Broughton Fields Primary School

Child Protection and Safeguarding Policy

September 2023

Next review date: September 2024

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1. INTRODUCTION

Safeguarding is defined as protecting children from maltreatment, preventing impairment of children's mental and physical health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best outcomes. (Working Together to Safeguard Children, DfE, 2018, pg.6)

Purpose of a Child Protection Policy	To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children. To enable everyone to have a clear understanding of how these responsibilities should be carried out.
School Staff & Volunteers	All school and college staff have a responsibility to provide a safe environment in which children can learn. School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children. All school staff will receive appropriate safeguarding children training **which is delivered annually**, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. In addition all staff members receive safeguarding and child protection updates as required, (for example, via email, e-bulletins and staff meetings) to provide them with relevant skills and knowledge to safeguard children effectively. Temporary staff and volunteers will be made aware of the safeguarding policies and procedures by the Designated Senior Person-including Child Protection Policy and staff behaviour policy (code of conduct)
Governors	In line with KCSIE 2022, all members of our Governing Board will also undertake Safeguarding Training,
Our aims for Child Protection	Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern. Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well-being of a child.

	Ensure children know that there are adults in the school whom they can approach if they are worried. Ensure that children, who have additional/unmet needs are supported appropriately. This could include referral to early help services or specialist services if they are a child in need or have been / are at risk of being abused and neglected. Consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. Staff members working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.
Implementation, Monitoring and Review of the Child Protection Policy	The policy will be reviewed annually by the governing body. It will be implemented through the school's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Senior Person and through staff performance measures.

2. STATUTORY FRAMEWORK

In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Children and Social Work Act 2017
- Education Act 2002 (Section 175/157)
  Outlines that Local Authorities and School Governing Bodies have a responsibility to " ensure that their functions relating to the conduct of school are exercised with a view to safeguarding and promoting the welfare of children who are its pupils".
- Keeping Children Safe in Education (DfE, September 2023)

- Keeping Children Safe in Education: Part One- information for all school and college staff (DfE, September 2023) – APPENDIX A
- Working Together to Safeguard Children (DfE 2018)
- The Education (Pupil Information) (England) Regulations 2005
- Sexual Offences Act (2003)
- Section 26, The Counter Terrorism and Security Act 2015 (PREVENT duty)
- Female Genital Mutilation Act 2003 (Section 74 ,Serious Crime Act 2015)

Keeping Children Safe in Education- KCSIE- requires each school to follow procedures for protecting children from abuse. It is a child centred and coordinated approach to safeguarding and at Broughton Fields, we follow all of its guidelines, advice and procedures.

Furthermore it also states that governing bodies and proprietors of all schools and colleges should ensure that their safeguarding arrangements take into account the procedures and practice of the local authority as part of inter-agency safeguarding procedures.

Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which:

(a) a child may have been abused or neglected or is at risk of abuse or neglect
(b) a member of staff has behaved in a way that has, or may have harmed a child or that indicates they would pose a risk of harm.

This policy explains how this is achieved at Broughton Fields.

3. THE DESIGNATED SAFEGUARDING LEAD

Broughton Fields Governing Body has ensured that the school designates an appropriate senior member of staff to take lead responsibility for child protection, as well as ensuring a team approach to child protection, ensuring that there is always someone available to carry out associated responsibilities and duties.

During term time, there will **ALWAYS** be one of the Safeguarding Leads on site to deal with any concerns or incidents. Throughout the rest of the year, at least one of the Safeguarding Leads will always be available via phone or email to discuss and deal with any safeguarding concerns.

The Designated Safeguarding Lead for Child Protection in this school is:

Nick Hearn (Head Teacher) **nick.hearn@broughtonfieldsprimary.org.uk**

The Deputy Designated Safeguarding Lead (DDSL) is : Hayley Hughes

(Deputy Head Teacher) **hayley.hughes@broughtonfieldsprimary.org.uk**

The other Safeguarding lead member is:

Steve Rae (Assistant Head) **steve.rae@broughtonfieldsprimary.org.uk**

The broad areas of responsibility for the Safeguarding Team, under the leadership of the Designated Safeguarding Lead, are to:

- **Managing referrals and cases**

- Refer all cases of suspected abuse or neglect to the Milton Keynes Multi-Agency Safeguarding Hub (MASH) , Police (cases where a crime may have been committed) and to the Channel programme where there is a radicalisation concern

- Liaise with relevant members of the Governing Body to inform them of issues-especially ongoing enquiries under Section 47 of the Children Act 1989 and police investigations

- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies

- Support staff who make referrals

- Share information with appropriate staff in relation to a child's looked after (CLA) legal status (whether they are looked after under voluntary arrangements with consent of parents or on an Interim Care Order or Care Order) and contact arrangements with birth parents or those with parental responsibility.

- Ensure they have details of the CLA's social worker and the name of the virtual school Head Teacher in the authority that looks after the child. Katy Enser - Virtual School Head. Email: **Katy.Enser@milton-keynes.gov.uk**. All the details can be found here: www.milton-keynes.gov.uk/children-young-people-and-families/virtual-school.

- **Training**

The Designated Safeguarding Lead undergoes formal Level 3 training every two years and has also undertaken Prevent and Channel awareness training. The other leads have formal Level 3 training every 2 years. In addition to this training, their knowledge and skills are refreshed (for example via e-bulletins, meeting other DSLs, the annual Milton Keynes Safeguarding Conference and taking time to read and digest safeguarding developments) at least annually to:

1. Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments

2. Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so

3. Ensure each member of staff has access to and understands the school's safeguarding and child protection policy and procedures, especially new and part time staff

4. Be alert to the specific needs of children in need, those with special educational needs and young carers

5. Understand and support the school or college with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation

6. Be able to keep detailed, accurate, secure written records of concerns and referrals

7. Obtain access to resources and attend any relevant or refresher training courses

8. Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them

- **Raising Awareness**

- The designated safeguarding lead ensures the school policies are known, understood and used appropriately.

- Ensures that the school safeguarding and child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with our governing body regarding this.

- Ensures that the safeguarding and child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school in this.

- Links with the Trifector of Safeguarding Partners (LA, Health and Police) to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

- Where children leave the school, ensures the files for safeguarding and any child protection information is sent to any new school /college as soon as possible but transferred separately from the main pupil file.

