Threlkeld C E Primary School

Safeguarding Policy

Issue No	Author/Owner	Date Written	Approved by Governors on
1	K. Horder	January 2010	March 2010
2	K. Horder	November 2011	March 2012
3	K. Horder	May 2013	June 2013
4	K. Horder	May 2014	June 2014
5	K Horder	June 2105	October 2015
6	K Horder	June 2016	June 2017

Date of Review: June 2017

Threlkeld C.E. Primary School

SAFEGUARDING POLICY

Mission Statement

“The children of Threlkeld C E Primary School want to keep every child in our school as safe as we have always felt.” (Y5/6 pupils).

Introduction

This policy applies to all teaching and non-teaching staff as well as governors, students and volunteers.

The school plays a very important role in child protection, working in partnership with other children’s services, and staff should always be mindful of local policies and procedures, that must be followed, and which are under the direction of the Local Safeguarding Children’s Board.

Everyone employed by the school, and also governors, volunteers and students have a responsibility in relation to child protection. In most cases this will be referral of concerns to his/her line manager. In day to day contact with children at risk, we have opportunity to note concerns and to meet with parents and other associated adults, where this is appropriate.

Increasingly, schools are expected to work with, and support different agencies to enable the most appropriate form of intervention to take place. This policy aims to outline the role that school will have, the procedures that staff should follow and guidance on issues related to child protection generally. It is not exhaustive. All responsible adults should use as a rule of thumb the needs and safety of the child as being at the centre of any decision they may need to take. The pupil’s welfare is of paramount importance. There are three main elements to our Safeguarding Policy:

- Prevention
- Protection
- Support

We use the guidance set down in the Cumbria Local Safeguarding Children’s Board Guidance (www.cumbrialscb.com).
Also available is the Cumbria Safeguarding Children’s Board Procedures Manual on: http://cumbrialscb.proceduresonline.com/index.htm

Aims

- To raise awareness of individual responsibilities in identifying and reporting possible cases of abuse.
- To provide a systematic means of monitoring, recording and reporting of concerns and cases.
- To provide guidance on recognising and reporting suspected child abuse.

Responsibilities

Mrs K. Horder is the designated teacher for child protection. (Miss Z Harding in her absence).

Mrs S Fielding is the designated governor for child protection.

They are responsible for:

- Co-ordinating action within the school and liaising with Children's Services Social Care and other agencies over cases of abuse and suspected abuse;
- Acting as a source of advice within the school;
- Ensuring that staff are familiar with the policy and procedures;
- Referral of individual cases of suspected abuse;
- Liaising with agencies about individual cases;
- Organising training on child protection within the school;
- Attending core group/ strategy meetings.

Where verbal referrals are made to Cumbria Safeguarding Hub Tel: 033 2401727, the referral should be confirmed in writing within 24 hours.

Where there is uncertainty about making full referral, advice can still be sought from the Cumbria Safeguarding Hub without giving the child's details. N.B. Any member of staff can make a referral.

Teaching staff and support staff

New teachers and supply staff are informed of the main points of this child protection policy through their induction programme and then followed up with training.

All staff need to be alert to the signs of abuse as detailed in this policy. They should report any concerns immediately, where possible to the designated teacher or his / her deputy. If in any doubt they should consult with the designated teacher.

Apply the procedures detailed below for responding to a suspected case remembering that:

- You cannot promise confidentiality;

- Information should only be shared with those who need to know;
- It is important to stay calm and reassuring;
- It is important *not* to react with anger or shock;
- The needs and safety of the child must always come first;
- To make a record of what you have been told;
- To use open questions (e.g. tell me, explain, describe);
- Staff should not give their personal details such as home/mobile number, home or e-mail address to pupils unless the need to do so is agreed with senior management. Staff should not engage in text messaging or make contact with pupils via social networking sites e.g. Facebook;
- When in doubt – ask.

Non-teaching staff, students and Governors

Non - teaching staff including students and Governors may also be approached by children or have concerns.

They should follow the same procedure as teaching staff in seeking referral at the earliest opportunity to the designated teacher or their deputy where appropriate.

Anybody can make a referral.

