeguarding Children Continuum of Need guidance and tools and the early help planning processes;
 - have a working knowledge of how the local authority conducts initial and review child protection case conferences and contribute effectively to these; and
 - be alert to the specific needs of children in need (as specified in section 17 of the Children Act 1989), those with special educational needs, pregnant teenagers and young carers.
- 4.2 Ensure each member of staff has access to and understands the school's child protection policy and procedures, including providing induction on these matters to new staff members.
- 4.3 Organise whole-school child protection training for all staff members **every three years**. Ensure staff members who miss the training receive it by other means, e.g. by joining another school's training.
- 4.4 Link with East Sussex Local Safeguarding Children Board to identify appropriate training opportunities for relevant staff members.
- 4.5 Ensure the school allocates time and resources every year for relevant staff members to attend training.
- 4.6 Encourage a culture of listening to children and taking account of their wishes and feelings in any action the school takes to protect them.
- 4.7 Maintain accurate records of staff induction and training.

5 AWARENESS RAISING

- 5.1 Review the safeguarding and child protection policy and procedures annually and liaise with the school's Governing Body to update and implement them.
- 5.2 Make the child protection and safeguarding policy and procedures available publicly and raise awareness of parents that referrals about suspected abuse may be made and the role of the school in any investigations that ensue.
- 5.3 Provide an annual briefing to the school on any changes to child protection legislation and procedures and relevant learning from local and national serious case reviews.

6 QUALITY ASSURANCE

- 6.1 Monitor the implementation of and compliance with policy and procedures, including periodic audits of child protection and welfare concerns files (at a minimum once a year).

- 6.2 Complete an audit of the school's safeguarding arrangements at frequencies specified by the East Sussex Local Safeguarding Children Board.
- 6.3 Provide regular reports, including an annual report, to the Governing Body detailing changes and reviews to policy, training undertaken by staff members and the number of children with child protection plans and other relevant data.
- 6.4 Take lead responsibility for remedying any deficiencies and weaknesses identified in child protection arrangements.

APPENDIX B CHILD PROTECTION AND SAFEGUARDING PROCEDURES

1 DEFINITIONS

- 1.1 **Abuse**, including neglect, is a form of maltreatment. A person may abuse a child by inflicting harm or by failing to prevent harm. Children may be abused within their family, in an institutional or community setting, by those known to them, or, more rarely, by a stranger.
- 1.2 **Children** are any people who have not yet reached their 18th birthday; a 16-year-old, whether living independently, in further education, in the armed forces or in hospital, is a child and is entitled to the same protection and services as anyone younger.
- 1.3 **Child protection** is part of safeguarding and promoting the welfare of children and refers to activity undertaken to protect specific children who are suffering, or likely to suffer, significant harm.
- 1.4 **Early help** means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years to teenage years.
- 1.5 **Harm** is ill treatment or impairment of health and development, including impairment suffered from seeing or hearing the ill treatment of another.
- 1.6 **Safeguarding children** is the action we take to promote the welfare of children and protect them from harm. **Safeguarding and promoting the welfare of children** is defined in [Working Together to Safeguard Children](#) as:
- protecting children from maltreatment;
 - preventing impairment of children's health and development;
 - ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
 - taking action to enable all children to have the best outcomes.
- 1.7 **Significant harm** is the threshold that justifies compulsory intervention in the family in the best interests of the child. Section 31 of the Children Act 1989 states 'where the question of whether harm suffered by a child is significant turns on the child's health or development, his health or development shall be compared with that which could reasonably be expected of a similar child.'
- 1.8 For more definitions, see [Pan-Sussex Child Protection and Safeguarding Procedures](#).

2 CATEGORIES OF ABUSE

- 2.1 **Emotional abuse** is the persistent emotional maltreatment of a child such that it causes severe and persistent adverse effects on the child's emotional development. It may involve:
- making a child feel worthless, unloved or inadequate
 - only there to meet another's needs
 - inappropriate age or developmental expectations
 - overprotection and limitation of exploration, learning and social interaction
 - seeing or hearing the ill treatment of another, e.g. domestic abuse
 - making the child feel worthless and unloved - high criticism and low warmth
 - serious bullying
 - exploitation or corruption

Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

- 2.2 **Neglect** is the persistent failure to meet a child's basic physical 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 misuse. Once a child is born, it may involve a parent failing to:
- provide adequate food, clothing and shelter, including exclusion from home or abandonment
 - protect a child from physical and emotional harm or danger
 - ensure adequate supervision, including the use of inadequate care givers
 - ensure access to appropriate medical care or treatment

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

- 2.3 **Physical abuse** may involve hitting, shaking, throwing, poisoning, burning, 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.

- 2.4 **Sexual abuse** involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. Activities may involve physical contact, including penetration of any part of the body, or non-penetrative acts. They may include non-contact activities, such as involving children looking at or in the production of sexual images, including on the internet, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Child sexual exploitation is also sexual abuse; it involves children and young people receiving something, for example accommodation, drugs, gifts or affection, as a result of them performing sexual activities, or having others perform sexual activities on them. It could take the form of grooming of children, e.g. to take part in sexual activities or to post sexual images of themselves on the internet.

3 SPECIFIC SAFEGUARDING ISSUES

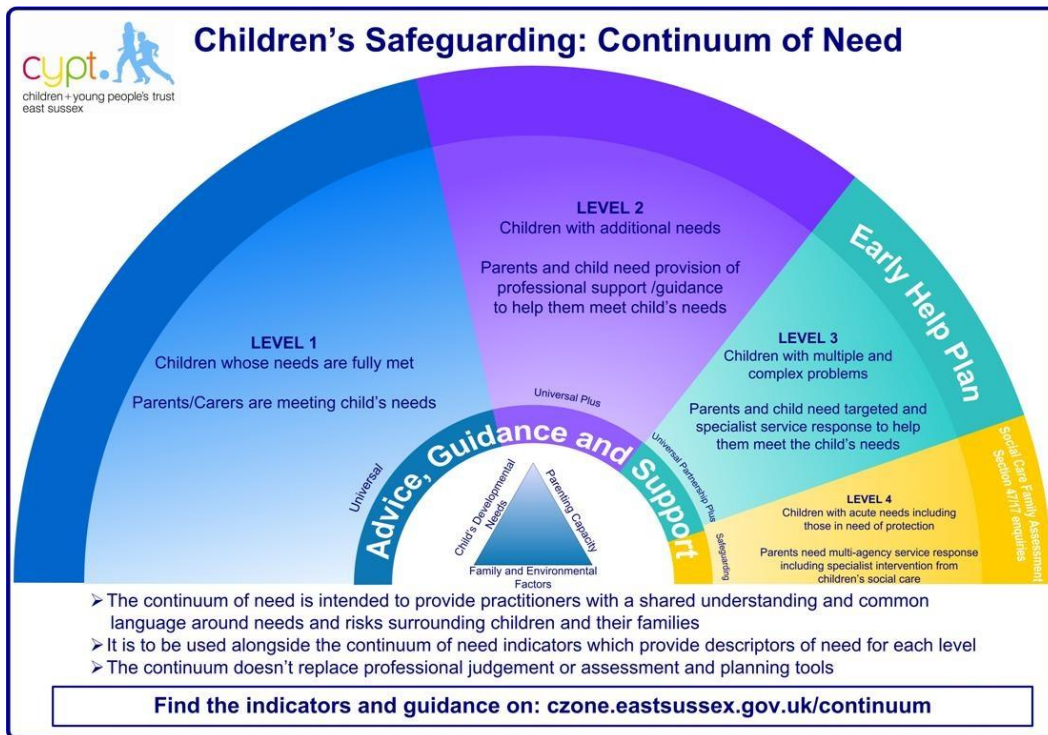
- 3.1 School staff members need to be aware of specific safeguarding issues and be alert to any risks. Chapter 8 of the [Pan-Sussex Child Protection and Safeguarding Procedures](#) has detailed information about specific issues such as child sexual exploitation, fabricated or induced illness, female genital mutilation, private fostering, children missing in education etc., and the local procedures to respond to risks.
- 3.2 The government website, [GOV.UK](#), has broad government guidance on a variety of issues. The following is not a comprehensive list and staff members should search the GOV.UK website and the *Pan-Sussex Procedures* for advice on other issues.
- [bullying, including cyberbullying](#)
 - [child sexual exploitation](#)
 - [drugs](#)
 - [fabricated or induced illness](#)
 - [faith abuse](#)
 - [female genital mutilation](#)
 - [gangs and youth violence](#)
 - [trafficking](#)