4. THE GOVERNING BODY

Governing bodies must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in their schools or colleges are effective and comply with the law at all times.
Governing bodies should have a senior board level (or equivalent) lead to take **leadership** responsibility for their schools or college's safeguarding arrangements.

The nominated governor for child protection (safeguarding) is:

Richard Wardman

The responsibilities placed on governing bodies are carried out by Broughton Fields Governing Body and include:

- Having Safeguarding Training in line with KCSIE 2023
- their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified
- ensuring that an effective child protection policy is in place, together with a staff behaviour policy
- ensuring staff are provided with Part One of Keeping Children Safe in Education (DfE 2023) – Part 1 and are aware of specific safeguarding issues
- ensuring that staff induction is in place with regards to child protection and safeguarding
- appointing an appropriate senior member of staff to act as the Designated Safeguarding Lead.
- ensuring that the Designated Safeguarding Lead (including deputies) should undergo formal Level 3 child protection training every two years and receive regular (annual) safeguarding refreshers (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments)
- prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns
- ensuring that children are taught about safeguarding, including online safety. We consider this as part of providing a broad and balanced curriculum.
- ensuring appropriate filters and appropriate monitoring systems are in place to safeguard children from potentially harmful and inappropriate online material. Additional information to support governing bodies and proprietors is provided in Part 2 of **Keeping Children Safe in Education (DFE 2023**)
- Having a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements

5. WHEN TO BE CONCERNED

If staff have any concerns about a child's welfare, they should act on them immediately. If staff have a concern, they should follow this policy and speak to the Designated Safeguarding Lead (or deputy). The designated safeguarding lead (and any deputies) are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to safeguarding concerns.

Any staff member should be able to make a safeguarding referral to Children's Services if necessary.

All staff should be aware of the process for making referrals to Children's Services and for statutory assessments under the Children Act 1989, especially section 17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm - from abuse or neglect) that may follow a referral, along with the role they might be expected to play in such assessments.

Staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision.

Options will then include:

- managing any support for the child internally via the school's own pastoral support processes. Any of the Safeguarding Team would take a lead on this.
- an early help assessment; or
- a referral for statutory services, for example as the child might be in need, is in need or suffering or likely to suffer significant harm from abuse or neglect.

If you have a mental health concern

Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Staff will be alert to behavioural signs that suggest a child may be experiencing a mental health problem or be at risk of developing one.

If you have a mental health concern about a child that is also a safeguarding concern, take immediate action by following the steps outlined in this policy.

If you have a mental health concern that is **not** also a safeguarding concern, speak to the DSL to agree a course of action.

Contextual Safeguarding

Safeguarding incidents and/or behaviours can be associated with factors outside the school or college and/or can occur between children outside the school or college. All staff, but especially the designated safeguarding lead (or deputy) should be considering the context within which such incidents and/or behaviours occur. This is known as contextual

safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare.

A child centred and coordinated approach to safeguarding:

Safeguarding and promoting the welfare of children is **everyone's responsibility.** In order to fulfil this responsibility effectively, all professionals should make sure their approach is **child centred**. This means that they should consider, at all times, what is in the best interests of the child.

Schools and their staff form part of the wider safeguarding system for children. This system is based on the principle of providing help for families to stay together where it is safe for the children to do so, and looking at alternatives where it is not, whilst acting in the **best interests** of the child at all times**.**

Children who may require early help

Milton Keynes offer a range of early help services for families, which will help practitioners and families find information and support to prevent escalation of needs and crisis.

All staff understand their role in identifying emerging problems and sharing information with other professionals to support early identification and assessment of a child's needs. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. This also includes staff monitoring the situation and feeding back to the Designated Safeguarding Team any ongoing/escalating concerns so that consideration can be given to a referral to the appropriate body if the child's situation doesn't appear to be improving.

Staff and volunteers working within the School are alert to the potential need for early help for children also who are more vulnerable. For example:

- **Children with a disability and/or specific additional needs.**
- **Children with special educational needs.**
- **Children who are acting as a young carer.**
- **Children who are showing signs of engaging in anti-social or criminal behaviour.**
- **Children whose family circumstances present challenges, such as substance abuse, adult mental health or learning disability, domestic violence**
- **Children who are showing early signs of abuse and/or neglect.**
- **Children who are frequently missing/goes missing from care or from home;**
- **Children who are misusing drugs or alcohol themselves;**

- **Children who are at risk of modern slavery, trafficking or exploitation;**
- **Children who have returned home to their family from care;**
- **Children who are at risk of being radicalised or exploited;**
- **Children who are privately fostered.**

School staff members are aware of the main categories of maltreatment: **physical abuse, emotional abuse, sexual abuse and neglect**. They are also aware of the indicators of maltreatment so that they are able to identify cases of children who may be in need of help or protection.

See Appendix 3 for information on indicators of abuse

Children with special educational needs and disabilities:

Additional barriers can exist when recognising abuse and neglect in this group of children.

This can include:

- ❖ Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's impairment without further exploration;
- ❖ Assumptions that children with SEN and disabilities can be disproportionally impacted by things like bullying- without outwardly showing any signs;
- ❖ Communication barriers and difficulties
- ❖ Reluctance to challenge carers, (professionals may over empathise with carers because of the perceived stress of caring for a disabled child)
- ❖ Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased.
- ❖ A disabled child's understanding of abuse.
- ❖ Lack of choice/participation
- ❖ Isolation

Child on child abuse

Education settings are an important part of the inter-agency framework not only in terms of evaluating and referring concerns to Children's Services and the Police, but also in the assessment and management of risk that the child or young person may pose to themselves and others in the education setting.

If one child or young person causes harm to another, this should not necessarily be dealt with as abuse. When considering whether behaviour is abusive, it is important to consider:

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

However, staff should recognise that children are deliberately capable of abusing their peers and should not be tolerated or passed off as “banter” or “part of growing up”.

Child on child abuse can manifest itself in many ways and different gender issues can be prevalent. Severe harm may be caused to children by abusive and bullying behaviour of other children, which may be physical, sexual or emotional and can include gender based violence/ sexual assaults, sexting, sharing of nudes and semi-nudes, child on child exploitation, serious violence, sexual bullying or harmful sexual behaviour.

