



# **Child Protection Policy**

**April 2019**

## Solihull Music Service

### Child Protection Policy Statement

The leadership team of Solihull Music Service recognise their moral and statutory responsibility to safeguard and promote the welfare of all children. The policy applies to all children between the ages of 0-18 whose care and education comes within the remit of this education provision. (For some special education provisions this age range goes beyond 18). All children regardless of age, gender, race, ability, sexuality, religion, culture or language have a right to be protected from harm.

The leadership team will ensure that our service will safeguard and promote the welfare of pupils and work together with other agencies to ensure that our service has adequate arrangements to identify, assess and support those children who have been harmed or are at significant risk of being harmed.

- This policy sets out how Solihull Music Service is carrying out its statutory responsibility to safeguard and promote the welfare of children in accordance with Section 175 of the Education Act 2002, the Education (Independent School Standards) 2014, and the Non-Maintained Special Schools (England) Regulations 2015.
- This policy relates to child protection and sits within a broader safeguarding policy. The policy applies to all staff (teaching and non-teaching), volunteers, temporary and supply staff working in the education provision.
- This policy will be reviewed annually by the leadership team and is in line with the requirements of Working Together to Safeguard Children (DfE, August 2018), Keeping Children Safe In Education (DfE, September 2018), Inspecting safeguarding in early years, education and skills settings Ofsted document (September 2018).
- This policy is made available to parents on request and published on the music service website ([www.solihullmusicservice.com](http://www.solihullmusicservice.com)) so that parents have an understanding of the child protection responsibility placed on the service.

Child Protection Policy reviewed: March 25<sup>th</sup> 2019

Status and Review Cycle: Statutory Annual

Next review date: March 2020

## SOLIHULL MUSIC SERVICE CHILD PROTECTION POLICY AND PROCEDURES

### Policy Statement:

The welfare of our pupils is our paramount concern. Our service is a community and we all (staff, parents, families and pupils) have an essential role to play in making it safe and secure. This includes maintaining an attitude of “it could happen here” where child protection is concerned.

Safeguarding and promoting the welfare of children is everyone’s responsibility. Everyone who comes into contact with children and their families has a role to play in safeguarding children.

We make every effort to provide a safe and welcoming environment, underpinned by a culture of openness where both children and adults feel secure, able to talk and believe they are being listened to.

### Aims:

To set clear expectations of how we expect all staff and volunteers to respond in the event of a concern about a child or young person, including their responsibilities in identifying and reporting possible cases of abuse, in order to safeguard children and young people.

To identify key roles and responsibilities for all staff in relation to child protection, and emphasise the need for good levels of communication between all members of staff in school.

To recognise our responsibility to refer any significant concerns about a child or young person which may indicate physical abuse, emotional abuse, sexual abuse (including child sexual exploitation) or neglect to Multi-agency Safeguarding Hub (MASH). The Solihull Multi-Agency Thresholds Criteria [www.solihullscb.co.uk/practitioner-volunteers/threshold-guidance-22.php](http://www.solihullscb.co.uk/practitioner-volunteers/threshold-guidance-22.php) should be used to support decision making in any referral.

To provide reports to and attend any statutory child protection conferences, initial and review, core group meetings and child in need conferences that may be called in line with Solihull Local Safeguarding Board (LSCB) [child protection procedures](#).

To engage in child protection statutory assessment and interventions as required, recognising our duty to work with other agencies in protecting children from harm (e.g: Children’s Social Work Services, Police Public Protection Unit, health professionals including mental health professionals).

To maintain clear management oversight of all child protection work; identifying, referring and supporting children known to be at risk of harm, ensuring pupils at risk of harm are safeguarded and receive timely support and intervention; including early help and prevention work.

## Definitions

**Safeguarding:** protecting from maltreatment; preventing impairment of health and development; ensuring that children grow up with the provision of safe and effective care; and work in a way that gives the best life chances and transition to adulthood (as defined in the Children Act 2004). This is applied to every child.

**Child Protection:** is an aspect of safeguarding, but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.

**Child:** refers to all young people who have not yet reached their 18<sup>th</sup> birthday. The policy applies to all pupils of our school. It will extend to visiting children and students from other establishments.

**Parent:** refers to birth parents and other adults in a parenting role, for example adoptive parents, step parents and foster parents.

**Abuse:** a form of maltreatment of a child. This could mean neglect, physical, emotional or sexual abuse or any combination of these. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children. In the Children's Acts 1989 and 2004, a **child** is anyone who has not yet reached their eighteenth birthday.

## Legal Framework

The Children's Acts 1989 and 2004 (as amended 2004 section 52) The Children Act 1989 introduced the concept of significant harm as the threshold which justifies compulsory intervention in family life in the best interests of children Under Section 17 (10) of the Children Act 1989, a child is in "need" if:

- He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;
- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- He/she is disabled.

Education Act 2002 Section 175 (maintained schools) the Education (Independent School Standards) 2014, and the Non-Maintained Special Schools (England) Regulations 2015.

The Sexual Offences Act 2003

The Counter-Terrorism and Security Act (2015), section 26 The Prevent Duty

Serious Crime Act (2015), Mandatory reporting duty for known cases of female genital mutilation.

Statutory Guidance: Keeping Children Safe In Education (September 2018)

Statutory Guidance: Working Together to Safeguard Children (August 2018)

Statutory Guidance: Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (DfE July 2018).

Inspecting safeguarding in early years, education and skills settings (August 2018)

What to do if you're worried a child is being abused (March 2015)

## **Leadership and Management of Child Protection**

### **The Head of Service is responsible for:**

- Ensuring a member of the senior leadership team is appointed as the Designated Safeguarding Lead (DSL) who leads on and has clear oversight of all child protection work. The DSL must be appropriately trained to undertake this role. The head of service will support the DSL in their role by ensuring the allocation of funding and resource is sufficient to meet the current child protection activity.
- Ensuring the education provision fully engages with the local authority in their annual review of safeguarding procedures, providing relevant information in a timely manner. The head of service should sign to confirm accuracy of the education provision's arrangements, and ensure any concerns are remedied without delay.
- Ensuring the service has an effective child protection policy code of conduct for staff
- Ensuring that all staff and volunteers receive child protection awareness training at the required frequency.
- Ensuring national statutory guidance and legislation (specifically Keeping Children Safe in Education, DfE, September 2018 and Working Together to Safeguard Children, DfE, August 2018) and local requirements (specifically Solihull LSCB procedures and Solihull local authority policy, advice and guidance) are adhered to.

## Child Protection Roles

The **Designated Safeguarding Lead (DSL) for Child Protection** is **Claire Batty** and is a member of the Senior Leadership Team. Her job description clearly reflects this role as outlined in [Appendix 1](#). She has undertaken relevant training to the role and receives at least bi-annual updates.

The **Deputy Designated Safeguarding Lead (DSL)** for child protection is **Richard Jones**. His job description clearly reflects this role. He has undertaken relevant training to undertake the role and receives at least bi-annual updates.