4 RECOGNITION – WHAT TO LOOK FOR

- 4.1 Staff members should refer to the detailed information about the categories of abuse and risk indicators in the [Pan-Sussex Child Protection and Safeguarding Procedures](#) for further guidance.
- 4.2 In an abusive relationship, the child may:
- appear frightened of their parent(s)
 - act in a way that is inappropriate to their age and development, although full account needs to be taken of different patterns of development and different ethnic groups
- 4.3 In an abusive relationship, the parent or carer may:
- persistently avoid child health services and treatment of the child's illnesses
 - have unrealistic expectations of the child
 - frequently complain about or to the child and fail to provide attention or praise
 - be absent
 - be misusing substances
 - persistently refuse to allow access on home visits by professionals
 - be involved in domestic violence and abuse
 - be socially isolated
- 4.4 Serious case reviews have found that parental substance misuse, domestic abuse and mental health problems, sometimes referred to as the 'toxic trio', if they coexist in a family could mean significant risks to children. Problems can be compounded by poverty, frequent house moves or eviction.

5 SAFEGUARDING CHILDREN CONTINUUM OF NEED

- 5.1 The Safeguarding Children Continuum of Need has been developed so that everyone working with children in East Sussex has a common language for understanding the needs and risks surrounding children and their families.
- 5.2 For example, if the school has concerns about a child and needs advice or support from a Duty and Assessment social worker, they will use the Continuum of Need as a guide to understand the school's concerns and provide advice about what to do or to decide whether the child and family need social care involvement. The Continuum of Need does not replace professional judgement, but it is intended to support decision-making and discussions between services and practitioners.
- 5.3 It is important that staff members are familiar with the Continuum of Need tool. It comes in two parts – a windscreen tool showing levels of need (see below) and an indicator tool describing a range of conditions about the child and family that the school (and other practitioners the school has discussions with) can use to identify their level of need.
- 5.4 The Continuum of Need tool, including the windscreen and indicators, and detailed guidance are available on [Czone](#).
- 5.5 The Continuum of Need shows that a child's or family's additional needs can be on a range from none to very high, and that needs can shift from early help to child protection and back to preventative early help. It covers children whose needs are increasing as well as children whose needs are decreasing after Children's Social Care involvement. The Continuum of Need will help practitioners to identify the right level of support for the child in the least intrusive way while keeping the child safe.



5.6 The Continuum of Need identifies four levels of need.

Level 1:

- children who are achieving expected outcomes
- their needs are met by their parents and by accessing universal services such as health and education
- they do not have additional needs

Level 2:

- children with additional needs
- parents need professional support or guidance to help them meet their children's needs
- extra support can usually be provided by agencies that already know the family, e.g. their pre-school, school or college or NHS community services such as Health Visiting

Level 3:

- children with multiple and complex needs
- children and parents need targeted early help or specialist services to meet the children's needs
- needs are met through multi-agency support and the use of Early Help Plans

Level 4:

- children with acute needs, including those in need of protection
- children and parents need multi-agency responses which include specialist intervention from Children's Social Care through the family assessment process

5.7 By referring to the Continuum of Need and indicators, the school can identify when assessment and support for a child and family need 'stepping up' to a referral to Social Care and when the needs of a child and their family have been reduced enough for them to be 'stepped down' to early help services.

6 WHAT ACTION TO TAKE IF YOU HAVE CONCERNS ABOUT A CHILD

Staff member	What action to take if you have concerns
Any member of staff, governor, volunteer, contractor or activity provider	<ol style="list-style-type: none"> 1. Discuss your concerns with the Designated Child Protection Teacher, Fiona Day, or in their absence, with the Deputy Designated Child Protection Teachers, Sue Miller/Emma Moore, as soon as possible, before the child leaves for the day. It is important that the child is not sent home at the end of the day without taking the right protective action. 2. Complete the child protection incident/welfare concern form and pass it to the Designated Child Protection Teacher. 3. If the Designated Child Protection Teacher or their deputy is not available, you should contact the Children's Social Care Duty and Assessment Team yourself for a consultation about the action you need to take. Inform the Designated Child Protection Teacher about your consultation and what actions you have taken.
Designated Child Protection Teacher	<ol style="list-style-type: none"> 1. You are concerned that the child is at risk of significant harm (Level 4 of the Continuum of need) <ol style="list-style-type: none"> 1.1 Contact the relevant Duty and Assessment Team immediately. 1.2 If you believe that the child is in immediate danger, or you suspect a crime has been committed, you must also contact the police immediately. 1.3 If the Duty and Assessment Team accepts your contact as a referral, send them a completed statement of referral (available from the Pan-Sussex Child Protection and Safeguarding Procedures) within 24 hours. 1.4 The Duty and Assessment Team may decide, in discussion with you, that the child's needs are at Level 2 or 3 of the Continuum of Need and the school is better placed to provide support. See points 2.5 and 2.6 below for further action. 1.5 Record all your discussions and decision-making on the child protection incident/welfare concern form sent by the staff member who contacted you originally. Add it and a copy of the statement of referral to the child's file. If the child does not have a stand-alone child protection file, you will need to create one. Update the chronology. Continue to update the child's file and chronology as the investigation and the resulting work carry on. 2. You believe the child is not at risk of significant harm, but the child or their family may need support (Level 2 or 3 of the Continuum of Need) <ol style="list-style-type: none"> 2.1 Use the Continuum of Need tool to identify the level of need. 2.2 Discuss your concerns with senior colleagues in another agency, if necessary. 2.3 Contact the Duty and Assessment Team for a consultation, without necessarily identifying the child in question, in order to develop an understanding of the child's needs and circumstances. 2.4 If the Duty and Assessment Team accepts your contact as a referral for social care assessment, send them a completed statement of referral within 24 hours, as above. 2.5 If your consultation results in the decision that the child and family are in need of help at Level 2 or 3 of the Continuum of Need, provide additional support in the school and/or refer the child or their family to other agencies providing early help services.

	2.6 Record all your consultations and decision-making on the child protection incident/welfare concern form sent by the staff member who contacted you originally. Update the chronology and add referral letters and forms to the child's file; create a stand-alone file, if one does not exist. Continue to update the file, including the chronology, as work progresses.
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7 DEALING WITH A DISCLOSURE MADE BY A CHILD – ADVICE FOR ALL MEMBERS OF STAFF

7.1 If a child discloses that he or she has been abused in some way, the member of staff or volunteer should follow this guidance.