Guidance on recognising suspected abuse

1. CHILD ABUSE: a form of maltreatment of a child. 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.

It may not be our responsibility to decide whether child abuse is occurring but we are required to act on any concerns and report it to the appropriate party. **The health and safety and protection of a child is paramount.**

2. 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.

Possible signs of physical abuse include:

Unexplained injuries or burns;
Refusal to discuss injuries;
Improbable explanations of injuries;
Untreated injuries or lingering illness;
Admission of punishment which appears excessive;
Shrinking from physical contact;
Fear of returning home or parents being contacted;
Fear of undressing;
Fear of medical help;
Aggression / bullying;
Over compliant behaviour;
Running away;
Significant changes in behaviour;
Deterioration in work;
Unexplained pattern of absence;
Bruises of different colours (which can mean that they occurred at different times);
A vague or inconsistent account of what happened.

3. EMOTIONAL ABUSE: the persistent emotional maltreatment of a child such as to cause severe and 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 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, although it may occur alone.

Possible signs of emotional abuse include:

Continual self-deprecation;
Fear of new situations;
Inappropriate emotional responses to painful situations;
Self-harm or mutilation;
Compulsive stealing/scrounging;
Drug/solvent abuse;
“Neurotic behaviour – obsessive rocking, thumb sucking;
Air of detachment “don’t care” attitude;
Social isolation;
Attention-seeking behaviour;
Eating problems;
Depression, withdrawal.

4. 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.

Possible signs of sexual abuse include:

Bruises, scratches, burns or bite marks;
Scratches abrasions or persistent infection in the anal or genital regions;
Pregnancy;
Sexual awareness inappropriate to the child’s age;
Frequent public masturbation;
Attempts to teach other children about sexual activity;
Refusing to stay with certain people or go to certain places;
Aggressiveness, anger, anxiety, tearfulness;
Withdrawal from friends;
Symptoms attributable to emotional effects (e.g. loss of concentration, wetting, eating disorder).

5. 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.

Possible signs of neglect include:

Constant hunger; Poor personal hygiene; Inappropriate clothing; Frequent lateness or non-attendance; Untreated medical problems; Low self-esteem; Poor social relationships; Compulsive stealing or scrounging; Developmental delay; Poor growth; Indiscriminate attachment to strangers; Constant tiredness.

Specific safeguarding issues
Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example NSPCC offers information for schools and colleges on the TES website and also on its own website www.nspcc.org.uk Schools and colleges can also access broad government guidance on the issues listed below via the GOV.UK website:

- child sexual exploitation (CSE)
- bullying including cyberbullying
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse

- female genital mutilation (FGM)
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- private fostering
- radicalisation
- sexting
- teenage relationship abuse
- trafficking

This document is available to download at: www.gov.uk/government/publications

BULLYING

Bullying can be defined as using deliberately hurtful behaviour, usually over a period of time, where it is difficult for those bullied to defend themselves (including cyber-bullying).

The three main types of bullying are:

- physical
- verbal
- emotional

All incidents of bullying should be dealt with by the class teacher in the first instance, followed by year leader and / or headteacher as appropriate. A more detailed guide can be found in the school's anti-bullying policy.

FABRICATED AND INDUCED ILLNESSES

All staff and governors should be aware of the possibility of Fabricated and Induced Illnesses, (FII). If FII is suspected up to date information can be found on the Cumbria LSBC website. Also see Appendix A.

Characteristics of fabricated and induced illnesses

- Illness in a child which is fabricated or induced by a parent or someone who is in a position of a parent.