In the absence of the Designated Safeguarding Lead and the Deputy Designated Safeguarding Lead the most senior member of staff in education provision will assume responsibility for any child protection matters that arise.

The **Head of Service** will ensure that the child protection policies and procedures are fully implemented and sufficient resources and time are allocated to enable staff members to discharge their safeguarding responsibilities.

The **leadership team** is collectively responsible for ensuring that child protection arrangements are fully embedded within the school's ethos and adhered to in the school's day-to-day practice.

**All staff members, volunteers and external providers** are expected to:

- Act on any concerns about a child's welfare immediately. Remember that the child's welfare and interests must be the paramount consideration at all times.
- Be aware of the systems within the service which support safeguarding:
  - Child protection policy
  - Pupil behaviour policy
  - Staff behaviour policy
  - Safeguarding response to children who go missing from education (attendance policy)
  - Role of the designated safeguarding lead
- Never promise to keep a secret or confidentiality, where a child discloses abuse.
- Know the definitions for abuse and the impact abuse can have on children and young people.
- Be alert to signs and recognise indicators of possible abuse.
- Listen to abuse concerns shared by a child (disclosure) and follow school child protection procedures, including notifying the DSL immediately.
- Undertake induction and training on child protection as required.
- Notify the DSL of any unexplained absence of a child on a Child Protection Plan or subject to a Child In Need Plan.
- Report to the DSL any additional concerns, disclosures or observations after the initial referral, not assuming that a referral in itself will protect children.

Any member of staff who has concerns about the safety or potential abuse of a child must report their concerns to the Designated Safeguarding Lead for Child Protection **without delay**. This includes allegations made against other children.

Staff are not expected to take it upon themselves to investigate concerns or make judgements.

**Definitions of Abuse:** All staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

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

**Emotional Abuse** is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only 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 the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Sexual Abuse** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Neglect** is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health and development. Neglect may occur during pregnancy as a result of maternal substance misuse. 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-takers);
- ensure access to appropriate medical care or treatment.

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

### **Additional Vulnerabilities for Pupils with Special Educational Needs and Disabilities (SEND)**

Additional barriers can exist when recognising abuse and neglect for children with special educational needs and disabilities, including:

- assumptions that indicators of possible abuse (eg: behaviour, mood, injury) relate to the child's disability without further exploration;
- children with SEND can be disproportionately impacted by things such as bullying – without outwardly presenting any signs;
- communication barriers and difficulties (eg: not hearing, not listening, not seeing) in overcoming these.

## **staff Induction, Training and Development**

**All** staff members should receive appropriate safeguarding and child protection training, including induction, which is regularly updated. This should include training on how to recognise signs of abuse **and** how to respond to any concerns. In addition all staff members should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

Individuals **must**:

- read chapter one of Keeping Children Safe In Education (DfE September 2018) entitled “Safeguarding Information for All Staff” and understand its implications;
- read and understand the service’s child protection policy and make sure they are clear on how to act in the event of a concern and maintaining confidentiality;
- read and understand the staff behaviour policy (code of conduct), so that they are clear on what to do if there is a breach of the code of conduct .
- understand the difference between having a concern about a child, and a child in immediate danger, being clear on the relevant actions to take;
- know the role of the designated safeguarding lead in school;
- understand that early help and support that can be provided by the school, and their role in early help.

The DSL provides at least an annual briefing to the school to provide staff with any updates on changes to child protection legislation, procedures and relevant learning from key serious case reviews.

This training and induction is proportionate to individuals’ roles and responsibilities.

<https://extranet.solgrid.org.uk/management/staffing/smbcschoolshr/HRDocuments/>

The Designated Safeguarding Lead for child protection attends the multi-agency safeguarding LSCB training within 12 weeks of taking up their responsibilities. The education provision will ensure that its Designated Safeguarding Lead attends the Designated Safeguarding Lead annual education conference to keep abreast of child protection learning and developments, at least biannually.

We ensure that staff members provided by other agencies and third parties, e.g. supply teachers and contracted staff, such as catering staff, are aware of our child protection policy and procedure, and have received appropriate child protection training.

## **The Impact of Abuse and Neglect**

The sustained abuse or neglect of children physically, emotionally, or sexually can have long-term effects on the child’s health, development and well-being. It can impact significantly on a child’s self-esteem, self-image and on their perception of self and of others. The effects can also extend into adult life and lead to difficulties in forming and sustaining positive and close relationships. In some situations it can affect parenting ability.

## Recognising Signs of Child Abuse

The following signs may indicate something is wrong:

- significant change in behaviour
- extreme anger or sadness
- aggressive and attention seeking behaviour
- suspicious bruises with unsatisfactory explanations
- lack of self esteem
- self-injury or harm
- depression
- age inappropriate sexual behaviour

(For further guidance, “What to do if you are worried a child is being abused?”

<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2> ).

If abuse is suspected, presence of signs of abuse is not proof that the abuse has occurred, but:

- must be regarded as indicators of the possibility of significant harm
- justify the need for careful assessment and discussion with the designated member of staff for child protection / decision making conversation which is logged
- may require consultation with and / or referral to Children’s Social Work Service

The absence of such risk indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- appear frightened of the parents
- act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- persistently avoid child health promotion services and treatment of the child’s episodes of illness
- have unrealistic expectations of the child
- frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- be absent or misusing substances
- persistently refuse to allow access to professionals on home visits
- be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

## **Children Suffering or likely to Suffer Significant Harm**

The Children Act 1989 introduced the concept of **significant harm** as the threshold that justifies compulsory intervention in family life in the best interests of a child. It gives local authorities a duty to make enquiries under section 47 of the Children Act 1989 to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm. Such enquiries must be initiated where there are concerns about maltreatment, including all forms of abuse and neglect, female genital mutilation and other so-called honour based violence, and extra-familial threats like radicalisation and sexual exploitation.