To help deal with these issues, we look for advice from various sources and professional organisations appropriate to the concern. For the challenging area of sexual abuse, one such advice source is The Sexual Behaviours Traffic Light Tool by the Brook Advisory Service. This helps us assess and respond appropriately to sexualised behaviour. The traffic light tool can be found at
https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool

In order to minimise the risk of child on child abuse at Broughton Fields, we:

- Provide an age developmentally appropriate PSHE curriculum which develops students understanding of acceptable behaviour and keeping themselves safe.
- Assume that peer-on-peer abuse (particularly sexual harassment and violence) is happening, even if there are no reports.
- Ensure staff understand how to challenge inappropriate behaviour and why they should
- Respond to peer-on-peer abuse that happens outside of school and/or online, as well as incidents happening on-site.
- Have systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued.
- Ensure victims, perpetrators and any other child affected by peer on peer abuse will be supported, never downplaying incidents and taking their wishes into account.
- Regularly reinforce through our Values Education and PHSE programme the principles of self worth.
- Have relevant policies in place (e.g. behaviour policy).

Online Safety

It is imperative that staff understand the dangers of being online. Reminding children of how to stay safe online is taught as a specific part of the Computing Curriculum every year and is referred to regularly by staff throughout the year when technology is being used in class as well as in PHSE lessons. We have a “whole-school approach” to online safety –

feeding into the wider culture of safeguarding. This includes (but is not limited to) planning the curriculum, staff training, the role and responsibilities of the designated safeguarding lead, and any parental engagement.

Our E-learning policy covers how we aim to protect children when they are online, both in and out of school

Staff should also refer to Keeping Children Safe in Education (DfE 2023) – 'Child on child sexual violence and sexual harassment' and the guidance document *Sexual violence and sexual harassment between children in schools and colleges* (DfE, 2021b).

6. DEALING WITH A DISCLOSURE

If a child discloses that he or she has been abused in some way, the member of staff / volunteer follows these clear procedures:

- Listen to what is being said without displaying shock or disbelief, only asking questions when necessary to clarify
- Accept what is being said
- Allow the child to talk freely
- Never promise a child that you will not tell anyone - as this may ultimately not be in the best interests of the child.
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record as soon as is practical after the disclosure
- Pass the information to one of the Designated Safeguarding Team without delay

Support

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Senior Person.

If a school staff member receives a disclosure about potential harm caused by another staff member, they should see section 11 of this policy– *Allegations involving school staff/volunteers.*

7. RECORD KEEPING

All practitioners should be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data'.

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing or electronically on CPOMS. If in doubt about recording requirements staff should discuss with the designated safeguarding lead.

When a child has made a disclosure, the member of staff/volunteer should:

- Record as soon as possible after the conversation. Use the school record of concern sheet (The Red Form) either in writing or electronically.
- Do not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries if necessary.
- Record statements and observations rather than interpretations or assumptions

All records need to be given to the Designated Safeguarding Lead or deputy promptly. No copies should be retained by the member of staff or volunteer.

The Designated Senior Person will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

Where children leave the school or college, the Designated Safeguarding Lead should ensure their child protection file is transferred to the new school or college as soon as possible, ensuring secure transit, and confirmation of receipt should be obtained. For schools, this should be transferred separately from the main pupil file. Receiving schools and colleges should ensure key staff such as Designated Senior Persons and SENCOs or the named person with oversight for SEN in a college, are aware as required. If the child has an allocated social worker, they will also inform them of the change of school.

In addition to the child protection file, the Designated Safeguarding Lead will also consider if it would be appropriate to share any information with the new school or college in advance of a child leaving. For example, information that would allow the new school or college to continue supporting victims of abuse and have that support in place for when the child arrives.

8. CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in school.

- All staff in school, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services and the Police).

- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tells the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.

- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

9. SCHOOL PROCEDURES

Please see Appendix 2: What to do if you are worried a child is being abused : flowchart.

If any member of staff is concerned about a child he or she must inform the Designated Safeguarding Lead or a member of the Safeguarding Team. The Designated Safeguarding Lead or a member of the Safeguarding Team will decide whether the concerns should be referred to Children's Services. If it is decided to make a referral to Children's Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.

While it is the DSLs role to make referrals, any staff member can make a referral to Children's Services. If a child is in immediate danger or is at risk of harm (e.g. concern that a family might have plans to carry out FGM), a referral should be made to Children's Services and/or the Police immediately. Where referrals are not made by the DSL, the DSL should be informed as soon as possible.

If a staff member, in the course of their work in the profession, discovers that an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl under the age of 18 the staff member must report this to the police. **This is a mandatory reporting duty.** See Appendix 1- Keeping Children Safe in Education (DfE 2022): Annex B for further details. The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations.

Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

If a pupil who is/or has been the subject of a child protection plan changes school, the Designated Safeguarding Lead will inform the social worker responsible for the case and transfer the appropriate records to the Designated Safeguarding Lead at the receiving school, in a secure manner, and separate from the child's academic file.

The Designated Safeguarding Lead is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

10. COMMUNICATION WITH PARENTS

We will ensure the Child Protection Policy is available publicly via the school website.

Parents should be informed prior to referral, unless it is considered to do so might place the child at increased risk of significant harm by:

- The behavioural response it prompts e.g. a child being subjected to abuse, maltreatment or threats / forced to remain silent if alleged abuser informed;
- Leading to an unreasonable delay;
- Leading to the risk of loss of evidential material;

(The school may also consider not informing parent(s) where it would place a member of staff at risk).

Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

Where reasonably possible we hold more than one emergency contact number for our pupils and students.

11. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

An allegation is any information which indicates that a member of staff/volunteer may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children

This applies to any child the member of staff/volunteer has contact within their personal, professional or community life.

KCSIE 2023 makes it clear that 'low level concerns' that may not need a harm threshold, but are nevertheless concerning, should be treated with equal seriousness. Broughton Fields is committed to ensuring that any such concern is dealt with appropriately. We promote a safer culture – linking closely to safer working practice guidelines – and ensure that a thorough safeguarding response is embedded within the wider response to staff breaking the code of conduct. Key action points include:

- Promoting an open and transparent culture and deal with all concerns and/or allegations promptly.
- Training staff to understand what appropriate behaviour is and empower them to report any concerns to the appropriate person.
- Addressing any inappropriate behaviour at the earliest stage to prevent escalation or future harm.
- Reviewing systems and the school culture as part of the response to low-level concerns, in case it is failing to prevent, or is facilitating, inappropriate behaviour.