- Listen to what is being said without displaying shock or disbelief.
- Only ask questions when necessary to clarify.
- Accept what is being said.
- Allow the child to talk freely – do not put words in the child's mouth.
- Reassure the child that what has happened is not his or her fault.
- Do not make promises that you may not be able to keep.
- Do not promise confidentiality – it may be necessary to refer the child to Children's Social Care.
- Stress that it was the right thing to tell.
- Do not criticise the alleged perpetrator.
- Explain what has to be done next and who has to be told.
- Inform the Designated Child Protection Teacher without delay.
- Complete the child protection incident/welfare concern form and pass it to the Designated Child Protection Teacher.
- Dealing with a disclosure from a child and safeguarding issues can be stressful. Consider seeking support for yourself and discuss this with the Designated Child Protection Teacher.

8 DISCUSSING CONCERNS WITH THE FAMILY AND THE CHILD – ADVICE FOR THE DESIGNATED CHILD PROTECTION TEACHER

8.1 In general, you should always discuss any concerns the school may have with the child's parents. They need to know that you are worried about their child. However, you should not discuss your concerns if you believe that this would place the child at greater risk or lead to loss of evidence for a police investigation.

8.2 **If you make a decision not to discuss your concerns with the child's parents or carers** this must be recorded in the child's child protection file with a full explanation for your decision.

8.3 **It is important to consider the child's wishes and feelings**, if age appropriate, as part of planning what action to take in relation to concerns about their welfare.

8.4 When talking to children, you should take account of their age, understanding and preferred language, which may not be English. It is also important to consider how a disabled child may need support in communicating.

8.5 How you talk to a child will also depend on the substance and seriousness of the concerns. You may need to seek advice from Children's Social Care or the police to ensure that neither the safety of the child nor any subsequent investigation is jeopardised.

8.6 If concerns have arisen as a result of information given by a child, it is important to reassure the child but not to promise confidentiality.

- 8.7 **It is expected that you discuss your concerns with the parents and seek their agreement to making a referral to Children's Social Care, unless you consider that this would place the child at increased risk of significant harm.**
- 8.8 **You do not need the parents' consent to make a referral if you consider the child is in need of protection**, although parents will ultimately be made aware of which organisation made the referral.
- 8.9 If parents refuse to give consent to a referral but you decide to continue, you need to make this clear to Children's Social Care.
- 8.10 **If you decide to refer the child without the parents' consent, make sure to record this with a full explanation of your decision.**
- 8.11 When you make your referral, you should agree with Children's Social Care what the child and parents will be told, by whom and when.
- 8.12 See section 11 below for guidance on information sharing and consent.

9 EARLY HELP FOR CHILDREN AND FAMILIES

- 9.1 Most parents can look after their children without the need of help other than from their family or friends. However, some parents may need additional help from our school or other services such as the NHS. Providing help early is more effective in promoting the welfare of children than reacting later.
- 9.2 Our school will work together with other agencies to provide a coordinated offer of early help, in line with [Working Together to Safeguard Children \(A guide to inter-agency working to safeguard and promote the welfare of children.\)](#) and local guidance, to any child who needs it.
- 9.3 We will pool our knowledge within the school and with other agencies about which families or children need additional support in a range of ways so that we can work out how best to help them. We will use the [East Sussex Safeguarding Continuum of Need tool](#) to identify what level of need the child or their family has.
- 9.4 We will work closely with targeted early help services and Children's Social Care if we feel families need more support and input, or children are at risk of harm, and we will continue to provide support if other services are also needed.
- 9.5 [Targeted early help services](#) are aimed specifically at helping families with children and young people whose needs are at Level 3 on the Continuum of Need. There are three main services in East Sussex:
- **Children's Centre Keywork and Health Visiting (for children aged 0 to 5 years)** work closely through the Good Start programme to agree what support is needed for families with children in this age range.
 - **Family Support Keywork Services (for children aged 5 to 13 years)** work across the county with schools and academies to provide coordinated support for families. They are based on the previous Parent Support Advisor, COPES and Inclusive Learning Tutor services.
 - **Targeted Youth Support Service (for children and young people aged 11 to 19 years)** works closely with secondary schools, academies and colleges.
- 9.6 Targeted support is also provided by family keystaff in specialist services, for example Probation, Sussex Police, the Traveller Education Team, and by School Nurses and

Family Support Health Practitioners. These services may lead a plan of support in a similar way to targeted early help services.

- 9.7 Our school will [refer any child with needs at Level 3 on the Continuum of Need](#) to a targeted early help service and work with the service in any early help planning they may undertake to support the child.
- 9.8 We will talk to the family about referral to a targeted early help service and explain that there may be a need to involve other professionals, including talking to a social worker about our concerns. We will seek the family's consent for the referral.
- 9.9 If the family does not consent to an early help service, we will make a judgement about whether the needs of the child will escalate or the child will become unsafe without help.

If our judgement is that the needs or concerns will escalate, then we will contact the Children's Social Care Duty and Assessment Team in our area for a consultation with a qualified social worker in order to make a shared decision about whether the level of concerns calls for a referral to Children's Social Care.

10 CHILDREN'S-SOCIAL-CARE-LED RESPONSES TO CONCERNS ABOUT A CHILD

- 10.1 Once Children's Social Care has accepted our referral as needing a social-care-led response (Level 4 of the Continuum of Need), a senior social work practitioner and their manager will evaluate the concerns to identify the sources and levels of risk and to agree what protective action may be necessary.
- 10.2 The evaluation of concerns and risks involve deciding whether:
- the child needs immediate protection and urgent action is necessary; or
 - the child is suffering, or at risk of suffering, significant harm and enquiries need to be made under section 47 of the Children Act 1989; or
 - the child is in need and should be assessed under section 17 of the Children Act 1989.
- 10.3 We will cooperate with Children's Social Care and the police in any emergency action they take using their legal powers for immediate protection of the child. This may involve removing the child from their home.
- 10.4 We will participate in any multi-agency discussions (strategy discussions), if invited to do so, and share information about the child and their family to plan the response to concerns.
- 10.5 We will share information about the child and their family for section 47 enquiries and family assessments undertaken by Children's Social Care.
- 10.6 We will ensure that a relevant staff member participates in all initial and review child protection conferences, if we are invited to attend. The staff member will work together with other agencies to discuss the need for and agree to an outcome-focused child protection plan and will ensure that the child's wishes and views are considered in their own right in planning.
- 10.7 If we are members of the core group to implement a child protection plan, we will ensure a relevant staff member participates in all core group meetings.
- 10.8 We will ensure that we complete all actions allocated to us as part of the outcome-focused plan, whether a child protection plan or a family support plan, in a timely way.

10.9 We will continue to monitor children once their plans are ended to ensure that they are supported and kept safe.

11 INFORMATION SHARING AND CONSENT

11.1 It is essential that people working with children can confidently share information as part of their day-to-day work. This is necessary not only to safeguard and protect children from harm but also to work together to support families to improve outcomes for all.

11.2 The school may have to share information about parents or carers, such as their medical history, disability or substance misuse issues, for investigations of child abuse carried out by Children's Social Care.

11.3 We will proactively seek out information as well as sharing it. This means checking with other professionals whether they have information that helps us to be as well informed as possible when working to support children.

11.4 The Data Protection Act 1998 is not a barrier to sharing information. It is there to ensure that personal information is managed in a sensible way and that a balance is struck between a person's privacy and public protection.

11.5 We should be sharing any concerns we have with parents at an early stage, unless this would put a child at greater risk or compromise an investigation. Parents need to know what our responsibilities are for safeguarding and protecting children and that this involves sharing information about them with other professionals.

11.6 Be clear about the purpose of sharing confidential information and only share as much as you need to achieve your purpose.