Safeguarding and promoting the welfare of children is defined in Working Together to Safeguard Children (2018) as:

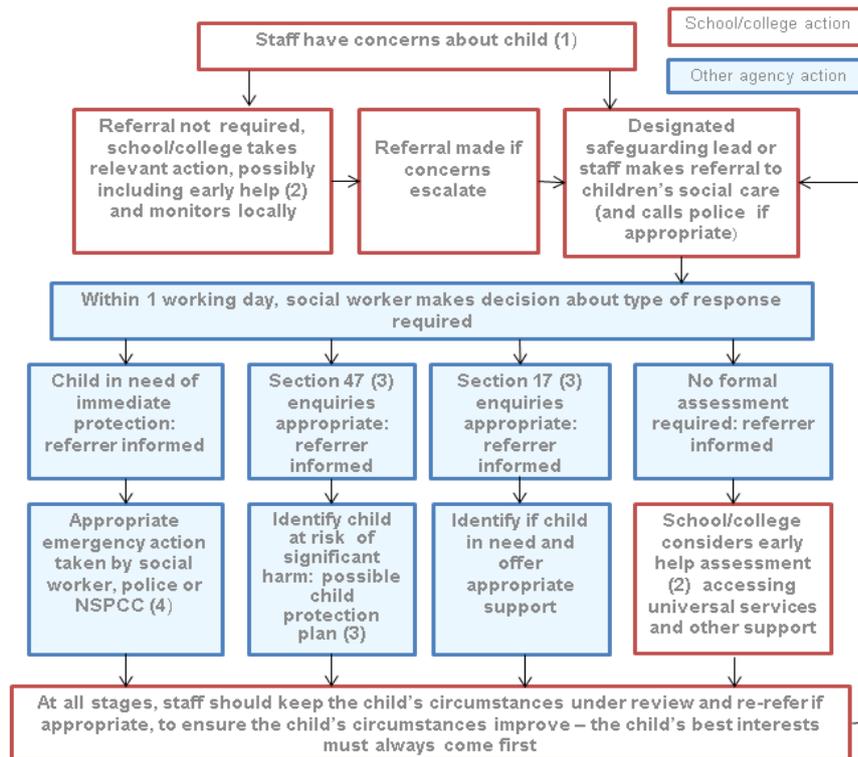
- protecting children from maltreatment;
- preventing impairment of a child's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes. (DfE, August 2018 p7)

### **Action when a child has suffered or is likely to suffer harm**

This diagram, taken from Keeping Children Safe in Education (September 2018), illustrates what action should be taken and who should take it where there are concerns about a child. If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately via the schools processes, referring to the multi-agency safeguarding hub (MASH) [link](#) (MASH referral form) or **0121 788 4300**

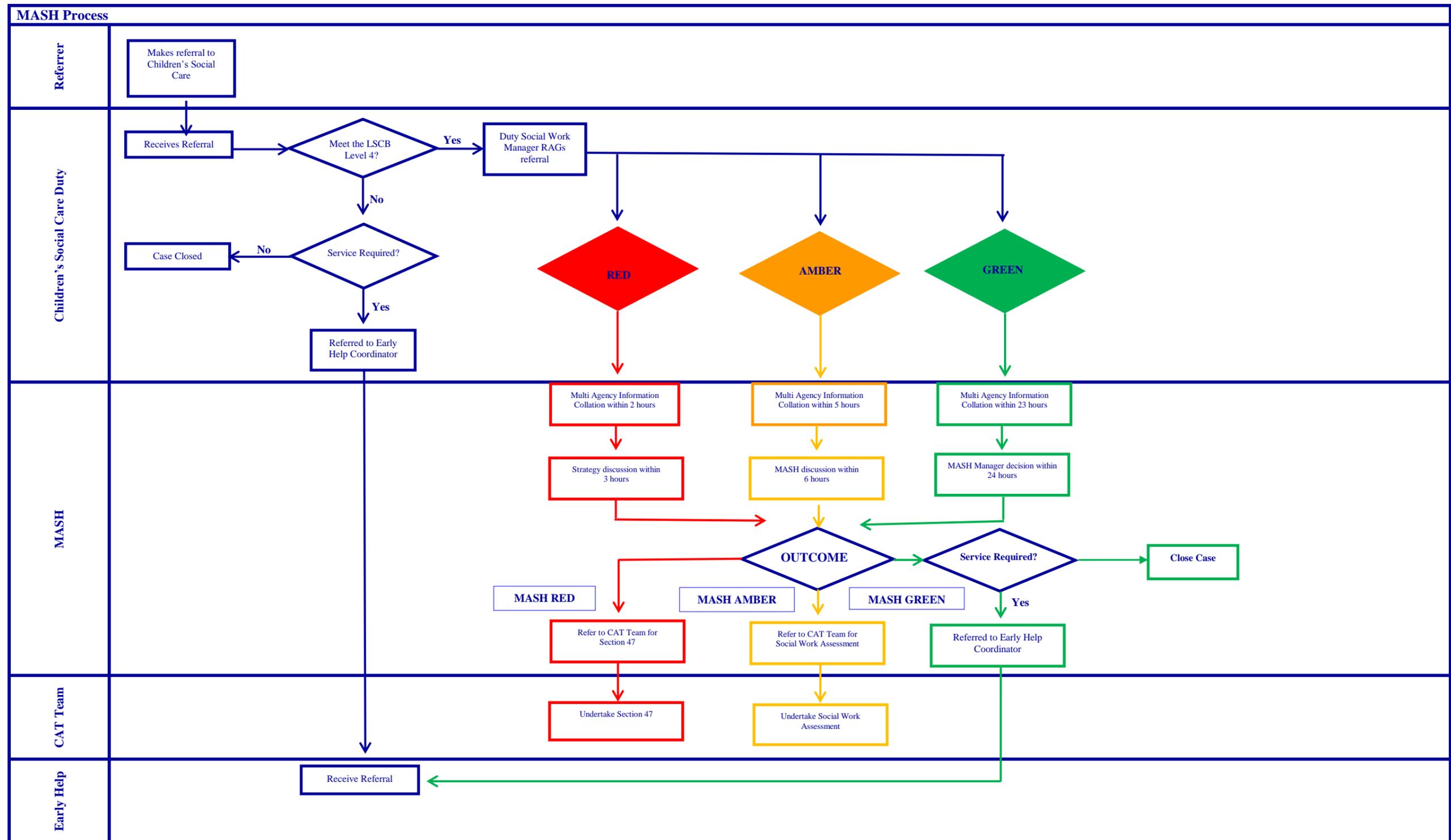
**Anybody can make a referral.** Members of staff should make a written account of any concern they have regarding the welfare or well-being of a pupil using the education provision pro forma including making a note of any visible marks and injuries. (See [Appendix 2](#) Model Child Welfare Concern and child protection concern/disclosure form example pro forma and [Appendix 3](#) body map)

## Actions where there are concerns about a child



1. In cases which also involve an allegation of abuse against the staff member, the service's managing allegations procedures should be followed in line with the organisation's safeguarding policy, which explains action the service should take in respect of the staff member, in line with Part Four of Keeping Children Safe in Education (2018)
2. Early help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. Chapter one of Working Together to Safeguard Children (2018) provides detailed guidance on the early help process.
3. Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. This can include s17 assessments of children in need and s47 assessments of children at risk of significant harm. Full details are in Chapter one of Working together to safeguard children. This could include applying for an Emergency Protection Order (EPO).

# Solihull Multi-Agency Safeguarding Hub (MASH) Referral Process



## **Dealing with Disclosures or Concerns:**

If a child makes an allegation or discloses information which raises concern about actual or potential Significant Harm, the initial response should be limited to listening carefully to what the child says so as to:

- clarify the concerns;
- confirm who the child has already told, if anyone;
- make a full written record of what is being said by the child in their words.