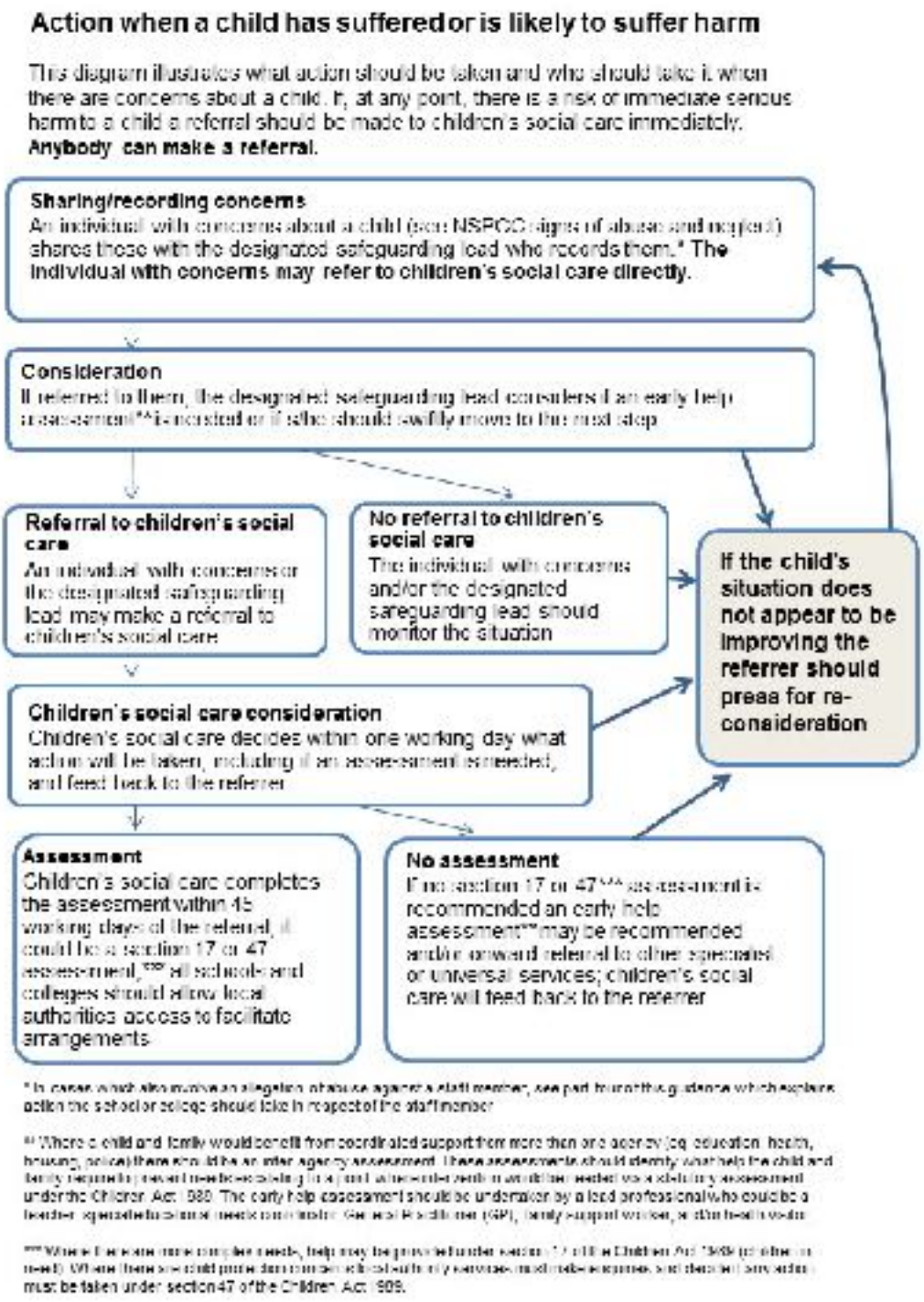
- A child is presented for medical assessment and care, usually persistently, often resulting in multiple medical procedures.
- The perpetrator often denies the explanation of the causes of the child's illness.

Acute symptoms and signs cease when the child is separated from the perpetrator.

SELF HARM

If it comes to the attention of a teacher / member of staff that a child is self-harming, they should alert the designated teacher for child protection. Actions by the designated teacher might include:

- Contacting parents
- Contacting Child Adolescent Mental Health services
- Contacting Social Care if the child meets the referral criteria



Guidance on dealing with suspected abuse

All staff should refer concerns to the designated teacher as soon as possible. In the mean time, they should:

- Listen to the pupil, keeping calm and offering reassurance.

- Observe bruises but should not ask a child to remove or adjust their clothing to observe them.
- If a disclosure is made the child should lead the discussion. Do not press for details by asking questions “What did they do next?
- Listen, (don’t investigate) using questions such as “is there anything else you’d like to tell me?”
- Accept what the pupil says without challenge – reassure them that they are doing the right thing and that you recognise how hard it is for them.
- Don’t lay blame or criticise either the child or the perpetrator.
- Don’t promise confidentiality – explain that they have done the right thing and who you will need to tell and why.