11.7 Try to get consent from parents (or the child, if they have sufficient understanding¹) to share information, if possible. However, **you do not need consent if you have serious concerns about a child's safety and well-being. If you decide to share information without consent, you should record this with a full explanation of your decision.**

11.8 **Consent should not be sought from parents or carers (or the child, if they have sufficient understanding), if:**

- it would place a child at increased risk of harm; or
- it would place an adult at risk of serious harm; or
- it would prejudice a criminal investigation; or
- it would lead to unjustified delay in making enquiries about allegations of significant harm to a child; or
- required by law or a court order to share information.

11.9 **Consent is not necessary** in cases where Children's Social Care are making child protection enquiries under section 47 of the Children Act 1989. Information needs to be shared with Children's Social Care; staff members must make sure to record what information has been shared.

¹ Children aged 12 or over may generally be expected to have sufficient understanding. Younger children may also have sufficient understanding. All people aged 16 and over are presumed, in law, to have the capacity to give or withhold their consent, unless there is evidence to the contrary.

11.10 **Consent is necessary**, for:

- Children's Social Care investigations or assessments of concerns under section 17 of the Children Act 1989. Children's Social Care will assume that we have obtained consent from the parents to share information unless we make them aware that there is a specific issue about consent. This must be discussed with a social worker in the Duty and Assessment Team.
- early help assessments. Assessments are undertaken with the agreement of the child and their parents or carers.

11.11 If you are in any doubt about the need for seeking consent, get advice from the Designated Child Protection Teacher or from the Children's Social Care Duty and Assessment Team.

11.12 Keep a record of your decision to share information, with or without consent, and the reasons for it. Remember also that it is just as important to keep a record of why you decided not to share information as why you did so.

12 RECORD KEEPING

12.1 Good record keeping is an important part of the school's accountability to children and their families and will help us in meeting our key responsibility to respond appropriately to welfare concerns about children.

12.2 Records should be factual, accurate, relevant, up to date and auditable. They should support monitoring, risk assessment and planning for children and enable informed and timely decisions about appropriate action to take.

12.3 All staff members, governors, volunteers, contractors and activity providers should ensure that they record and report safeguarding concerns in line with guidance from the East Sussex Local Safeguarding Children Board (LSCB) – [Keeping Records of Child Protection and Welfare Concerns: Guidance for Early Years Settings, Schools and Colleges](#).

12.4 The Designated Child Protection Teacher will ensure that records are maintained appropriately for children with safeguarding concerns and that stand-alone files are created and maintained in line with requirements of the above guidance.

13 PROFESSIONAL CHALLENGE AND DISAGREEMENTS

13.1 Working with children and families, and in particular child protection work, is stressful and complex, as well as involving uncertainty and strong feelings. To ensure that the best decisions are made for children, we need to be able to challenge one another's practice.

13.2 We will promote a culture within our school that enables all staff members to raise, without fear of repercussions, any concerns they may have about the management of child protection in the school. This may include raising concerns about decisions, action and inaction by colleagues about individual children. If necessary, staff members will speak with the Designated Child Protection Teacher, the Head Teacher, the chair of governors or with the Local Authority Designated Officer.

13.3 Cooperation across agencies is crucial; professionals need to work together, using their skills and experience, to make a robust contribution to safeguarding children and promoting their welfare within the framework of discussions, meetings, conferences and case management.

- 13.4 If there are any professional disagreements with practitioners from other agencies, the Designated Child Protection Teacher or the Head Teacher will raise concerns with the relevant agency's safeguarding lead in line with guidance in the [Pan-Sussex Child Protection and Safeguarding Procedures](#).
- 13.5 If the school disagrees with the child protection conference chair's decision, the Designated Child Protection Teacher or the Head Teacher will consider whether they wish to challenge it further and raise the matter with Children's Services Head of Safeguarding.

14 SAFER RECRUITMENT

- 14.1 Our school has robust recruitment and vetting procedures to help prevent unsuitable people from working with children.
- 14.2 Our job advertisements and application packs make explicit reference to the school's commitment to safeguarding children, including compliance with disclosure and barring regulations and clear statements in the job description and person specification about the staff member's safeguarding responsibilities.
- 14.3 All staff members who have contact with children, young people and families will have appropriate pre-employment checks in line with [Keeping children safe in education - September 2016](#)
- 14.4 At least one member on every short listing and interview panel will have completed safer recruitment training.
- 14.5 The Head Teacher and the nominated governor for child protection are responsible for ensuring that our **single central record of pre-employment checks** is accurate and up to date.

15 PROCEDURE FOR MANAGING ALLEGATIONS OF ABUSE MADE AGAINST SCHOOL STAFF MEMBERS

- 15.1 The school takes seriously all allegations of abuse made against staff members, including volunteers, and will investigate them in line with the statutory guidance, [Keeping children safe in education - September 2016](#), and the [Pan-Sussex Child Protection and Safeguarding Procedures](#).
- 15.2 The process described below is a summary of the procedure described in the above documents. The case manager for the investigation should refer to them for details.
- 15.3 **The procedure applies to all adults working in the school or providing a service on behalf of the school to our pupils either within or outside school premises**, i.e. all permanent, temporary and ancillary staff, governors, volunteers, contractors and external service or activity providers (**collectively referred to as staff or staff members** in this procedure).
- 15.4 The allegations management procedure will be used in all cases where it is alleged that a staff member, has:
- behaved in a way that has harmed a child, or may have harmed a child; or
 - possibly committed a criminal offence against or related to a child; or
 - behaved towards a child or children in a way that indicates that they would pose a risk of harm if they work regularly or closely with children.

- 15.5 Allegations may arise in a number of ways, for example a report from a child, a complaint from a parent, or a concern raised by another adult within the school. An allegation may concern someone's behaviour or actions within their job or a voluntary activity, or within their family or private life.
- 15.6 **Any concerns will be considered in the context of the four types of abuse** (see section 2 above).
- 15.7 Concerns include inappropriate relationships between adults and children. For example:
- a sexual relationship between a child under 18 and an adult in a position of trust with them, even if the relationship may appear to be consensual;
 - grooming, i.e. meeting a child under 16 with intent to commit a relevant offence (section 15 of the Sexual Offences Act 2003); or
 - other behaviour that gives rise to concerns, such as possession of abusive images of children or inappropriate contact through texts or online, inappropriate messages, gifts or socialising with children.
- 15.8 If an allegation or concern arises about a staff member outside of their work with children, and this may present a risk to children for whom the staff member is responsible, the general principles outlined in these procedures will still apply.
- 15.9 Roles and responsibilities:**
- **Anyone who has concerns** about, or has received an allegation about, the behaviour of a staff member **needs to report the concerns immediately to the Head Teacher. In the absence of the Head Teacher, or if the Head Teacher is the subject of the allegation, concerns must be reported to the chair of governors. If both the Head Teacher and the chair of governors are absent, the allegation needs to be reported to the Local Authority Designated Officer (LADO).**
 - The **Head Teacher will act as the case manager** for investigations of allegations and liaise with the **LADO**.
 - The **chair of governors will act as the case manager**, if the allegation is made against the Head Teacher.
 - The **LADO** is involved in the overall management and oversight of individual cases. They will provide advice and guidance to the case manager, liaise with the police and other agencies and monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.
- 15.10 Initial action by the person noticing concerns or receiving an allegation first:**
- Treat the matter seriously and keep an open mind.
 - Do not make assumptions or offer alternative explanations.
 - Do not investigate or ask leading questions, if seeking clarification.
 - Do not promise confidentiality, but give assurance that the information will only be shared on a need-to-know basis.
 - Act quickly.
 - Make a written record of the information. Where possible, record the exact words of the person making the allegation or the child's own words.
 - Record the time, date and place and names of people present when the allegation was made or concerning behaviour was observed. Record the time, date and place of alleged incidents, persons present and what was said, if these were mentioned by the person making the allegation.