What school staff should do if they have concerns about safeguarding practices within the school:

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school's safeguarding arrangements.
Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the school's senior leadership team.

If staff members have concerns about another staff member then this should be referred to the Head Teacher immediately. Where there are concerns about the Head Teacher, this should be referred to the Chair of Governors.

The Chair of Governors is Richard Wardman **richardwardman@me.com**

In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair is Stephen Durham **stephen_dunham@hotmail.co.uk**

In the event of allegations of abuse being made against the Head Teacher and where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, allegations should be reported directly to the Milton Keynes Local Authority Designated Officer (LADO) 01908 254306. Staff may consider discussing any concerns with the Designated Safeguarding Lead and, if appropriate, make any referral via them.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making an immediate written record of the allegation using the informant's words – including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Head Teacher.

The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The Head Teacher/Chair of Governors will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer:

If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.

If it is decided that the allegation requires a child protection strategy meeting or joint evaluation meeting, this will take place in accordance with local LA Safeguarding Procedures.

If it is decided it does not require a child protection strategy meeting or joint evaluation meeting , the LADO will provide the employer with advice and support on how the allegations should be managed.

The Head Teacher should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation.

Where a staff member feels unable to raise an issue with their employer/through the whistleblowing procedure or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:

- Milton Keynes Multi-Agency Referral Hub (MASH) on 01908 253169 or 01908 253170 for advice or to make a referral. The out of hours service can be contacted on 01908 265545
- NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk

Safer working practice

To reduce the risk of allegations, all staff are aware of safer working practice and have signed to say they are bound by the guidance contained in the staff handbook.

The document seeks to ensure that the responsibilities of school leaders towards children and staff are discharged by raising awareness of illegal, unsafe, unprofessional and unwise behaviour. This includes guidelines for staff on positive behaviour management.

APPENDIX 1 : KEEPING CHILDREN SAFE IN EDUCATION (DfE 2023)

Part One: Information for all school and college staff

Part 5: Child-on-child sexual violence and sexual harrassment

Annex B: Further information

.
It is **essential** that **all** staff keep up to date this online document and read Part 1, Part 5 and Annex B , which provides further information on:

-what staff should know and do
- what staff should do if they have concerns about a child
- what staff should do if they have concerns about safeguarding practices in our school

This is to assist staff to understand and discharge their role and responsibilities as set out in this guidance.

It is the responsibility of the DSL to re-direct staff to these online documents again should any changes occur.

Link to Keeping Children Safe in Education:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1181955/Keeping_children_safe_in_education_2023.pdf

APPENDIX 2: WHAT TO DO IF YOU ARE WORRIED A CHILD IS BEING ABUSED: ADVICE FOR PRACTITIONERS

Flowchart

Be alert

- Be aware of the signs of abuse and neglect
- Identify concerns early to prevent escalation.
- Know what systems the school have in place regarding support for safeguarding e.g. induction training , staff behaviour policy / code of conduct and the role of the Designated Safeguarding Lead (DSP) .

Question behaviours

- Talk and listen to the views of children, be non - judgemental.
- Observe any change in behaviours and quetion any unexplained marks / injuries
- To raise concerns about poor or unsafe practice , refer to the Head Teacher or member of the Safeguarding Team. if the concerns is about the Head Teacher, report to Chair of Governors

Ask for help

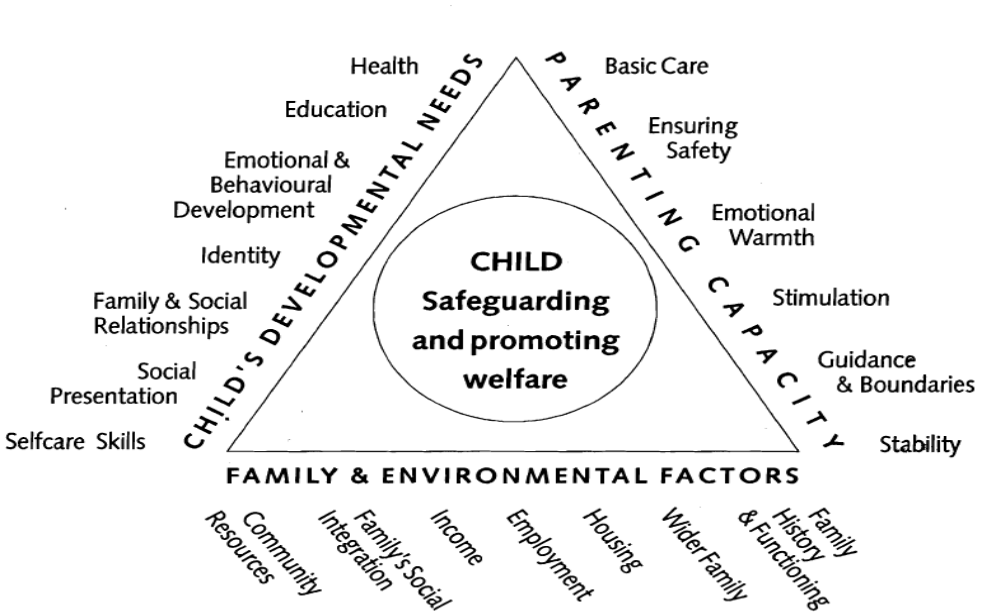
- Record and share information approariately with regard to confidentiality
- If staff members have concerns, raise these with a member of the Safeguarding Team.
- Responsibility to take appropriate action, do not delay.

Refer

- DSP will make referrals to children servcies but in an emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to Multi-Agency Referral Hub (MASH) on 01908 25316 or 01908 253170

APPENDIX 3: INDICATORS OF ABUSE AND NEGLECT

The framework for understanding children's needs:



Working Together to Safeguard Children (DFE, 2015)

Physical abuse **A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.**	
Child	
Bruises – shape, grouping, site, repeat or multiple	Withdrawal from physical contact
Bite-marks – site and size Burns and Scalds – shape, definition, size, depth, scars	Aggression towards others, emotional and behaviour problems
Improbable, conflicting explanations for injuries or unexplained injuries	Frequently absent from school
Untreated injuries	Admission of punishment which appears excessive
Injuries on parts of body where accidental injury is unlikely	Fractures
Repeated or multiple injurie	Fabricated or induced illness -
Parent	**Family/environment**
Parent with injuries	History of mental health, alcohol or drug misuse or domestic violence.