If a child is freely recalling events, the response should be to listen, rather than stop the child; questioning of the information being given must be limited to confirming factual accuracy required to provide a quality referral, e.g. who are the people involved, what has actually happened and when and where did any incident occur.

If the child has an injury but no explanation is volunteered, it is acceptable to enquire how the injury was sustained.

However, the child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality. Such well-intentioned actions could prejudice Police investigations.

It is important that the child should not be asked to repeat the information to a colleague or write the information down. Making an accurate and verbatim record of what the child has said (disclosure), (or evidence that has led to the concerns) recording the child's own words, is the responsibility of the person to whom the child has disclosed. This is recorded on the concerns form in [Appendix 2](#). These forms should be freely made available to all staff in the school.

The DSL should be informed of the concerns immediately and given the completed concerns form as soon as possible afterward.

A record of all conversations (including the timings, the setting, those present, as well as what was said by all parties) and actions must be kept. These should be recorded on the concerns form.

Any member of staff who has concerns about the welfare of a child must share this information with the DSL.

- The report is given to the DSL immediately who will analyse risk and refer onwards as necessary and appropriate.
- Referrals where urgent action is required should never be delayed in order for a full record to be written.

No enquiries or investigations may be initiated without the authority of Children's Social Work Services or the Police.

## Guiding Principles for all staff and volunteers for Dealing with Disclosures: The Seven R's

The Seven R's provides staff with clear guidance on how to act in the event of a concern or disclosure: Receive, Reassure, Respond, Report, Record, Remember, Review.

### Receive

- Listen to what is being said, without displaying shock or disbelief.
- Accept what is said and take it seriously.
- Make a note of what has been said as soon as practicable.

### Reassure

- Reassure the pupil, but only as far as is honest and reliable.
- Do not make promises you may not be able to keep, e.g.: "I'll stay with you", or "everything will be alright now" or "I'll keep this confidential".
- Do reassure, e.g.: you could say "I believe you", "I am glad you came to me", "I am sorry this has happened", "We are going to do something together to get help".

### Respond

- Respond to the pupil only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details.
- Do not ask 'leading' questions, i.e.: "did he touch your private parts?" or "did she hurt you?". Such questions may invalidate your evidence (and the child's) in any later court proceedings.
- Instead, make use of open ended questions which offers the child the opportunity to provide more information about an event in a way that is not leading, suggestive or putting them under pressure. Open questions may use how? When? Who? Where?  
Questions beginning with the phrases "tell me", "describe" or "explain" are useful:
  - Tell me what happened, tell me who was there.
  - Explain what you mean when you say.
  - Describe the place to me.
- Do not criticise the alleged perpetrator; the pupil may care about him/her, and reconciliation may be possible.
- Do not ask the pupil to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the pupil that it will be a senior member of staff.

### Report

- Share concerns with the designated safeguarding lead (DSL) as soon as possible. If you are unable to contact your designated safeguarding lead, deputy designated safeguarding lead, or most senior member of staff, and the child is at risk of immediate harm, contact MASH ([link](#) to MASH referral form) or on **0121 788 4300**.
- If you are dissatisfied with the response from the DSL or children's social work, you should ask for the decision to be reconsidered, giving your reasons for this
- A formal referral or any urgent medical treatment **must not** be delayed by the unavailability of designated staff

## Record

- If possible make some very brief notes at the time and write them up as soon as possible. Keep your original notes on file.
- Any member of staff receiving a disclosure of abuse from a child or young person, or noticing signs or symptoms of possible abuse in a child or young person, will make a written record within the hour recording the disclosure using the child's own words, what was said or seen and the location both of the abuse and the disclosure.
- Record the date, time, place, persons present and noticeable non-verbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into proper words.
- A record of a concern, suspicion or allegation should be made at the time of or as soon as possible after the event. Dates and times of events should be recorded as accurately as possible, together with a note of when the record was made. (See [Appendix 2](#) - model pro forma.)
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'.
- A record should be made of any visible marks, bruising or injuries to a child that give cause for concern. This may be completed on a body map. (See [Appendix 3](#)). The child should not be examined intimately or pictures taken of any injuries / marks.
- All records must be signed and dated clearly with the name of the signatory clearly printed.
- Children **MUST NOT** be asked to make a written statement themselves or to sign any records.
- All records of a child protection nature (handwritten or typed) are passed to the DSL.

## Remember

- Support the child: listen, reassure, and be available.
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues.
- Try to get some support for yourself if you need it.

## Review

- Has the action taken provided good outcomes for the child?
- Did the procedure work?
- Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
- Is further training required?

## Specific Safeguarding Issues

All staff should have an awareness of specific safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as youth produced sexual imagery) put children in danger.

All staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to:

- bullying (including cyberbullying)
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm
- sexual violence and sexual harassment
- sexting (also known as youth produced sexual imagery) and
- initiation/hazing type violence and rituals

**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, especially the designated safeguarding lead 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. See <http://www.solgrid.org.uk/education/safeguarding/child-protection/issues/contextual-safeguarding/>.

In addition to the four categories of abuse, Keeping Children Safe in Education (2018) identifies the following safeguarding issues:

- Children and the court system
- Children missing from education
- Children with family members in prison
- Child Exploitation
  - Child sexual exploitation (CSE)
  - County Lines Child (and vulnerable adult) criminal exploitation
  - Trafficking and modern slavery
- Domestic abuse
- Homelessness
- So-called 'honour-based' violence
- Female Genital Mutilation
- Forced marriage
- Preventing radicalisation
- Peer on peer abuse
- violence
  - gender-based violence/violence against women and girls (VAWG)

- gangs and youth violence
  - Sexual violence and sexual harassment between children in schools and colleges
- bullying including cyber-bullying
  - child missing from education, home or care
  - drugs
  - health and well-being
    - fabricated or induced illness
    - mental health and behaviour
    - medical conditions
  - Online safety and sexting
  - Private fostering
  - child abduction

Definitions of these specific safeguarding issues and local pathways to support are provided in the Solihull Designated Safeguarding Lead's Handbook ([www.solgrid.org.uk](http://www.solgrid.org.uk) > education > safeguarding). National guidance is provided in Keeping Children safe in Education (DfE 2018), Appendix A. LSCB guidance and procedures are contained in the Solihull Local Safeguarding Board Procedures through the link [Solihull LSCB procedures](#).

## Supporting Children

We recognise that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth. We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm. We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

We support all children by:

- Encouraging self-esteem and self-assertiveness, through the curriculum as well as our relationships, whilst 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.
- Promoting a caring, safe and positive environment within the school, with access to appropriate adults to approach if they are in difficulties.
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children, including notifying social care as soon as there is a significant concern.
- Notify the allocated social worker of any new concerns about a child who is subject to a child protection plan or a child in need plan ([Section 2.7 of Chapter 3.1. of the LSCB Procedures](#)).
- Monitoring children who have been identified as having welfare of protection concerns and providing appropriate support. An individual support plan is devised, implemented and reviewed regularly for pupils requiring early help of safeguarding. This is kept with the child protection record.
- Where children and young people have exhibited sexually inappropriate/ harmful behaviour and/or exhibited sexually inappropriate/harmful behaviour towards

others. Guidance is provided in [Appendix 13](#). Where necessary a co-ordinated multi-agency response is undertaken to ensure the appropriate safeguards and support are in place. We ensure that the needs of children and young people who abuse others will be considered separately from the needs of their victims.