- Sign and date the written record.
- Immediately report the matter to the Head Teacher or the chair of governors, as in 15.9 above and give them the written record.

15.11 Initial response by the case manager:

- Do not investigate the matter immediately or interview the staff member or the child concerned.
- Obtain written details of the concern or allegation, signed and dated by the person reporting it. Countersign and date the written details and record the decisions made and the reasons for those decisions.
- Contact the LADO immediately to report the allegation and for a consultation. The allegation must be reported within one day at the most.
- If the allegation requires immediate attention but is received out of hours, contact the Children's Services Emergency Duty Team or the police and inform the LADO as soon as possible.
- Refer allegations against a staff member who is no longer working in the school to the police in the first instance and then inform the LADO.

15.12 Initial consideration of the allegation by the case manager and the LADO:

- The case manager and the LADO will consider the nature, content and context of the allegation and agree a course of action, including whether further information is needed.
- The case manager may need to obtain relevant additional information, such as previous history, whether the child or their family have made similar allegations in the past and the staff member's current contact with children.
- If the allegation is not demonstrably false and there is cause to suspect that a child is suffering or likely to suffer significant harm, the LADO will refer the case to Children's Social Care and ask them to convene a strategy discussion.
- The LADO will consult the police if a criminal offence may have been committed. If the threshold for significant harm is not reached but a police investigation may be needed, the LADO will immediately inform the police.
- If an investigation by Children's Social Care or the police is not necessary, the case manager and the LADO will discuss the options open to the school depending on the nature of the allegation and the evidence available. This will range from taking no further action to dismissal or a decision not to use the staff member's services in the future.
- If the initial evaluation leads to no further action against the staff member concerned, the decision and justification should be recorded by both the case manager and the LADO. Agreement should be reached on what information should be put in writing to the individual and what action should follow, including informing the person who made the allegation originally.

15.13 Persons to be notified:

- After consultation with the LADO, the case manager should inform the accused person about the allegation as soon as possible.
- **However, if a strategy discussion is needed, or the police or Children's Social Care need to be involved, the case manager should not inform the accused person until those agencies have been consulted and have agreed what information can be disclosed to the individual.**
- In principle, the case manager should inform the parents or carers of the children involved about the allegation. The LADO should be consulted first to ensure that this will not impede any investigation or disciplinary process. In some cases, the parents or carers may need to be informed right away, e.g. if a child is injured and needs medical attention.

- The parents or carers and the child, if sufficiently mature, should be helped to understand the process and kept informed about the progress of the case and the outcome if no criminal prosecution will take place.

15.14 Confidentiality:

- Every effort should be made to maintain confidentiality and guard against publicity while an allegation is being investigated. Information should be restricted to only those who need to know in order to protect the children concerned, carry out the investigation and manage the disciplinary process.
- The Education Act 2011 introduced **reporting restrictions** preventing the publication of any material that may lead to the identification of a teacher who has been accused by, or on behalf of, a pupil from the same school.
- Reporting restrictions apply until the point that the accused person is charged with an offence, or until the Secretary of State publishes information about the investigation or decision from the disciplinary process. Reporting restrictions also cease if the accused person goes public themselves, thereby waiving their right to anonymity.
- Breaching reporting restrictions is a criminal offence. Therefore, the case manager should inform the parents or carers concerned about the implications of publishing details of the allegation on social networking sites. They should be advised to seek legal advice, if they wish to apply to court for removal of reporting restrictions.
- The case manager should discuss with the LADO how best to manage speculation, leaks and gossip within the school and the community at large, and press interest, if it arises.

15.15 Supporting people:

- The school together with Children's Social Care and the police, if they are involved, will consider the impact on the child concerned and provide support as appropriate.
- The Head Teacher will ensure that the child and family are kept informed of the progress of the investigation.
- The staff member who is the subject of the allegation will be advised to contact their union, professional association or a colleague for support.
- Personnel Services will be consulted at the earliest opportunity to ensure that the staff member is provided with appropriate support, if necessary, through occupational health or welfare arrangements.
- The Head Teacher will appoint a named representative to keep the staff member updated on the progress of the investigation; this will continue during any police or section 47 investigation or disciplinary investigation.

15.16 Managing risk during the investigation:

- The perceived level of risk during the investigation needs to be considered and managed. In some situations the level of risk may require the staff member not to be working with specific children or all children in the school until the investigation is completed.
- There are several options open to the employer, including:
 - redeployment so as not to come into direct contact with one or more children; or
 - refraining (agreeing that the person will not work with children during the investigation); or
 - suspension.
- Refraining and suspension should be considered as neutral acts and should not be automatic. Suspension should be considered only in cases where there is cause to believe children in the school are at risk of harm or the allegation is so serious that it might be grounds for dismissal.

- Decisions about risk are best made in a multi-agency forum such as the strategy discussion. The LADO will canvass the views of the agencies participating and inform the case manager. However, only the employer has the power to refrain or suspend.
- Possible risks to the children involved and any children in the accused staff member's home, work or community life will be evaluated and managed.

15.17 Timescales:

- Cases will be resolved as quickly as possible, consistent with a thorough and fair investigation.
- It is expected that the majority of cases should be resolved within one month and all but the most exceptional cases should be resolved within 12 months.
- However, the timing will depend on the nature, seriousness and complexity of the case and the right outcome is far more important than meeting timescales.
- Cases where it is immediately apparent that the allegation is unsubstantiated or malicious should be resolved within one week.
- The school should discuss the timing of actions with the LADO for all allegations that do not require police involvement but for which there are child protection concerns.
- If the nature of the allegation does not require formal disciplinary action, the school should start appropriate action within three working days.
- If a disciplinary hearing is required and can be held without further investigation, the hearing should be held within 15 working days.

15.18 Resignations and compromise agreements:

- The allegation will be investigated according to procedure, even if the accused staff member resigns or ceases to provide their services.
- Every effort will be made to reach a conclusion to the case should the staff member refuse to cooperate, having been given a full opportunity to answer the allegation and make representation.
- Although it would not be possible to apply disciplinary sanctions if the period of notice expires before the conclusion of the investigation, the outcome of the disciplinary process will be recorded.
- The school will not use 'compromise/settlement agreements', for example where the staff member agrees to resign provided that disciplinary action is not taken and that a future reference is agreed.

15.19 Outcomes of investigations of allegations:

- **Substantiated** – there is sufficient evidence to prove the allegation
- **Malicious** – there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive
- **False** – there is sufficient evidence to disprove the allegation
- **Unsubstantiated** – there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

15.20 Disciplinary or suitability process and investigations:

- The LADO and the case manager will discuss whether disciplinary action is appropriate in all cases where:
 - it is clear at the outset, or decided by a strategy discussion, that a police investigation or section 47 enquiry is not necessary; or
 - the police or the Crown Prosecution Service informs that the criminal investigation and subsequent trial are complete, or that an investigation is to be closed without charge, or prosecution is discontinued.
- The discussion will consider any potential misconduct or gross misconduct by the staff member, and take into account:

- the information provided by the police and Children's Services;
- the result of any investigation or trial; and
- the different standards of proof in disciplinary and criminal proceedings.
- In the case of supply, contract or volunteer staff, the LADO and the case manager will work with the providing agency in deciding whether to continue using the person's services or whether they can provide future work with children or whether to report them for barring considerations.