Evasive or aggressive towards child or others	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Explanation inconsistent with injury	Marginalised or isolated by the community.
Fear of medical help / parents not seeking medical help	Physical or sexual assault or a culture of physical chastisement.
Over chastisement of child	

Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as

over protection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Child	
Self-harm	Over-reaction to mistakes / Inappropriate emotional responses
Chronic running away	Abnormal or indiscriminate attachment
Drug/solvent abuse	Low self-esteem
Compulsive stealing	Extremes of passivity or aggression
Makes a disclosure	Social isolation – withdrawn, a 'loner' Frozen watchfulness particularly pre school
Developmental delay	Depression
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)	Desperate attention-seeking behaviour
Parent	**Family/environment**
Observed to be aggressive towards child or others	Marginalised or isolated by the community.
Intensely involved with their children, never allowing anyone else to undertake their child's care.	History of mental health, alcohol or drug misuse or domestic violence.

Previous domestic violence	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
History of abuse or mental health problems	Past history in the care of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Mental health, drug or alcohol difficulties	Wider parenting difficulties
Cold and unresponsive to the child's emotional needs	Physical or sexual assault or a culture of physical chastisement.
Overly critical of the child	Lack of support from family or social network.

Neglect

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

• provide adequate food, clothing and shelter (including exclusion from home or abandonment);

• protect a child from physical and emotional harm or danger;

• ensure adequate supervision (including the use of inadequate care-givers); or

• ensure access to appropriate medical care or treatment.

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

Child	
Failure to thrive - underweight, small stature	Low self-esteem
Dirty and unkempt condition	Inadequate social skills and poor socialisation
Inadequately clothed	Frequent lateness or non-attendance at school
Dry sparse hair	Abnormal voracious appetite at school or nursery
Untreated medical problems	Self-harming behaviour
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold	Constant tiredness
Swollen limbs with sores that are slow to heal, usually associated with cold injury	Disturbed peer relationships
Parent	**Family/environment**
Failure to meet the child's basic essential needs including health needs	Marginalised or isolated by the community.
Leaving a child alone	History of mental health, alcohol or drug misuse or domestic violence.
Failure to provide adequate caretakers	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Keeping an unhygienic dangerous or hazardous home environment	Past history in the family of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Unkempt presentation	Lack of opportunities for child to play and learn

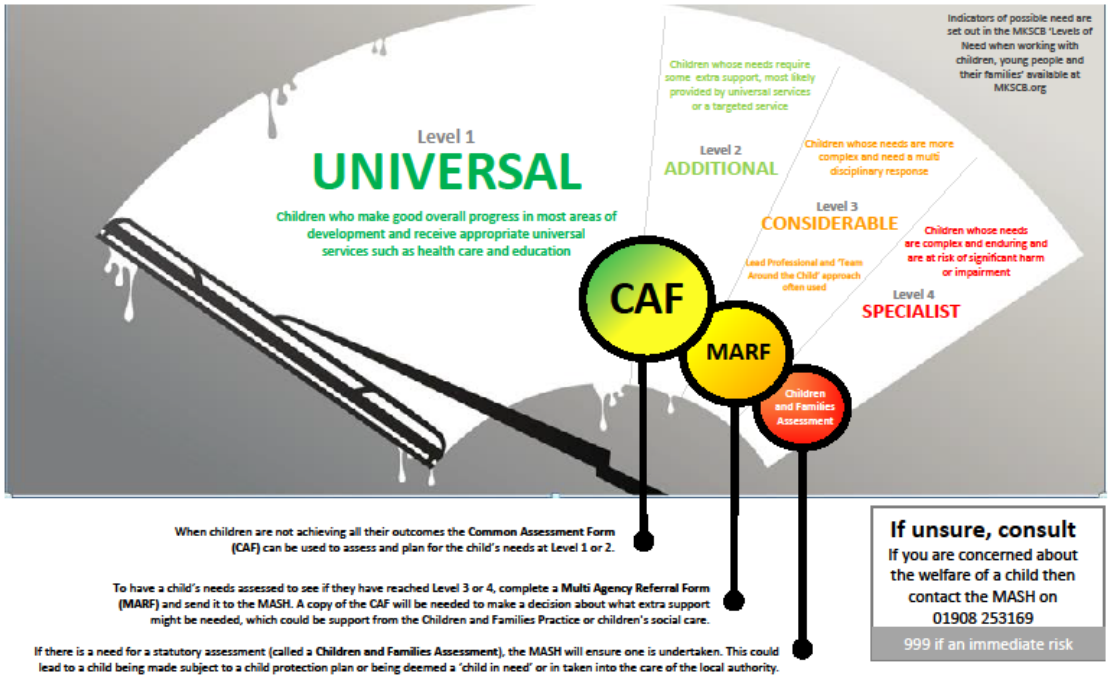
Unable to meet child's emotional needs	Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Mental health, alcohol or drug difficulties	

Sexual abuse **Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.**	
Child	
Self-harm - eating disorders, self-mutilation and suicide attempts	Poor self-image, self-harm, self-hatred
Running away from home	Inappropriate sexualised conduct
Reluctant to undress for PE	Withdrawal, isolation or excessive worrying
Pregnancy	Sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
Inexplicable changes in behaviour, such as becoming aggressive or withdrawn	Poor attention / concentration (world of their own)
Pain, bleeding, bruising or itching in genital and /or anal area	Sudden changes in school work habits, become truant
Sexually exploited or indiscriminate choice of sexual partners	
Parent	**Family/environment**
History of sexual abuse	Marginalised or isolated by the community.
Excessively interested in the child.	History of mental health, alcohol or drug misuse or domestic violence.
Parent displays inappropriate behaviour towards the child or other children	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Conviction for sexual offences	Past history in the care of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Comments made by the parent/carer about the child.	Grooming behaviour
Lack of sexual boundaries	Physical or sexual assault or a culture of physical chastisement.