- Providing continuing support to a child about whom there have been concerns who leaves the school by ensuring that appropriate information is copied under confidential cover to the child's new setting and ensuring the school medical records are forwarded as a matter of priority.

### **The role of the DSL following a report of concerns from a member of staff – what the DSL must do in considering next steps including making a referral and record keeping:**

#### **a) Referring**

The DSL will assess the information provided on the concern form, using the Solihull multi-agency thresholds criteria and consider if significant harm has happened or there is a risk that it may happen. If the evidence suggests the threshold of significant harm or risk of significant harm has been reached; or they are not clear if the threshold is met, then the DSL will contact children's social care.

The DSL will:

- make a professional judgement about what action needs to be taken, using the Solihull Multi-agency Guidance Threshold Criteria to help support Children, Young People and their Families in Solihull, [What to do if you're worried that a child is being abused](#), the school child protection procedure and the Solihull LSCB procedures (<http://solihulllscb.proceduresonline.com/index.htm>). The DSL will consider the following:
  - the nature of the concern;
  - how and why it has arisen;
  - what the presenting child's and family's needs appear to be;
  - what relevant information is held by the school, (consider any previous referrals, closed case to children's social work, any other school concerns; early help work, developmental needs of the child, parenting capacity, family structure )
  - whether the concern indicates a likelihood of **Significant Harm** and if so;
  - whether there is any need for any urgent action to protect the child, any other child in the same household or any child in contact with an alleged perpetrator;
  - whether there are any other children, either in the household or in contact with any alleged perpetrator of abuse, identified as in need or at risk of harm;
  - whether the child has any sibling(s) at other education provisions or early years settings and consider whether information is such that it should be shared with that other setting;
  - whether there are any concerns regarding an abuse of a position of trust;
  - where targeted support services have been offered but there is refusal or reluctance by the parent/carer to engage or engage consistently with the

- support being offered and therefore the identified cause of concern/need is not being addressed, i.e. no improved outcome for the child;
- where targeted support services have been in place but the parent or carer appear unable to make the required changes in order to improve outcomes for the child.
- Where a DSL makes a referral, they should include:
    - the known facts;
    - any suspicions or allegations;
    - whether or not there has been any contact with the child's family;
    - any information they have on the child's developmental needs, and the capacity of the child's parent or carers to meet those needs.

If the DSL feels unsure about whether a referral is necessary, a telephone call to MASH can be made for advice.

- If the child is in immediate danger and urgent protective action is required, the police should be called. The DSL should also notify Children's Social Care of the occurrence and what action has been taken. This should be formally recorded by the school.
- Where the pupil is suffering from a serious injury, medical attention must be sought immediately by calling an ambulance or taking the child to the Accident and Emergency Department of the local hospital (Headteacher or DSL). The DSL should notify Children's Social Care. On arrival at the hospital, the duty consultant paediatrician must be informed of the nature of the concerns. The DSL should make a referral and ensure that all events, advice, notifications and actions are recorded, including any decision making. The DSL should seek advice from Children's Social Care about informing parents, remembering that parents should normally be informed that a child requires urgent medical attention.
- In accordance with the [Local Safeguarding Children's Board Procedures](#), the agreement of the parents for a referral to MASH should normally be sought where possible, ([Chapter 3.1.Section 13.1](#)). However, if it is felt that seeking any such agreement would increase the level of significant risk to the child, the matter should be discussed with MASH and their advice sought. This must not contribute to a delay in making a referral.
- If the child is known to have an allocated social worker, referrals should be made directly to the allocated worker or, in her/his absence, the manager or a duty officer in the team. Sharing of this information and response should be recorded on the pupil file. If you are not aware of the name or contact number for the allocated social worker you should contact the Children's Assessment Team and they will assist in confirming this detail.

**Contact details for a referral for children residing in Solihull:  
Solihull Multi-Agency Safeguarding Hub (MASH):  
0121 788 4333  
0121 605 6060 (Out of Hours)**

All referrals need to be confirmed in writing as soon as possible using the [Children and Families Inter agency Referral](#) form online.

- Where the child does not reside in Solihull the referrals must be made to the appropriate cross border local authorities. These must also be confirmed in writing.
- The DSL should receive a response to the referral within one working day. If a response is not received, the DSL should contact MASH to obtain information about the status of the referral. **Decisions must be recorded in writing on the child's file or record.**
- Where a referrer is unclear or in disagreement with the decision made, they should ask to speak to the responsible qualified social worker or the duty Assistant Team Manager in the first instance to try and reach an agreed understanding regarding the decision.
- The DSL should follow any action requested from Children's Social Services including allowing visits to the school by social workers and/or the police in relation to the referral and requests for any further information, report or attendance at meetings.

## b) Confidentiality and Information Sharing

Pupils should have a range of trusted adults to talk to in school and they should also have a clear understanding of confidentiality boundaries with a range of adults. Laying these foundations at a young age will support pupils in accessing help, guidance and support whenever they need it as they navigate life. This is important because we know that concerns about confidentiality, and subsequent lack of trust, are the main barriers that stop young people from accessing advice and support when they need it.

Confidentiality policy framework

<http://www.solgrid.org.uk/wellbeing/wp-content/uploads/sites/23/2014/09/ConfidentialityPolicyFrameworkSolihull201409.pdf>

<http://www.solgrid.org.uk/wellbeing/emotional-wellbeing-and-mental-health/confidentiality-in-schools/>

We recognise that all matters relating to child protection are confidential. We maintain that all matters relating to child protection are to be treated as confidential and only shared in line with Working Together to Safeguard Children guidance. The Headteacher or Designated Safeguarding Lead will disclose any information about a child to other members of staff on a need to know basis only. Information will only be shared with agencies who we have a statutory duty to share with or individuals within the school who 'need to know'. All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children. All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing. We will always undertake to share our intention to refer a child to Social Care with their parents/carers unless to do so could put the child at

greater risk of harm, or impede a criminal investigation. If in doubt, we will consult Children's Social Work for advice.

When there is a concern that a child is at risk of significant harm, all information held by the education provision must be shared with Children's Social Care, police and health professionals. Section 47 of the Children Act 1989 and sections 10 and 11 of the Children Act 2004 empower all agencies to share information in these circumstances. In the event of any doubt, the DSL should liaise with MASH.

Disciplinary action will be considered for any breach of confidentiality.

Further Guidance on information sharing can be found in Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (DfE 2015).