15.21 Record keeping:

- The case manager will keep a clear and comprehensive summary of the case record and provide a copy to the accused staff member. A copy of the record should also be given to the LADO.
- The record will include details of how the allegation was investigated and resolved and the decisions reached. It will be completed in collaboration with the LADO.
- Details of allegations that are found to be malicious will be removed from personnel records.
- In the case of all other allegations, the summary will be placed in the staff member's personnel file and kept until the person reaches retirement age or for a period of 10 years from the date of the allegation, if that is longer.

15.22 References:

- If the allegation was proven to be malicious, false or unsubstantiated, it will not be included in any references for the staff member.
- A history of repeated concerns or allegations which have all been found to be malicious, false or unsubstantiated will also not be included in any references.

15.23 Informing the Disclosure and Barring Service (DBS):

- The LADO will discuss with the case manager whether the school will refer the staff member to the DBS and, in the case of a teacher to the National College for Teaching and Leadership (NCTL), if the allegation is substantiated and the person is dismissed or the school ceases to use the person's services, or the person resigns or ceases to provide their services.
- **It is a legal requirement for schools to refer to the DBS anyone:**
 - **who has harmed, or is likely to harm, or poses a risk of harm to a child;**
or
 - **if there is reason to believe that they have committed one of a number of listed offences (as set out in the Safeguarding Vulnerable Groups Act 2006 (Prescribed Criteria and Miscellaneous Provisions) Regulations 2009), and have been removed from working in paid or unpaid regulated activity or would have been removed had they not left.**

Appendix C Prevent Action Plan



Motcombe Infant School 'Prevent' Action Plan 2017 - 2018

On 1st July 2015 the Prevent duty (Section 26) of The Counter-Terrorism and Security Act 2015 came into force. This duty places the responsibility on schools to have due regard to the need to prevent people from being drawn into terrorism.

As part of commitment to safeguarding and child protection we fully support the government's Prevent Strategy. The Headteacher is the school's Prevent Lead. Motcombe Infant School is fully committed to safeguarding and promoting the welfare of all its pupils. As a school we recognise that safeguarding against radicalisation is no different from safeguarding against any other vulnerability. At Motcombe Infant School, all staff are expected to uphold and promote the fundamental principles of British values, including democracy, the rule of law, individual liberty and mutual respect, and tolerance of those with different faiths and beliefs. We believe that children should be given the opportunity to explore diversity and understand Britain as a multi-cultural society; everyone should be treated with respect whatever their race, gender, sexuality, religious belief, special need or disability.

Links to Policies

The Prevent Action Plan links to the following policies:

- Child Protection and Safeguarding
- Anti-bullying Policy
- Behaviour and Discipline Policy
- E-Safety Policy

The principle objectives are that:

- All Governors, teachers, teaching assistants and non-teaching staff will have an understanding of what radicalisation and extremism are and why we need to be vigilant in school.
- All Governors, teachers, teaching assistants and non-teaching staff will know what the school policy is on anti-radicalisation and extremism and will follow the policy when issues arise.
- All parents and pupils will know that the school has policies in place to keep pupils safe from harm and that the school regularly reviews its systems to ensure they are appropriate and effective.
- Pupils understand how to keep safe against radicalisation and extremism and are provided with the opportunity to develop their knowledge, skills and judgement to challenge and debate extremist views.

Definitions and Indicators

Radicalisation is defined as the act or process of making a person more radical or favouring of extreme or fundamental changes in political, economic or social conditions, institutions or habits of the mind.

Extremism is defined as the holding of extreme political or religious views and extremists of all kinds aim to develop destructive relationships between different communities by promoting division, fear and mistrust of others based on ignorance or prejudice.

Context of the School:

- Motcombe is a larger than average infant school with 372 children currently on roll, serving a largely urban area of Eastbourne.
- The school is currently organised in 13 classrooms (having welcomed an additional YR Class in September 2016).
- There are good channels of communication and complaints from parents are very rare.
- Pupils come from a wide range of social, economic and ethnic backgrounds. Most are of White British heritage with 78 children (21%) having English as an additional language.
- Children come from approximately 30 pre-school settings and attainment on entry varies considerably but is generally slightly below expectations for their age.
- The proportion of disabled children and those who have identified special educational needs is lower than average and the proportion of children supported with an EHCP is also low.
- The number of pupils eligible for Pupil Premium funding is currently 31.

School Profile

- The school has a PAN of 120. Numbers on roll are currently 372.
- Pupil mobility is increasing; the school has a stability figure of 91.2%
- The percentage of boys and girls is broadly similar with 51% boys and 49% girls

Deprivation Indicators

- Eligibility for PPG is currently 10.9% which is lower than the national average of 14.1% (2017 National Statistics for FSM eligibility).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/552342/SFR20_2016_Main_Text.pdf
- The school deprivation indicator is below the national average.

EAL

- The percentage of pupils from ethnic backgrounds is 20.1% which is above the national average of 14.4% (2017 National Statistics).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/552342/SFR20_2016_Main_Text.pdf

SEND

- Currently 13.1% of our pupils are on the SEND register which is below the national average of 16%
- Currently 1 child in school has an EHCP, which is very low compared to other schools (2017 National Statistics).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/552342/SFR20_2016_Main_Text.pdf

Duty	What this means	Action	By Whom
Risk Assessment			
Assess the risk of children being drawn into terrorism	Staff can demonstrate a general understanding of the risks affecting children and young people.	All Staff have read 'Keeping Children Safe in Education' (July 2015). The Prevent Lead has informed staff of their duties as set out in 'The Prevent Duty' (DfE June 2015).	All Staff Prevent Lead
	Staff can identify individual children who may be at risk of radicalisation and how to support them.	The Prevent Lead has informed staff about signs and indicators of radicalisation.	Prevent Lead
	There is a clear procedure in place for protecting children at risk of radicalisation.	All staff have read the Anti-Radicalisation Policy and are aware of the duties placed upon school staff with regard to the Prevent Duty. All staff understand how to record and report concerns regarding risk of radicalisation. Staff complete a log of concerns about a child's welfare as they would do for any other Safeguarding issue.	All Staff All Staff
	The school has identified a Prevent Lead.	All staff know who the Prevent Lead is and that this person acts as a source of advice and support.	All Staff
Prohibit extremist speakers and events in the school	The school exercises 'due diligence' in relation to requests from external speakers and organisation using school premises.	Request an outline of what the speaker intends to cover. Research the person/organisation to establish whether they have demonstrated extreme views/actions. Deny permission for people/organisations to use school premises if they have links to extreme groups or movements. Provide justification for their decisions in writing.	Prevent Lead

Working in Partnership			
The school is using existing local partnership arrangements in exercising its Prevent duty	Staff record and report concerns in line with existing policies and procedures.	All staff record and report concerns on the usual 'Concerns Form'.	All Staff