Procedures for monitoring, recording and reporting

Up to date guidance must be obtained from the Local Safeguarding Children Board website (www.cumbrialscb.com). This site has all the latest guidance and forms for referral.

At the time:

Brief notes at the time or immediately after will help you to complete the **critical incident sheet** when you are able. You should note:

- Date and time of disclosure / incident observed
- Place and context of disclosure or concern
- Facts you need to report

When you can:

Complete a **critical incident sheet** which is available from and stored in the office. This should be passed to the designated person.

In the case of there being bruises or observed injuries use the **Body Map which is available from the Local Safeguarding Children Board website.**

Remember to keep factual information and not assumption or interpretation. Use the child’s own language to quote rather than translating into your own terms. Be aware that these sheets may be used at a later date to support a referral to an external agency.

Designated teacher

The designated teacher will:

- Follow up the referral using the critical incident sheet as a basis for consideration before action.

- Make additional records of discussions and any investigation that takes place.
- Make a decision whether to continue to monitor the situation or take the referral further. This decision should be communicated to the individual making the initial referral.
- Where a child is referred to social care a referral form should be completed and sent within 24 hours.

Recorded information from social care meetings and other reports are stored in separate document wallets in a secure cabinet in the headteacher's office. Any documents for inclusion in this folder should be given directly to the Headteacher/designated teacher.

Allegations against staff

The school has a clear policy about the handling of allegations of abuse by members of staff, ensuring that all staff are fully aware of the procedures and that they are followed correctly at all times, using the guidance set down in Cumbria Local Safeguarding Children Board Guidance (www.cumbrialscb.com).

The LA child protection officer should be contacted immediately with any concern, by the designated person.

If an allegation is made about the Headteacher / designated person, the matter must be referred to the Governor with responsibility for child protection.

Inter-agency liaison

At times school staff will be called to participate in meetings organised and chaired by social care. These might be:

- Strategy discussions;
- The child protection review conference;
- Child protection conferences;
- Family group conferences – for children in need, in a range of circumstances where a plan is required for the child's future welfare;
- Professionals' meetings (MAST) – in which representative professionals from different agencies are asked to meet to discuss children and their families with a view to providing support or making recommendations in terms of next stages of involvement;
- Core group meetings – meeting in which a "core" group of professionals associated with the family are asked to meet to review the progress of actions decided at case conferences and register reviews.

At these meetings, representatives from the school should be ready to report providing information about:

- Attendance and punctuality;
- Academic achievement;
- The child's behaviour and attitude;
- Relationships with peer group and social skills generally;
- Child's appearance and readiness for school;
- Contact with parents / carers;
- Any specific incidents that need reporting.

Prior to the meeting, classteachers and other adults working closely with the child should be asked for their comments. Following the meeting feedback should be given and staff brought up-to-date with any actions that are needed.

CONFIDENTIALITY

Where children are known to Children's Service Social Care, and leave one school for another, the designated teacher must inform the receiving school and the key worker at the social care department. If the child leaves the school with no receiving school, details should be passed on to the Principal Social Worker.

Education staff have a professional responsibility to share relevant information about the protection of children with the investigative agencies. Members of staff should not promise confidentiality but can let the child know that only those who need to know will be informed and that will be for the child's own sake.

Time should be taken to reassure the child and confirm that information given will be treated sensitively. Reassurance should be given and the adult involved listen sympathetically and non-judgementally.

Staff should be careful and ensure that information is only given to the appropriate person. All staff should be kept aware of issues relating to confidentiality and the status of information they may hold.

Members of staff, other than the designated member and those involved closely, should only have enough details in order to help them to act sensitively and appropriately to a pupil. Sensitive information regarding pastoral issues and for children on the child protection register is kept separately in a locked cabinet.

Discretion should be used when talking about personal, and changing circumstances of children e.g. when a child goes into care. Care is particularly necessary after attending child protection meetings. Information received should be treated sensitively and discretion will be needed as issues emerge on a formal and informal basis.