### **Parental Consent to the Referral**

The referrer should seek, in general, to discuss concerns with the family and, where possible seek the family's agreement to making a referral unless this may place the child at increased likelihood of suffering **Significant Harm** by:

- Delay in referral;
- The response it prompts from the parents;
- Alerting the alleged perpetrator.

A decision by any professional not to seek parental permission before making a referral to Children's Social Work Services must be recorded and the reasons given.

Where a parent has agreed to a referral, this must be recorded and confirmed on the Children and Families Inter-Agency Referral Form. Where the parent is consulted and refuses to give permission for the referral, further advice should be sought from MASH, unless to do so would cause undue delay. Any further advice and decision making should be fully recorded.

If, having taken full account of the parent's wishes, it is still considered that there is a need for a referral:

- The reason for proceeding without parental agreement must be recorded;
- Children's Social Work Services should be told that the parent has withheld her/his permission;
- The parent should be contacted by the referring professional to inform her/him that after considering their wishes, a referral has been made. The timing of this contact should be agreed with Children's Social Work Services;
- Any decision not to advise a parents about a referral or contact with a Young Person must be recorded in detail in order to provide a record of defensible decision making.

## **Pupil Consent to the referral**

The Solihull LSCB child protection procedures state that:

“If the child can understand the significance and consequences of making a referral, his or her views regarding a referral to Children Social Work Services should be obtained and taken into consideration by the referring professional.

Whilst the child’s views should be sought, it remains the responsibility of the professional to take whatever action is required to ensure the safety of that child and any other children.

It is important to explain to the child in an age appropriate way how the information will be passed to Children’s Social Work Services and/or the Police as the agencies with lead responsibility for the welfare and protection of children.

Where the child does not wish his or her parent to know that they or someone else has made a referral about them, those receiving the referral must consider the wishes and best interests of the child. If the child can be considered as “Fraser Competent”, then direct work can be undertaken with the child without parental knowledge or consent; however it is always important to encourage a child to be open and to engage parents unless to do so would increase a risk of harm to the child or young person.

### **c) Record Keeping**

The importance of good clear child welfare and child protection record keeping has been highlighted in the learning from serious case reviews. Good up to date record keeping of concerns and action taken is essential for two main reasons:

- It helps education provisions identify causes for concern at an early stage. Often it is only when a number of seemingly minor issues are seen as a whole, that a pattern can be seen indicating safeguarding or child protection concern.
- It helps education provisions monitor and manage their safeguarding practices and provides evidence of robust and effective child protection policy and practice.

Keeping a good quality record about work with a child who you have child protection concerns and his or her family is an important part of the professional accountability of the school. It helps to focus work, and it is essential to working effectively across agency and professional boundaries. Clear and accurate records for each child ensure that there is a documented account of an agency's or professionals' involvement with a child and/or family or care giver. They help with continuity when individual workers are unavailable or change, and they provide an essential tool for managers to monitor work or for peer review.

- Child protection records must be securely held, separate from the main pupil file, and in a secure place.
- Access to any records and details of a case will be on a ‘need to know’ basis decided on a case by case basis, to enable those people to take appropriate steps to safeguard the pupil or to carry out their own duties.
- Any contact with other agencies must be recorded as should the rationale for sharing or not sharing information.

## **Management Oversight of Child Protection Work**

We ensure clear management oversight of work by the Designated Safeguarding Lead and senior leaders including governors. Oversight of numbers of pupils at risk due to child protection concerns are monitored through the threshold data sheet (Appendix 12). Regular reports to governors around child protection (anonymised) ensure effective support and challenge in this area of work. Our annual safeguarding audit work is shared with the local authority to ensure 157/175 compliance. Strengths in child protection work and any areas for development are identified and immediately remedied.

## **Supervision of Child Protection Work**

We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.

There are clear and effective arrangements for staff development and training in respect of the protection and care of children and learners. Staff and other adults receive regular supervision and support if they are working directly and regularly with children and learners whose safety and welfare are at risk, (Inspecting safeguarding in early years education and skills settings, August 2016, Ofsted), in line with our supervision policy.

We further support staff as necessary, by providing an opportunity to talk through their anxieties with the Designated Safeguarding Lead and their line manager, and to seek further support as appropriate. This could include:

- Stress Risk Assessment undertaken by the line manager
- Access to the Employee Assistance Programme - CIC 0800 085 1376, [assist@cic-eap.co.uk](mailto:assist@cic-eap.co.uk), well-online.co.uk - username: sbclogin Password: wellbeing
- Referral to Occupational Health for one-to-one counselling

In the event of a violent incident the violence and aggression at work policy and risk assessment should be followed.

<http://intranet/Coledocs/Healthandsafety/PoliciesGuidance.aspx>

## **Professional Disagreement Procedures (Dispute Resolution)**

At no time must professional dissent detract from ensuring that the child is safeguarded. The child's welfare and safety must remain paramount throughout.

**In the event that a referring professional does not agree with the proposed response to the referral, the referrer should discuss their concerns directly with the duty Assistant Team Manager or Team Manager in the first instance to seek resolution. Professional disagreements should be dealt with in line with LSCB procedures [http://solihulllscb.proceduresonline.com/chapters/p\\_resolve\\_diff.htm](http://solihulllscb.proceduresonline.com/chapters/p_resolve_diff.htm)**

### **Solihull MBC Contacts**

- MASH: 0121 788 4300
- Out of hours: 0121 605 6060
- Children's Social Work Child Protection and Review Unit: 0121 788 4310
- Local Authority Duty Officer (LADO) – 0121 788 4310
- SMBC Adult Social Work one stop referral – 0121 704 8007
- Early Help team – 0121 709 7000

### **Birmingham Contacts**

- Birmingham Multi-Agency Safeguarding Hub (MASH) - 0121 303 1888  
<http://www.lscbbirmingham.org.uk/index.php/about-us-list/167-mash-hubs>  
[http://www.lscbbirmingham.org.uk/images/RSRT\\_practitioners\\_booklet.pdf](http://www.lscbbirmingham.org.uk/images/RSRT_practitioners_booklet.pdf)

### **Coventry Contacts**

- Coventry Multi-Agency Safeguarding Hub (MASH) - 024 7678 8555  
[http://www.coventry.gov.uk/info/31/children\\_and\\_families/2186/coventrys\\_multi\\_agency\\_safeguarding\\_hub\\_mash](http://www.coventry.gov.uk/info/31/children_and_families/2186/coventrys_multi_agency_safeguarding_hub_mash)  
[http://www.coventry.gov.uk/downloads/file/20363/the\\_levels\\_of\\_help\\_for\\_children](http://www.coventry.gov.uk/downloads/file/20363/the_levels_of_help_for_children)

### **Warwickshire Contacts**

- Children's Social Care during office hours: 01926 410410
- Emergency Duty Service 01926 886922 outside office hours only  
<https://www.warwickshire.gov.uk/wscb>