	The Prevent Lead makes appropriate referrals to other agencies including the Safeguarding Hub.	Records of referrals are kept in the Confidential Safeguarding File in the HT's office. Referrals are followed up appropriately.	Prevent Lead
Staff Training			
Equip staff to identify children at risk of being drawn into terrorism and to challenge extremist ideas.	Assess the training needs of staff in the light of the school's assessment of the risk to pupils at the school of being drawn into terrorism.	As a minimum the school should: Ensure that the designated safeguarding lead undertakes Prevent Awareness Training Ensure that the designated safeguarding lead is able to provide advice and support to other members of staff on protecting children from the risk of radicalisation. Ensure all staff are updated as to the placed upon school staff with regard to the Prevent Duty.	Designated Safeguarding Lead/Prevent Lead
Computing Policy			
Ensure that children are safe from terrorist and extremist material when accessing the internet in school.	The school has policies and practices in place which make reference to the 'Prevent' duty.	Ensure reference is made to 'Prevent' : Update e-Safety Policy Update Anti-bullying Policy Update Child Protection Policy	Prevent Lead
	Children are taught about on-line safety with specific reference to the risk of radicalisation. Parents are informed about on-line safety at meetings.	The curriculum reflects this duty.	All Staff
Building Children's resilience to radicalisation			
Ensure that pupils have a 'safe environment' in which to discuss 'controversial issues'.	Pupils develop the knowledge, skills and understanding to prepare them to play a full and active part in society.	Through PSHE/Citizenship, Circle Times and other curriculum activities, pupils are able to explore political, religious and social issues. Pupils are taught about the diverse national, regional and ethnic identities in the UK and the need for mutual respect. Relevant staff are aware of the government guidance: www.gov.uk/government/news/guidance-on-promoting-british-values-in-schools published/	All Staff
Develop the School Council's voice within school.	Democratic elections of School Council Representatives.	School Council elected at beginning of Autumn term following a democratic election campaign. School Council meet fortnightly and take discussions back to classes to find the views and opinions of all pupils.	HT/School Council Lead
To ensure that British Values/SMSC continue to be integrated into the curriculum and	Curriculum themes promote tolerance of others. Assemblies focus on	Monitor teaching and learning of British Values Decide on 5 core values for the school, involving all stakeholders and build these into	SLT/Prevent Lead

develop tolerance of others.	British Values, as part of our SMSC curriculum RE curriculum develops understanding of other faiths PSHE curriculum promotes SMSC/British Values	our behaviour policy Clear visual for each value.	
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Appendix D FGM Policy

MOTCOMBE SCHOOL FGM POLICY

INTRODUCTION

FGM has been a criminal offence in the UK since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act and made it an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal. Further information about the Act can be found in [Home Office Circular 10/2004](#).

Policy Statement

As a school we recognise that whilst there is no intent to harm a girl / young woman through FGM, the practice directly causes serious short and long term medical and psychological complications. Consequently **it is a physically abusive act.**

It is our aim to prevent the practice of FGM in a way that is culturally sensitive and with the fullest consultations with community representatives and professional agencies.

All staff and certain agencies should be alert to the possibility of FGM, and their policy should include a preventative strategy that focuses upon education, as well as the protection of girls / young women at risk of significant harm. The following principles should be adhered to:

- The safety and welfare of the girl / young woman is paramount;
- All agencies and staff, including volunteers, will act in the interest of the rights of the girl / young woman, as stated in the UN Convention on the Rights of the Child (1989);
- All decisions or plans for the girl / young woman should be based on thorough assessments which are sensitive to the issues of age, race, culture, gender, religion. Stigmatisation of the girl / young woman or their specific community should be avoided;
- Cheshire agencies should work in partnership with members of affected local communities, to develop support networks and education appropriate programme's.

FEMALE GENITAL MUTILATION

Definition

The World Health Organisation (WHO) states that female genital mutilation (FGM) 'comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons' (WHO, 2008). FGM is also known as female circumcision, but this is incorrect as circumcision means 'to cut' and 'around' (Latin), and it is quite dissimilar to the male procedure. It can also be known as female genital cutting. The Somali term is 'Gudnin' and in Sudanese it is 'Tahur'. FGM is not like male circumcision. It is very harmful and can cause long-term mental and physical suffering, menstrual and sexual problems, difficulty in giving birth, infertility and even death. The average age for FGM to be carried out is about 14 years old. However it can vary from soon after birth, up until adulthood.

Prevalence

FGM is much more common than most people realise. In 2004 it was estimated that there were approximately 80,000 girls and women in the UK who have undergone genital mutilation and a further 7,000 girls under 17 were at risk (Department of Health). Current figures are unknown as although there has been a rise in immigration to the UK during this period since 2004, educational programmes against FGM may have had an impact on reducing incidence.

A study by FORWARD estimated prevalence of FGM in England and Wales as at least 66,000 in 2001 with 24,000 girls under the age of 15 being at risk (Dorkenoo,

2007). One study (Williams et al, 1998) found that 70% of unmarried Somali girls aged 16-22 living in London had experienced FGM, and that the vast majority of those had it carried out before arriving in the UK.

Morison et al, (2004), detailing experiences and attitudes to FGM among London based Somalis aged 16-22 years, found that age on arrival to the UK had a significant impact on whether girls were circumcised. Only 42% of girls who arrived in the UK before the age of 6 were circumcised, compared with 91% of girls who arrived after the age of 11.

FGM is traditionally practised in sub-Saharan Africa, but also in Asia or the Middle East. Those African countries where it is most likely to be practised include Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Mali, Sierra Leone, Somalia and Sudan. This does not mean that it is legal in these countries. There are a range of responses by individual nations: from still being legal, to being illegal but not upheld, to outright bans that are adhered to.

Girls and women from the Democratic Republic of Congo, Ghana, Niger, Tanzania, Togo, Uganda and Yemen are less likely to undergo FGM. But within these countries there are particular ethnic communities where prevalence is higher. It should also be remembered that girls and young women who are British citizens but whose parents were born in countries that practiced FGM, may also be at risk.

Legal Position

FGM has been illegal in the UK since the Female Circumcision Prohibition Act 1985. This made it illegal for a person to excise, infibulate (sew together the labia majora) or otherwise mutilate the whole or any part of a girl / young woman's labia majora, labia minora or clitoris. It is also an offence for anyone to assist a girl / young woman to mutilate her own genitalia. The only exception is for operations for specific physical and mental health reasons, undertaken by registered medical or nursing practitioners.

The Female Genital Mutilation Act 2003 strengthened the 1985 Act, by making it an offence to take UK nationals and those with permanent UK residence, overseas for the purpose of circumcision, to aid and abet, counsel, or procure the carrying out of FGM. It also makes it illegal for anyone to circumcise girls or women for cultural or non-medical reasons. The 2003 Act increases the maximum penalty for committing or aiding the offence from 5 years to 14 years in prison.

Local authorities can apply to the courts for various orders, such as an Emergency Protection Order, under the Children Act 1989, to prevent a girl / young woman being taken abroad for the purposes of genital mutilation. In emergency situations consideration should also be given to the use of Police Protection. However these expire after 72 hours, so further provisions would have to be considered after this.

Cultural context

The issue of FGM is very complex. Despite the obvious harm and distress it can cause, many parents from communities who practice FGM believe it important in order to protect their cultural identity.

FGM is often practiced within a religious context. However, neither the Koran nor the Bible supports the practice of FGM. As well as religious reasons, parents may also say that undergoing FGM is in their daughter's best interests because it:

- Gives her status and respect within the community;
- Keeps her virginity / chastity;
- Is a rite of passage within the custom and tradition in their culture;
- Makes her socially acceptable to others, especially to men for the purposes of marriage;
- Ensures the family are seen as honourable;
- Helps girls and women to be clean and hygienic.

Main Forms of FGM

The World Health Organisation has classified four main types of FGM:

1. 'Clitoridectomy which is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, rarely, the prepuce (the fold of skin surrounding the clitoris) as well;
2. Excision which is the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina);
3. Infibulation which is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, and sometimes outer, labia, with or without removal of the clitoris;
4. Other types which are all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area' (WHO FGM Fact Sheet, 2008).

The FGM procedure

The procedure is usually carried out by an older woman in the community, who may see conducting FGM as a prestigious act as well as a source of income.

The procedure usually involves the girl / young woman being held down on the floor by several women. It is carried out without medical expertise, attention to hygiene or an anaesthetic. Instruments used include unsterilised household knives, razor blades, broken glass and stones. The girl / young woman may undergo the procedure unexpectedly, or it may be planned in advance.