ADULTS WORKING WITH CHILDREN (RE. THE CHILDREN ACT 1989)

All staff at the school (teaching and non-teaching) employed by the school must have had an Enhanced Level check with the Disclosure and Barring Service (DBS). Teaching staff have responsibility for the welfare and safety of all pupils in their care. This is still the case when other adults are assisting them.
Any adverts for posts within the school must state that the school has a child protection policy and that DBS checks will be made on any successful applicants.

Mrs K Horder and Mrs Judy Marsland (ex-LA Governor and personal advisor to Governing Body) have completed the Safer Recruitment in Education training.

On arrival at interview, interviewees must present the following evidence:

- Proof of identity.
- Proof of professional qualifications.
- Proof of current DBS check (if they have one though this will be rechecked if appointed whether or not they have).

Checks should be carried out on volunteers e.g. governors, parents or other adults helping in school or on out of school visits, if the person is working in school on a regular basis, and has unsupervised access, or is involved in residential visits.

The checks can be:

- "Enhanced" – where normal duties include caring for, training, supervising or being in sole charge of children.

- "Standard" – where normal duties include work in a school or other educational establishment, but which are not covered by the above. ("Normal Duties" and "work" cover paid employment and volunteering in schools.)

- The school holds a Single Central Record of DBS checks and other relevant information about staff and volunteers.

- It should be noted that DBS checks do not include Overseas Workers.

Peer on Peer Abuse

- Children are taught that touching other children in the “swimsuit areas” and any violence (including sexual violence) on girls, is completely unacceptable and must reported to school staff.
- Children are taught and regularly reminded that verbal sexual banter/ name-calling/”teasing” is not acceptable and must be reported to school staff.
- Children are taught that the use of electronic devices for any type of abuse (cyberbullying) is not acceptable and must be reported to a parent and/or school staff.
- Children are taught that being forced or coerced into doing anything that makes them feel uncomfortable is not acceptable. They should never have to pass any type of initiation test to join a group and they should report any such activities to parents and/or school staff.
- Sexting: Children are regularly reminded (and specifically taught through Internet Safety Week) that sexting is unacceptable and can cause significant problems. They are told to report incidents to parents and/or school staff.
- Children are no allowed to bring mobile phones to school.

Any incidences of the above activities would be thoroughly investigated and recorded in the Behaviour Book and dealt with immediately. They would be investigated initially by staff, reported to Governors and parents would normally be informed. If the incident was of a serious enough nature, it would be reported to the police after informing parents.

Victims of such abuse would be supported initially by staff or referred to Barnados, the NSPCC or similar support agencies if necessary.

Recognising Abuse in the SEN/D pupil

There can be additional barriers to recognising abuse and neglect in the SEN/ D pupil due to changes in behaviour and mood. There may be injury related to the child’s disability and there may also be communication problems.
Staff are made aware of these additional barriers through regular (at least annual training) and are warned to the dangers of making assumptions.

Supporting children at risk

For children at risk, school may be the one stable place from which they can expect security and reassurance. It is not only being alert to potential abuse but providing the support to help children through difficult times. Providing them with the coping skills that can help avoid situations arising and deal with the emotional difficulties afterwards if they do.

The pastoral support programme

Children who are" looked after" should have their own pastoral support programme which will be drawn up in discussion with social care, the classteacher, foster parents and the child themselves.(PEP – Personal Educational Plan).

Support in school – pastoral care

All classteachers and year group leaders are responsible, in conjunction with other school staff, for the pastoral needs of the children in their care. This includes maintaining opportunity for children to share their concerns and following the guidance in this document. Our curriculum includes "circle time" during which children may be presented with issues included in our PSHE and Citizenship guidance. In addition, circle time can be used to raise issues spontaneously that are particularly relevant to the class at that time.

The school has several other policies which relate to promoting the welfare of children in the school, namely: Behaviour and Bullying, Internet Safety, Health and Safety, Administration of Medication, Prevention of Infection, Out of School Visits, Physical Intervention, Drug and Sex Education and Whistle Blowing policies.

Care should always be taken in regard to the discussion of sensitive issues and advice should be sought where there are concerns.

Support in School – the curriculum

Within our curriculum there will be opportunities to discuss issues which some children might find sensitive and disturbing. Care should be taken particularly in relation to discussion about families and their make up.