APPENDIX 4: MILTON KEYNES LEVELS OF NEED GUIDE

Milton Keynes Safeguarding Children Board

The Milton Keynes Effective Support 'Windscreen'



When children are not achieving all their outcomes the **Common Assessment Form (CAF)** can be used to assess and plan for the child's needs at Level 1 or 2.

To have a child's needs assessed to see if they have reached Level 3 or 4, complete a **Multi Agency Referral Form (MARF)** and send it to the MASH. A copy of the CAF will be needed to make a decision about what extra support might be needed, which could be support from the Children and Families Practice or children's social care.

If there is a need for a statutory assessment (called a **Children and Families Assessment**), the MASH will ensure one is undertaken. This could lead to a child being made subject to a child protection plan or being deemed a 'child in need' or in taken into the care of the local authority.

If unsure, consult

If you are concerned about the welfare of a child then contact the MASH on 01908 253169

999 if an immediate risk

Level 1

UNIVERSAL NEEDS: Children who make good overall progress in most areas of development and receive appropriate universal services, such as health care and education. They may also use leisure and play facilities or voluntary sector services.

DEVELOPMENT OF THE BABY OR CHILD

Health

- Physically well
- Nutritious diet
- Adequate hygiene and dress
- Developmental and health checks and immunisations up to date
- Developmental milestones & motor skills appropriate
- Good height/weight
- Sexual activity appropriate for age
- Good mental health

Emotional development

- Good quality early attachments
- Able to adapt to change
- Able to understand others' feelings

Behavioural developments

- Takes responsibility for own behaviour
- Responds appropriately to boundaries and constructive guidance
- Plays positively

Identity and self-esteem

- Positive sense of self and abilities
- Sense of belonging and acceptance by others
- Confident in social situations
- Can discriminate between safe and unsafe contacts

Family and social relationships

- Stable and affectionate relationships with carers
- Good relationships with siblings and peers
- Developing independent and self care skills

Learning

- Access to books and toys
- Acquires a wide range of skills and interests
- Enjoys and participates in learning activities
- Has experiences of success and achievement
- Sound links between home and school
- Planning for career and adult life

PARENTS & CARERS

Basic care, safety and protection

- Provide for child's physical needs, *e.g.* food, drink, appropriate clothing, medical and dental care
- Protection from danger or significant harm, in the home and elsewhere

Emotional warmth and stability

- Shows warm regard, praise and encouragement
- Ensures stable relationships
- Provides consistency of emotional warmth over time

Guidance, boundaries and stimulation

- Encourages learning and development through interaction and play
- Enables child/young person to experience success
- Ensure the child can develop a sense of right and wrong
- Child/young person accesses leisure facilities as appropriate to age and interests

FAMILY & ENVIRONMENT ELEMENTS

Family functioning and well-being

- Good relationships within family, including when parents are separated
- Sense of wider family, friends and community, networks

Housing, work and income

- Accommodation has basic amenities and appropriate facilities, and can meet family needs
- Parents/carers able to manage the working or unemployment arrangements
- Managing budget to meet individual needs

Social and community including education

- Family feels part of the community
- Good social and friendship networks exists
- Community is generally supportive of families with children/young people

Level 2

ADDITIONAL NEEDS: Children whose needs require some extra support. A single universal or targeted service or two services are likely to be involved; there is not a 'team around the family' and a Lead Professional is not required.

DEVELOPMENT OF THE BABY OR CHILD

Health

- Inadequate diet:, *e.g.* no breakfast
- Missing immunisations/checks
- Child is susceptible to persistent minor health problems or accidents
- Slow in reaching developmental milestones
- Minor concerns re diet, hygiene, clothing
- Weight not increasing at rate expected, or obesity
- Dental care not sufficient
- Vulnerable to emotional problems, perhaps in response to life events such as parental separation *e.g.* child seems unduly anxious, angry or defiant
- Early sexual activity or awareness
- Experimenting with tobacco, alcohol or illegal drugs
- Frequent accidents or A & E attendance or admissions to hospital

Emotional development

- Some difficulties with

Identity and self-esteem

- Some insecurities around identity expressed *e.g.* low self-esteem
- May experience bullying around difference
- May be perpetrating bullying behaviour
- Child can be over friendly or withdrawn with strangers
- Child/young person provocative in behaviour/appearance *e.g.* inappropriately dressed for school

Family and social relationships

- Lack of positive role models
- Child has some difficulties sustaining relationships
- Unresolved issues arising from parents' separation, step parenting or bereavement

Self-care skills and independence

- Disability limits amount of self-care possible
- Not always adequate self-care, *e.g.* poor hygiene
- Child slow to develop age-appropriate self-care skills

PARENTS AND CARERS

Basic care, safety and protection

- Basic care is not provided consistently
- Haphazard use of safety equipment *e.g.* fireguards
- Parent/carer engagement with services is poor
- Parent/carer requires advice on parenting issues
- Some concerns around child's physical needs being met
- Young, inexperienced parents
- Teenage pregnancy
- Inappropriate child care arrangements and/or too many carers
- Some exposure to dangerous situations in the home or community
- Unnecessary or frequent visits to doctor/casualty
- Parent/carer stresses starting to affect ability to ensure child's safety

Emotional warmth and stability

- Inconsistent responses to child/young person by parent/carer
- Parents struggling to have their own emotional needs met
- Child/young person not able to develop other positive relationships

FAMILY AND ENVIRONMENT ELEMENTS

Family functioning and well-being

- Parents/carers have some conflicts or difficulties that can involve the child/young person
- A child or young person has experienced loss of significant adult, *e.g.* through bereavement or separation
- Parent/carer has physical/mental health difficulties
- A child/young person is taking on a caring role in relation to their parent/carer, or is looking after younger siblings
- Privately fostered
- Adopted
- Limited friends and family support
- Child looked after by many different adults

Housing, work and income

- Poor housing
- Some problems over basic facilities
- Family seeking asylum or refugees
- Periods of unemployment of parent/carer
- Parents/carers have limited formal education
- Low income
- Financial/debt problems