Consequences of FGM

Many people may not be aware of the relation between FGM and its health consequences; in particular the complications affecting sexual intercourse and childbirth which occur many years after the mutilation has taken place.

Short term health implications include:

- a. Severe pain and shock;
- b. Infections;
- c. Urine retention;
- d. Injury to adjacent tissues;
- e. Fracture or dislocation as a result of restraint;
- f. Damage to other organs;
- g. Death.

Depending on the degree of mutilation, it can cause severe haemorrhaging and result in the death of the girl / young woman through loss of blood.

Long term health implications include:

- a. Excessive damage to the reproductive system;
- b. Uterus, vaginal and pelvic infections;
- c. Infertility;
- d. Cysts;
- e. Complications in pregnancy and childbirth;
- f. Psychological damage;
- g. Sexual dysfunction;
- h. Difficulties in menstruation;
- i. Difficulties in passing urine;
- j. Increased risk of HIV transmission.

Signs and Indicators

Some indications that **FGM may have taken place** include:

- The family comes from a community that is known to practice FGM, especially if there are elderly women present in the extended family;
- A girl / young woman may spend time out of the classroom or from other activities, with bladder or menstrual problems;
- A long absence from school or in the school holidays could be an indication that a girl / young woman has recently undergone an FGM procedure, particularly if there are behavioural changes on her return (this may also be due to a forced marriage) A girl / young woman requiring to be excused from physical exercise lessons without the support of her GP;
- A girl / young woman may ask for help, either directly or indirectly;
- A girl / young woman who is suffering emotional / psychological effects of undergoing FGM, for example withdrawal or depression;
- Midwives and obstetricians may become aware that FGM has taken place when treating a pregnant woman / young woman.

Support for a girl or young woman who may have undergone FGM can be obtained from the [Agency for Culture and Change Management](#) (Tel: 0114 272 8780).

Some indications that **FGM may be about to take place** include:

- A conversation with a girl / young woman where they may refer to FGM, either in relation to themselves or another female family member or friend;
- A girl / young woman requesting help to prevent it happening;
- A girl / young woman expressing anxiety about a 'special procedure' or a 'special occasion' which may include discussion of a holiday to their country of origin;
- A boy may also indicate some concern about his sister or other female relative.

Support for a girl or young woman who may be about to undergo FGM can be obtained from the [Agency for Culture and Change Management](#) (Tel: 0114 272 8780).

Action to Take if staff Believe a Child is at Risk of FGM

Any information or concern that a girl / young woman is at risk of, or has undergone FGM should result in an immediate referral to Sussex Police eastbourne@sussex.pnn.police.uk [01273 404932](tel:01273404932).

In an emergency - do not delay - ring 999.

FGM places a girl / young woman at risk of significant harm and will therefore be initially investigated under Section 47 of the Children Act 1989 by Children's Social Care and South Yorkshire Police, Rotherham Public Protection Unit.

If a girl / young woman is thought to be at risk of FGM, **staff should be aware of the need to act quickly** - before she is abused by undergoing FGM in the UK, or taken abroad to undergo the procedure.

An interpreter must be used in all interviews with the family if their preferred language is not English. The interpreter must be female.

STRATEGY MEETING / DISCUSSION

Once a referral has been received for either a girl / young woman who is at risk or has undergone FGM, a Strategy Meeting / Discussion must be convened within **two working days**. This should involve representatives from the police, Children's Social Care Services, and education. Relevant health care providers or voluntary / community / faith organisations with specific expertise (for example FGM, domestic violence and / or sexual abuse) should also be invited. Consideration should also be given to inviting a legal advisor.

The Strategy Meeting / Discussion must first establish if the parents and / or girl / young woman have had access to information about the harmful aspects of FGM. If not, the parents / girl / young woman should be offered the opportunity of educational / preventative programmes before any further action is considered.

Every attempt should be made to work with parents on a voluntary basis to prevent abuse of FGM occurring. The investigating team should ensure that parental co-operation is achieved wherever possible, including the use of community organisations and / or community leaders to facilitate the work with parents / family. However, if it is not possible to reach an agreement, the first priority is protection of the girl / young woman.

GIRLS / YOUNG WOMEN IN IMMEDIATE DANGER

If the parents cannot satisfactorily guarantee that they will not proceed with the mutilation and the Strategy Meeting / Discussion decides that as such the child / young woman is in immediate danger, then an Emergency Protection Order should be sought.

The primary focus is to prevent the child undergoing any form of FGM, rather than removal from the family.

If the girl / young woman has already undergone FGM, the Strategy Meeting / Discussion will need to consider whether to continue enquiries or whether to assess the need for support services. Consideration should be given to establish, if there are any younger sisters, and an assessment may be needed to determine if there are any risks to younger siblings. If any legal action is being considered, legal advice must be sought.

CHILD PROTECTION CONFERENCE

A Child Protection Conference should only be considered necessary if there are unresolved child protection issues, once the initial investigation and assessment have been completed.

IF A GIRL / YOUNG WOMAN HAS ALREADY UNDERGONE FGM

Where FGM has been practiced, a referral should be made to Children's Social Care Services or South Yorkshire Police, Rotherham Public Protection Unit. A Strategy Meeting / Discussion should consider how, where and when the procedure was performed and its implications for the girl / young woman. Cheshire Police, Cheshire West Safeguarding Team will take a lead role in the investigation of this serious crime, working to common joint investigative practices and in line with strategy agreements.

A girl / young woman who has undergone FGM should be seen as a Child in Need and offered services as appropriate. The Strategy Meeting should consider the need for medical assessment and / or therapeutic services for her.

The risk to other female children in the family and extended family must be considered at the Strategy Meeting and a referral made to Children's Social Care Services or Police as appropriate.

If the woman is the mother of a female child or has the care of female children, a multi-agency meeting needs to be held to identify the most appropriate way of informing parents of the legal and health implications of FGM and assessing the potential risk to female children in the family.

THE ROLE OF HEALTH PROFESSIONALS IN RESPONDING TO FGM

Health professionals in GP surgeries, sexual health clinics and maternity services are the most likely to encounter a girl or woman who has been subjected to FGM. In such a situation they should be aware of the risk of FGM in relation to:

- Any younger siblings;
- Daughters she has or daughters she may have in the future;
- Any female members in her extended family.

GPs should be alert to the possibility that girls / young women within at risk communities may present to them with health issues. This may be due to having already undergone FGM, and they may be experiencing menstrual or sexual problems for example, or want support. Alternatively they may be very concerned that they will soon have to undergo FGM and may turn to their GP for help. However, they may find such issues extremely difficult to discuss. The GP should spend time, therefore and ask questions about presenting health issues to ascertain the exact nature of the problem.

After childbirth, a girl / woman who has been DE infibulated / defibulated (a surgical procedures to open up the scar tissue to restore the normal vaginal opening, commonly called a 'reversal') may request, and continue to request when refused, re-infibulation. This should be treated as a child protection concern, as the girl / woman's apparent reluctance to comply with UK law and / or consider that the process is harmful, raises concerns in relation to girl child/ren she may already have or may have in the future.

Professionals should consult with their agency's nominated safeguarding children adviser and with Children's Social Care Services about making a referral to them.

All girls / women who have undergone FGM (and their boyfriends / partners or husbands) must be told that re-infibulation is against the law and will not be done under any circumstances. Each woman should be offered counselling to address how things will be different for her afterwards.

See also the British Medical Association guidance: [FGM: Caring for Patients and Child Protection](#).