Assumptions about member of families and the presence of both parents should be avoided both in discussion and the presentation of materials.

During health and safety discussion and sex education, staff should be alert to the fact that some children will have very different experiences and may find content "sensitive" within their own histories. Staff should make themselves familiar with the background of the children in their care in order to avoid children becoming distressed.

Physical contact with pupils

Some form of physical contact with pupils by teachers is inevitable. In some cases it is necessary for reassurance. However, all teachers should be aware of issues related to touching and the way in which this might be misconstrued by the child, by an observer or by anyone to whom this action is described. This relates particularly to any sensitive areas of the body.

Never indulge in horseplay, tickling or fun fights.

In the case of PE, staff will on occasions have to initiate physical contact with a child to support a child so they can perform a task safely. This should be done with the child's agreement, after explaining what you are about to do. Contact under these circumstances should be for the minimum time necessary to complete the activity and take place in an open environment.

In the event of physical restraint being used it is important that only the minimum amount is used. The circumstances in which staff can intervene with a pupil are covered in the 1996 Education Act. Staff may legitimately intervene to prevent a pupil from committing a criminal offence, injuring themselves and others, causing damage to property, engaging in behaviour prejudicial to good order and to maintain good order and discipline. (See D of E guidance for further advice and information). Following such an intervention the restrictive Physical Intervention Record Form. See CCC Behaviour Management Plans (Incorporating Restrictive Physical Intervention) (appendix B) should be completed. See also Physical Restraint Policy within the Behaviour Policy.

Showers and changing

Avoid physical contact when the child is in a state of undress. Avoid any visually intrusive behaviour. Adults should not get changed in the same place as children, or shower with children.

Pupils in distress

There may be occasions when a distressed pupil needs comfort and reassurance. This may include age appropriate physical contact. Staff should remain self-aware at all times in order that their contact is not threatening, intrusive or subject to misinterpretation. Record any situation which may give rise to concern.

One to one situations

Staff working in one to one situation with children may be more vulnerable to allegations. Therefore avoid meetings in remote, secluded areas of the school. Ensure that there is visual access and/or an open door and always report any situation where a pupil becomes distressed or angry to a senior colleague.

Out of school visits and after school clubs

Staff should take particular care when supervising pupils in the less formal atmosphere of a residential setting or after school club. They need to ensure that their behaviour cannot be interpreted as seeking to establish an inappropriate relationship or friendship. Careful consideration needs to be given to sleeping arrangements where activities include overnight stays.

Intimate care

Children should be encouraged to act as independently as possible and to undertake as much of their own personal care as it practicable. A care plan should be drawn up and agreed with parents for all children who require intimate care on a regular basis. Make other staff aware of the task being undertaken and explain to the child what is happening.

Dress and appearance

Staff should ensure that they are dressed decently, safely and appropriately for the tasks they undertake. Those who dress or appear in a manner which could be considered as inappropriate could render themselves to criticism or allegation.

Whistle blowing

Adults should report any behaviour by colleagues that causes concern (see Whistle Blowing Policy).

Working with parents

It is important that school has an established approach to working with parents. Parents' and children's need for privacy should be non-judgemental in order to obtain the most conductive working relationship. The priority is the needs of the child and effective liaison is crucial for this.

It should be recognised that families from different backgrounds and cultures will have different approaches to child-rearing. These differences should be acknowledged and respected provided they do not place the child at risk as defined earlier in the document. We do have access to support for parents where it is felt that this would be useful. This includes contact with Keswick Children's Centre (Barnardo's)

DEALING WITH DISCLOSURE

- Listen to the child;
- Try not to show any shock you might feel;
- Take what they say seriously;
- Stay calm and reassure them that they have done the right thing in telling you;
- Don't make promises about what might or might not happen next;
- You cannot promise confidentiality;
- You might consider using phrases such as" you've done the right thing" or "you're not to blame" or " I understand";
- Allow the child to talk but do not interrogate or ask leading questions – use questions such as "Do you have anything else to tell me?" Clarify any ambiguous terms (e.g., "fairy");
- Do not make judgements about the people children refer to – they may be people they love;
- Explain what will happen next and who you will need to talk to;
- Make brief notes at the time and write them up afterwards – keep both sets just in case;
- Use diagrams to record the position of any bruising or marks;
- Be objective in your recording;
- Date and sign your records.