Social and community including education

- Family new to the area or with limited contact with community members
- Some social exclusion or conflict

family relationships • Some difficulties with peer group relationships and with adults, *e.g.* 'clingy', anxious or withdrawn • Some evidence of inappropriate responses and actions • Starting to show difficulties expressing empathy • Limited engagement in play with others **Behavioural development** • Not always able to understand how own actions impact on others • Finds accepting responsibility for own actions difficult • Responds inappropriately to boundaries and constructive guidance • Finds positive interaction difficult with peers in unstructured contexts	**Learning** • Have some identified learning needs that result in a school level response • Language and communication difficulties • Poor punctuality/pattern of regular school absences • Not always engaged in play/learning, e.g. poor concentration • Not thought to be reaching his/her education potential • Reduced access to books/toys • Home-School links not well established • Limited evidence of progression planning • At risk of making poor decision about progression • Limited participation of young person in education, employment or training	• Child/young person's key relationships with family members not kept up • Starting to show difficulties with attachments **Guidance, boundaries and stimulation** • Parent/carer offers inconsistent boundaries • Lack of routine in the home • Child/young person spends considerable time alone, e.g. watching television • Child/young person is not often exposed to new experiences; has limited access to leisure activities • Child/young person can behave in an anti-social way in the neighbourhood, e.g. petty crime	experiences; low tolerance • Community characterised by negativity towards children/young people • Difficulty accessing community facilities

Level 3	**CONSIDERABLE: Children whose needs are more complex. This refers to the range, depth or significance of needs. More than one service often needed, with a 'Team around the Family' and Lead Professional. Children and Families Practices often involved.**		
DEVELOPMENT OF THE BABY OR CHILD		**PARENTS AND CARERS**	**FAMILY AND ENVIRONMENT ELEMENTS**
Health • Concerns re diet, hygiene, clothing • Child has some chronic/recurring health problems; not treated, or badly managed • Missing routine and non-routine health appointments • Weight gain becoming a cause of concern – below 3rd centile • Limited or restricted diet, e.g. no breakfast; no lunch money • Concerns about developmental progress, e.g. overweight/underweight; bedwetting/soiling • Developmental milestones are unlikely to be met • Dental decay • Smokes/ other regular substance misuse • 'Unsafe' sexual activity • Learning significantly affected by health problems • Significant speech language difficulties/delay or disordered development • Child has significant disability • Mental health issues emerging	• Clothing is regularly unwashed or unsuitable • Presentation (including hygiene) significantly impacts on all relationships • Child lacks confidence or is watchful or wary of carers/people • May be aggressive in behaviour/appearance **Family and social relationships** • Relationships with carers characterised by inconsistencies • Child has lack of positive role models • Child appears to have undifferentiated attachments • Misses school or leisure activities • Involved in conflicts with peers/siblings • Lack of friends/social network • May have previously had periods of LA accommodation • Concerns of absences from	**Basic care safety and protection** • Parent/carer is struggling to provide adequate care • Parents have found it difficult to care for previous child/young person • Inappropriate care arrangements • Instability and domestic violence in the home • Parent's mental health problems or substance misuse significantly affect care of child/young person • Non-compliance of parents/carers with services • Practitioners have serious concerns • Experiencing unsafe situations • Child/young person caring for siblings/parent • Child/young person perceived to be a problem by parents • Child/young person may be subject to neglect • Child/young person previously looked after by LA **Emotional warmth and stability** • Child receives erratic or inconsistent care • Child has episodes of poor	**Family functioning and well-being** • Incidents of domestic violence between parents/carers • Acrimonious divorce/separation • Family has serious physical and mental health difficulties • Family has poor relationship with extended family or little communication • Family is socially isolated **Housing, work and income** • Poor state of repair, temporary or overcrowded, or unsafe • Living in interim accommodation • Experiencing frequent moves • Intentionally homeless • Parents/carers experience stress due to unemployment or 'overworking'; may be impacting on other aspects of family life e.g. marital relationship • Parents/carers find it difficult to obtain employment due to poor basic skills • Serious debts/poverty impact on ability to have basic needs met • Low income plus adverse additional factors e.g. up to borrowing limit of Social Care Fund • Rent arrears put family at risk of eviction or proceedings initiated

e.g. conduct disorder; ADHD; anxiety; depression; eating disorder; self-harming • Frequent accidents **Emotional development** • Poor peer relationships difficulty sustaining relationships • Child/young person finds it difficult to cope with or express emotions e.g. anger, frustration, sadness, grief • Sexualised behaviour • Significant difficulties with managing change • Child appears regularly anxious, stressed or phobic • Caring responsibilities affecting development **Behavioural development** • Does not accept responsibility for own actions; finds it hard to understand how own actions impact on others or learn from consequences • Disruptive/challenging behaviour at school, home or in the neighbourhood • Starting to commit offences/re-offend • Interacts negatively with peers in learning and play contexts • Child/young person is	home without parental consent • *Emerging behaviours which could suggest CSE **Self-care skills and independence** • Disability prevents self-care in a significant range of tasks • Child takes little or no responsibility for self-care tasks compared with peers • Child lacks a sense of safety and often puts him/herself in danger • Child is main carer for family member **Learning** • Identified learning needs that are being addressed at school level. • Regular underachievement causing concern at school • Poor nursery/school attendance and punctuality • Poor home-nursery school link • Some fixed-term exclusions • Very limited interests/skills displayed • Not in education (under 16) • Not in education, employment, or training post 16	quality care • Parental/carer instability/emotional needs affects capacity to nurture • Some relationship difficulties • Child has no other positive relationships • Child has multiple carers; may have no significant relationship to any of them • Child has been 'Looked After' by the LA **Guidance, boundaries and stimulation** • Erratic or inadequate guidance provided • Parents struggle/refuse to set effective boundaries e.g. too loose/tight/physical chastisement • Child/young person behaves in anti-social way in the neighbourhood • Parent/carer does not offer a good role model, e.g. by behaving in an anti-social way • Child not receiving positive stimulation, with lack of new experiences or activities • Child/young person under undue parental pressure to achieve/aspire	**Social and community including education** • Parents/carers socially excluded/isolated • Lack of a support network • Low community support for families • Acrimonious relationships within community • Poor quality access to universal and targeted services • Concerns expressed by others

withdrawn, isolated/unwilling to engage • Concerns of absences from home without parental consent • *Emerging behaviours which could suggest CSE **Identity and self-esteem** • Child subject to persistent discrimination, e.g. racial, sexual or due to disabilities • Demonstrates significantly low self-esteem/confidence in a range of situations • Victim of crime or bullying • Signs of deteriorating emotional well-being/mental health • May not discriminate effectively with strangers			

*see MKSCB CSE screening tool Milton Keynes Safeguarding Children Board

Level 4

SPECIALIST NEEDS: Children with complex and enduring needs which cross many domains. More than one service needed, with a 'Team around the Family' and Lead Professional, commonly in a statutory role. At times statutory intervention may be required.