### **Worcestershire Contacts**

- Access Centre 01905 822666 from Monday to Thursday 8.30am to 5.00pm (until 4:30 pm on Friday)
- Emergency Duty Team (EDT) on 01905 768020 outside office hours  
[http://www.worcestershire.gov.uk/info/20054/safeguarding\\_children/364/if\\_you\\_are\\_worried\\_about\\_a\\_child](http://www.worcestershire.gov.uk/info/20054/safeguarding_children/364/if_you_are_worried_about_a_child)

## Appendix 1: Role of the Designated Safeguarding Lead (DSL)

### KCSIE (September 2018) Annex B: Role of the designated safeguarding lead

- Governing bodies, proprietors and management committees should appoint an appropriate **senior member** of staff, from the school or college **leadership team**, to the role of designated safeguarding lead.
- The designated safeguarding lead should take **lead responsibility** for safeguarding and child protection. This should be explicit in the role-holder's job description. This person should have the appropriate status and authority within the school to carry out the duties of the post.
- They should be given the time, funding, training, resources and support to provide advice and support to other staff on child welfare and child protection matters, to take part in strategy discussions and inter-agency meetings – and/or to support other staff to do so – and to contribute to the assessment of children.

### Deputy designated safeguarding leads

- It is a matter for individual schools and colleges as to whether they choose to have one or more deputy designated safeguarding lead(s). Any deputies should be trained to the same standard as the designated safeguarding lead.
- Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate **lead responsibility** for child protection, as set out above, remains with the designated safeguarding lead; this **lead responsibility** should not be delegated.

The broad areas of responsibility for the designated safeguarding lead are:

### Managing referrals

The designated safeguarding lead is expected to:

- refer cases of suspected abuse to the local authority children's social care as required;
- support staff who make referrals to local authority children's social care;
- refer radicalisation concerns to MASH (if threshold level met) **and** to the police Prevent team ([ctu\\_gateway@west-midlands.pnn.police.uk](mailto:ctu_gateway@west-midlands.pnn.police.uk) or 0121 251 0241) in line with the pathway in the designated safeguarding lead handbook. The police make the decision on further action or if a referral to the Channel programme is required.
- support staff who raise radicalisation concerns;
- refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required; and
- refer cases where a crime may have been committed to the police as required.

## Working with others

The designated safeguarding lead is expected to:

- liaise with the headteacher or principal to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations
- act on any child protection concern that arises out of a managing allegations matter which concerns a staff member, by liaising with the case manager/headteacher and the local authority designated officer. The headteacher or chair of governors will oversee the management of the allegation, the DSL will oversee the child protection concern if there is one.
- Liaise with staff (especially pastoral support staff, school nurses, IT technicians and SENCOs or the named person with oversight for SEN in a college) on matters of safety and safeguarding (including online and digital safety) and when deciding whether to make a referral by liaising with relevant agencies; and
- Act as a source of support, advice and expertise for all staff.

## Training

- The designated safeguarding lead (and any deputies) should undergo training to provide them with the knowledge and skills required to carry out the role. This training should be updated at least every two years
- The designated safeguarding lead should undertake Prevent awareness training.
- In addition to the formal training set out above, their knowledge and skills should be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, but at least annually, to allow them to understand and keep up with any developments relevant to their role so they:
  - understand the assessment process for providing early help and intervention, including local criteria for action and local authority children's social care referral arrangements.
  - have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
  - ensure each member of staff has access to and understands the school or college's child protection policy and procedures, especially new and part time staff;
  - are alert to the specific needs of children in need, those with special educational needs and young carers;
  - are able to keep detailed, accurate, secure written records of concerns and referrals;
  - 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;
  - are able to understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online at school or college;

- can recognise the additional risks that children with SEN and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support SEND children to stay safe online;
- obtain access to resources and attend any relevant or refresher training courses; and
- 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 should:

- Ensure the school or college's policies are known and used appropriately;
- Ensure the school or college's child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this.
- Ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school or college in this.
- Link with the local authority education safeguarding and the LSCB to make sure staff are aware of training opportunities and the latest local policies on local safeguarding arrangements

## **Child protection file**

- Where children leave the school or college ensure their child protection file is transferred to the new school or college as soon as possible. This should be transferred separately from the main pupil file, ensuring secure transit and confirmation of receipt should be obtained.
- In addition to the child protection file, the designated safeguarding lead should 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, ensuring that the support is in place for when the child arrives.

## **Availability**

During term time the designated safeguarding lead (or a deputy) should always be available (during school or college hours) for staff in the school or college to discuss any safeguarding concerns. Whilst generally speaking the designated safeguarding lead (or deputy) would be expected to be available in person, it is a matter for individual schools and colleges, working with the designated safeguarding lead, to define what "available" means and whether in exceptional circumstances availability via phone and or Skype or other such media is acceptable.

It is a matter for individual schools and colleges and the designated safeguarding lead to arrange adequate and appropriate cover arrangements for any out of hours/out of term activities.

**Appendix 2: Model Child Welfare Concern and child protection concern/disclosure form**

To be completed by education provision staff or volunteers when they become aware of any child welfare or child protection concern. The completed form should be handed to the DSL without delay.

<b>Name of Child:</b>	<b>DOB of child:</b>
<b>Year Group:</b>	<b>Class/tutor group:</b>
<b>Name and role of person making this record:</b>	
<b>Date:</b>	<b>Time:</b>
<b>Nature of incident/concerns/disclosure:</b> (Include any relevant background and any injuries/marks. These should also be recorded on the body map overleaf).	
<b>What the child said in their own words:</b>	
<b>Observations made / Professional opinions:</b> Please make distinction between fact and opinion	
<b>Action taken by person making this record</b>	
<b>Signature:</b>	<b>Date:</b>

**Information Reviewed by DSL and actions taken:**  
(including rationale for decisions made):

Action taken	By whom	Outcome
Discuss with child  Ensure the child's wishes and feelings are ascertained where appropriate		
Check behaviour / SEN / attendance (leads) for any relevant information		
Contact parents  Please tick  Telephone call _____  Meeting _____		
Refer to Multi-Agency Safeguarding Hub (MASH) Children's Social Care.		
Other (please specify)		

**Signature**

**Date**

**Final Outcome:**

**Signature**

**Date**

**Summary of any feedback given to member of staff raising original concern** (including rationale for information sharing)