After the disclosure, appropriate support should be given to both the child and the members of staff receiving and dealing with the disclosure.

REVIEW AND MONITORING OF THE POLICY

This policy will be reviewed by the whole school on an annual basis or earlier if legislation should change.

Policy reviewed June 2016

Review date: June 2017

THRELKELD PRIMARY SCHOOL – Critical Incident Report Form

CHILD'S DETAILS

Child's full name_____

Address_____

_____

Male / Female_____

Date of Birth_____

PARENTS DETAILS

Parent(s) name(s) _____

Guardian(s) name(s) _____

Known Aliases of either of above_____

Contact point during school hours (e.g. phone number, place of work etc.)

NAME OF TEACHER MAKING
REFERRAL_____

NATURE OF INJURY OR OTHER ABUSE_____

_____

_____

GROUNDS FOR
SUSPICION_____
_____
_____
_____
_____

ACTION TAKEN, INCLUDING DATES AND
TIMES_____
_____
_____

APPENDIX A

CHARACTERISTICS OF FABRICATED AND INDUCED ILLNESSES

- Illness in a child which is fabricated or induced by a parent or someone who is in a position of a parent.
- A child is presented for medical assessment and care, usually persistently, often resulting in multiple medical procedures.
- The perpetrator often denies the explanation of the causes of the child's illness.
- Acute symptoms and signs cease when the child is separated from the perpetrator.

DEFINITION OF FABRICATED OR INDUCED ILLNESS

In fabricated illness the perpetrator does not directly harm the child, but reports to doctors a clinical story which is eventually established to be fabricated.

- In fabricated illness the clinical story may be "supported" by falsified specimens. These specimens have not been obtained by injuring the child. For example, mother's menstrual blood may be added to the urine to simulate haematuria (blood in urine) or substances containing glucose added to the urine to simulate diabetes.

In induced illness, the perpetrator inflicts direct harm (hands on) to the child. This can range from trivial injuries, e.g. pricking the child to obtain blood to add to urine, through to suffocation.

The main methods of inducing illness are:

- Minor injury to the child to produce falsified specimens.
- Poisoning with a range of prescribed or non-prescribed substances. Included in this is excessive manipulation of prescribed drugs (both under and over administrations) such that harm to the child occurs.
- A direct injury to the child, including administration of substances through portals of entry to the body such as intravenous cannalae (drips).
- Suffocation.

Three factors are necessary for this form of abuse to occur:

- A dependent child is available to the carer and is under his/her control or influence
- A carer presents the child to the healthcare system with invented symptoms or fabricated signs

- A healthcare system exists in which healthcare personnel have almost unlimited capacity in terms of resources and technology to undertake investigations and interventions with children

Fabricated or Induced Illness can take a number of forms and differing degrees of gravity. Professionals need to be mindful of a spectrum of concerns

PRINCIPLES

Focus should be on the harm to the child, not on understanding the characteristics or motivation of the perpetrator.

Keep an open mind.

Keep questioning your assumptions.

Be familiar with the range of behaviours that perpetrators of Fabricated or Induced Illness exhibit.

Communicate clearly.

Be familiar with barriers to identification of Fabricated or Induced Illness.

Be open to accept Fabricated or Induced Illness and objectively question information given by parents and to evidence it.

FEATURES OF FABRICATED OR INDUCED ILLNESS

The Child

- A child is presented with a persistent or recurrent, unusual illness.
- Clinical findings do not fit the history and histories may not be consistent between absences over a period of time.
- Test results may be unusual and/or inconsistent with the description given of the illness.
- Symptoms trail off or fail to present when the child is under professional management and the carer is not present.
- Symptoms recur shortly after a well child has been discharged from hospital.
- An explained discrepancy in symptom constellation is corrected within the same or next episode.
- Accounts of illness are not borne out by GP’s records.
- The child or other children in the family have been presented elsewhere with illness.
- Unusual illness or unexplained death in siblings.

- There may be previous history of abuse.

Many victims of fabricated or induced illness may be too young to understand how the abuse is perpetrated and are unable to tell. Older children may collude with the fabrication because of fear of losing the parent if they do not play the sick role, or of benefits to them, e.g. time off school.