DEVELOPMENT OF THE BABY OR CHILD

Health

- Child/young person has severe/chronic health problems
- Child/young person's weight and height both under the 0.4th centile
- Other developmental milestones unlikely to be met; failure to thrive
- Lack of food may be linked with neglect
- Refusing medical care endangering life/development
- Seriously obese
- Dental decay and no access to treatment
- Persistent and high risk substance misuse
- Dangerous sexual activity and/or early teenage pregnancy
- *Child sexual exploitation (CSE)
- **Suspected imminent risk of FGM (female genital mutilation)
- Sexual abuse
- Self-harming
- Non-accidental injury
- Acute mental health problems e.g. severe depression; threat of suicide; psychotic episode
- Physical/learning disability requiring constant supervision
- Disclosure of abuse from child/young person
- Evidence of significant harm or neglect
- Disclosure of abuse/physical injury caused by a professional

Emotional development

- Puts self or others in danger e.g. missing from home
- Severe emotional/ behavioural challenges
- Unable to connect cause and effect of own actions
- Unable to display empathy
- Suffers from periods of severe depression
- Self-harming or suicide attempts

Behavioural development

- Unable to determine boundaries, roles and responsibilities appropriately
- Cannot maintain peer

Identity and self-esteem

- Child/young person experiences persistent discrimination; internalised and reflected in poor self-image
- Failed Education Supervision Order – 3 prosecutions for non-attendance: family refusing to engage
- Socially isolated and lacking appropriate role models
- Alienates self from others
- Bullying
- Lack of confidence is incapacitating
- Victim of crime; may fear persecution by others
- Poor and inappropriate self-presentation
- Child/young person likely to put self at risk
- *Child sexual exploitation (CSE)
- Evident mental health needs

Family and social relationships

- Repeated missing persons episodes
- Relationships with family experienced as negative ('low warmth, high criticism')
- Rejection by a parent/carer; family no longer want to care for - or have abandoned -child/young person
- Periods accommodated by Council
- Family breakdown related to child's behavioural difficulties
- Subject to physical, emotional or sexual abuse or neglect
- *child sexual exploitation (CSE)
- **Suspected imminent risk of FGM (female genital mutilation)
- Child is main carer for family member

Self-care skills and independence

- Severe disability – child/young person relies totally on other people to meet care needs
- Child neglects to use self-care skills due to alternative priorities, e.g. substance misuse

Learning

- Puts self or others at risk through behaviour
- No, or acrimonious, home-nursery or school link
- Young child with few, if any, achievements
- No school placement
- Child/young person is out of school
- Has no access to leisure activities

PARENTS AND CARERS

Basic care, safety and protection

- Parents/carers unable to provide 'good enough' parenting that is adequate and safe;
- Parent/carer's mental health or substance misuse significantly affect care of child
- Parents/carers unable to care for previous children
- Instability and violence in the home continually
- Parents/carers involved in crime
- Parents unable to restrict access to home by dangerous adults
- Parents/carers own needs mean they are unable to keep child/young person safe
- Chronic and serious domestic violence involving child/young person
- Unexplained injuries
- Parents not engaging with professionals
- Allegation or reasonable suspicion of serious injury, abuse or neglect.
- Unable to manage severe challenging behaviour without support –high risk of family breakdown
- Suspected/evidence of fabricated or induced illness
- Unable to meet child/young person's physical or emotional needs
- Disclosure from parent of abuse to child/young person
- Escalating or serious domestic violence

Emotional warmth and stability

- Parents/carers inconsistent, highly critical, rejecting or apathetic towards child
- Family life chaotic
- Child/young person beyond parental/carers' control
- Parent's own emotional experiences impacting on their ability to meet child/young person's needs
- Child has no-one to care for him/her
- Child/young person threatened with rejection from home
- Requesting young child be accommodated

Guidance, boundaries and stimulation

- No effective boundaries set by parents/carers
- Multiple carers with no consistency
- Child regularly behaves in an anti-social way in the neighbourhood
- No constructive leisure time

FAMILY AND ENVIRONMENT ELEMENTS

Family functioning and well-being

- Significant parental/carer discord and persistent domestic violence
- Family characterised by conflict and serious chronic relationship difficulties
- History of rejection
- Poor relationships between siblings and wider family
- No effective support from extended family
- Destructive/unhelpful involvement from extended family
- Child/young person has been identified as a child/young person in need, but parents/carers have refused support
- Family involved in criminal activity; parent or sibling has received custodial sentence
- Individual posing a risk to children in, or known to household
- Unsafe home environment
- Family home used for drug taking, prostitution, illegal activities

Housing, work and income

- Homeless - or imminent
- Housing dangerous or seriously threatening to health
- Physical accommodation places child in danger
- Chronic unemployment that has severely affected parents' own identities
- Family unable to gain employment due to significant lack of basic skills or long-term substance misuse
- Extreme poverty/debt impacting on ability to care for child
- No expectation that young person will work

Social and community including education

- Family chronically socially excluded
- No supportive network
- Community are hostile to family

relationships e.g. is aggressive, bully, bullied • Regularly involved in anti-social/criminal activities • Repeated missing persons episodes • Prosecution of offences resulting in court orders, custodial sentences, ASBOs • Non-compliant or poor response to support • Professional concerns – but difficulty accessing child/young person • Unaccompanied refuge/asylum seeker • Privately fostered • Abusing other children • Young Sex Offenders • Serious or persistent offending behaviour likely to lead to custody/remand in secure unit/prison • Subject to Family Support or Child Protection Plan	activities or guided play	

*see MKSCB CSE screening tool Milton Keynes Safeguarding Children Board

** See FGM information on www.mkscb.org