**Signature**

**Date**

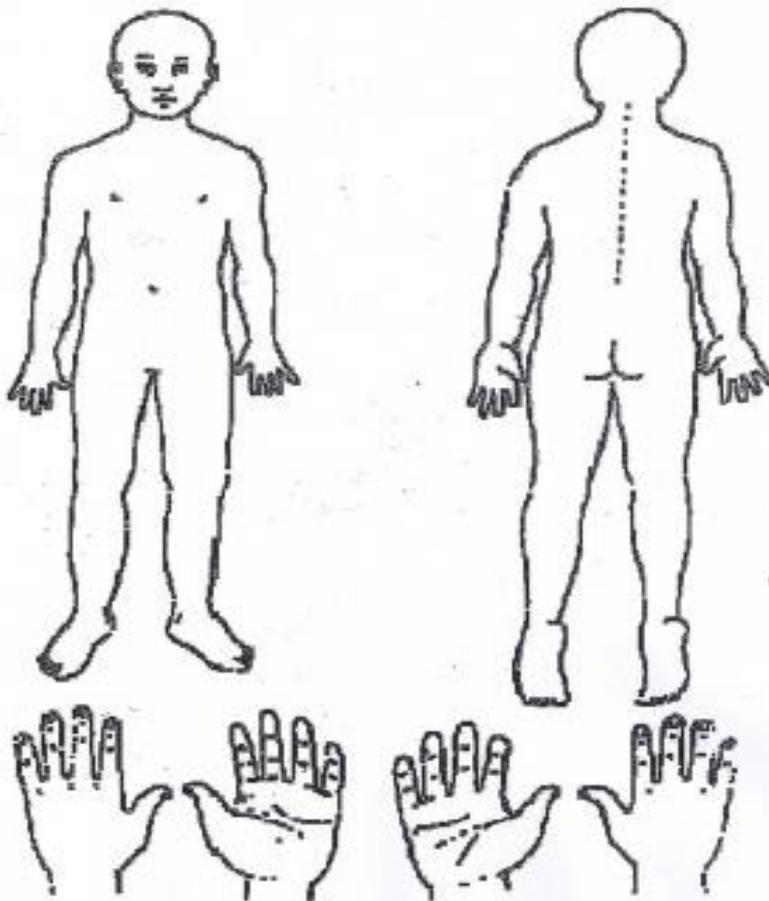
### Appendix 3: Body Map

Name of child:.....

Date of use of body map:.....

Name of staff member:.....

Body Map



**Appendix 4: Chronology Template**

**CHRONOLOGY TEMPLATE**

<b>Name of education provision</b>	
<b>Child's Name</b>	
<b>Date of Birth</b>	
<b>LAC</b> <input type="checkbox"/>	
<b>Child Protection Plan</b> <input type="checkbox"/>	

<b>Siblings</b>		
<b>Name</b>	<b>Date of Birth</b>	<b>School</b>

**Other agency contacts**

<b>Name</b>	<b>Agency</b>	<b>Contact details</b>

Date (dd/mm/yy)	Age of Child at event date	Significant event/information/incident/details of concern	Source /Evidence	Actions taken	Outcomes of actions taken	Further actions required by whom and when	Child's wishes and feelings	Recorded by (Name & Agency)	Restricted information i.e. sensitive, personal data

## Appendix 5: Thresholds data sheet

**Name of Education Provision:** \_\_\_\_\_

Numbers of pupils vulnerable due to child protection concerns (including attendance) mapped against Solihull multi-agency thresholds criteria.

### SOLIHULL THRESHOLD LEVEL

LOCAL AUTHORITY WITH RESPONSIBILITY	Level 1 Threshold Universal Needs	Level 2 Threshold Additional Needs	Level 3 Threshold Complex Needs	Level 4 Threshold Acute Specialist Needs (Child Protection)		
				CIN	CP	LAC
Solihull						
Birmingham						
Coventry						
Warwickshire						
Other Local Authorities (please state)						
<b>Total</b>						

Early Help How many pupils are currently receiving additional wrap around support from the Early Help Engage service?	Level 2	Level 3	What has been the impact of this work?

	Female Genital Mutilation	Child Sexual Exploitation	Neglect	Domestic Abuse, substance misuse and mental health (Toxic Trio)
From the above data sets, please identify numbers of pupils at risk of or experiencing				

	How many have special educational needs?	How many have a disability?	How many live in homes where a family member/member of the household has a disability?
From the above data sets, please identify numbers of pupils			

When completed, please return this form to [seis@solihull.gov.uk](mailto:seis@solihull.gov.uk)

**Appendix 6: Child protection file transfer record – Output (pupil leaving the school)**

**FILE TRANSFER RECORD AND RECEIPT**

**PART 1: To be completed by sending/transferring education provider**

NAME OF CHILD:	
DOB:	
NAME OF EDUCATION PROVISION SENDING CP FILE:	
ADDRESS OF SENDING EDUCATION PROVISION:	
METHOD OF DELIVERY:	BY HAND    SECURE POST ELECTRONICALLY
DATE FILE SENT:	
NAME OF DSL TRANSFERRING FILE:	
NAME OF PERSON TRANFERRING TO:	
SIGNATURE:	

**PART 2: To be completed by receiving education provision**

NAME OF EDUCATION PROVIDER RECEIVING FILE:	
ADDRESS:	
DATE RECEIVED:	
NAME OF PERSON RECEIVING FILE:	
DATE CONFIRMATION OF RECEIPT SENT:	
SIGNATURE:	

**Transferring Education Provision:** Please ensure that the child protection file is passed to the Designated Safeguarding Lead at the receiving education provision using a secure method of delivery with Part 1 of this form completed.

**Appendix 7: Child Protection & Safeguarding Information Transfer – INPUT  
(Child being admitted to the school)**

The following information has been requested so that on transition, we can continue to safeguard students, and ensure we have timely information.

<b>Student's Name</b>	
<b>Student's d.o.b.</b>	
<b>Current School</b>	
<b>Designated Senior Lead</b>	
<b>Dates student attended school</b>	
<b>Have there been any child protection or welfare concerns around the student?</b>	
<b>Have there been any referrals to MASH? Please give details and dates</b>	
<b>Is the student or has the student been subject to a child protection plan, child in need plan or looked after plan? Please give details and dates</b>	
<b>Has the child/family received any Early Help? Have the Engage service been involved? What is the current threshold of need? What works/should we continue? Please give details and dates</b>	
<b>Is there anything else which we should consider? (eg: Police involvement, CAFCAS involvement, SEND etc.)</b>	

**Appendix 8: An audit tool for Designated Safeguarding Leads for child protection / SLT / Governors for auditing in education provision recording**

Date of Audit:

Completed by:

**Section 1: Are case records up to date**

From a sample of ..... (insert number) of child protection files

Child ID (eg child 1, or child A)	Date of last of recording	Comments

**Section 2: Is the child’s voice /experience included in the record**

Area	Comments
The impact on the child is clearly recorded?	
The child’s views are clearly recorded in their own words?	

### Section 3: Facts and professional judgements are distinguished in the record

Area	Comments
Does the author differentiate clearly between facts and professional judgements?	
Would someone else reading the file understand the reasons/evidence underpinning professional judgements	
Is it clear what/who the sources of information are?	

### Section 4: File Structure

Area	Comment
Are all entries dated and signed?	
Does the file contain a chronology of events?	
Is information repeated in more than one place in the file?	
Where information is repeated is there a clear reason for this?	
Are entries/previous files cross referenced	

### Actions / Follow up/Action Plan