The Perpetrator

- Is often the child's mother.
- Often has a current or previous psychiatric or psychological history e.g. anxiety, depression, past history of Fabricated or Induced Illness, previous self-harm, or history of eating disorders.
- Is more intelligent/dominant than partner.
- The partner is often detached from the family and has limited involvement with professionals.
- Behaviour is frequently compulsive and patterns of presentation are varied. A perpetrator may alternate between presenting her/himself as ill and the child(ren) as ill.
- The perpetrator may change the way they are maltreating the child.
- Perpetrators are likely to be seen as highly devoted to the child but paradoxically appear unconcerned about the child's illness.
- They appear disappointed at negative test findings.
- There may be extravagant claims made to the GP, Health Visitor, School regarding the diagnosis and treatment of the child or perpetrator.
- The perpetrator may have contacted self-help groups and organisations at a premature stage in the course of the "disease" and may have engaged with the media or sought status on other ways.
- The perpetrator is typically knowledgeable about the child's illness and treatment, is happy to be in hospital and forms close, and often controlling, relationships with the healthcare staff.
- Ad hoc visits to the home have not been possible and GP/Health Visitor calls have always been pre-arranged.
- There has been persistent refusal of "in home" services, e.g. home care, home nursing, family support.
- Previous children may have been subjected to Fabricated or Induced Illness.
- There could be a history of unusual illness or unexplained death in previous children.
- There may be a background of seeking financial or other gains through illness behaviour.
- Often there is no previous child protection involvement.
- A resistance to accept hospitalisation.

- An avoidance of professionals who challenge/question – “shopping around”.

Some of the above may be present in entirely innocent situations. However, when Fabricated or Induced Illness is suspected, such features can contribute to:

- The diagnosis
- The understanding of the seriousness of the case
- An understanding of the urgency of the need for intervention.

Procedure to be followed if Fabricated or Induced Illness is suspected by any professional

As soon as a staff member has a concern about possible Fabricated or Induced Illness, they should consult immediately with a "named person for child protection".

The named or designated professional should decide whether to make an immediate referral to Children's Services.

Any staff member is therefore advised not to discuss their suspicions with the parent/family until a strategy has been discussed and agreed with other agencies and the issue of what and how the parent/family should be told has been resolved.

Referral

The referral should be made to the responsible Children's Service Assessment Team in accordance with the LSCB Safeguarding Procedures if **there is reasonable cause to believe that a child may be suffering significant harm as a consequence of FII. Referrals should not be delayed because the evidence available to the professional is not conclusive. The referrer should however be explicit about the concerns that FII may exist and they are referring the child in accordance with these procedures.**

1. PREPARING A CHRONOLOGY

By the very nature of this form of abuse the information available to a meeting about a possible case of Fabricated or Induced Illness is enormous. This often overwhelms the meeting and, furthermore, the collection of data often becomes obscured by pre-judgements about what is going on. Views are often polarised and this does not lead to a dispassionate consideration of the facts. The following describes one approach to constructing a chronology.

As complete a picture of concerns and consultation behaviour in all the children and the perpetrator (usually the mother) as possible is essential.

Almost invariably there is an enormous wealth of information which it is difficult to organise.

This information will need examining in different ways, for example, integrating all the reports, looking at an individual child, agency or institution. If freehand chronologies are provided by all the agencies and individual professionals concerned, this task becomes well nigh impossible.

Below is a template for each agency chronology which can then be merged and sorted. The comment section allows for points to be noted, clarification to be sought and eventually an assessment of the significance of the event. At a simple level, presenting the table landscape rather than portrait increases the space for narrative in episodes and comments columns.

Date	Name	Source	Episode/ Event	Category	Comment

Figure: Format for chronology.

Notes: Date: (self explanatory). Name: is the individual involved in the episode. Source: is the agency (Social Services etc.) or individual, it could invariably be either in the same chronology. Episode/event: is a record from the clinical story. Category: is the category of warning sign referred to in the template. Comment: is self-explanatory.

The chronology is only one part of collecting information and will need supplementing by reports, which draw out messages from the chronology. Getting the facts agreed and seeing the overall pattern is crucial and often very revealing.

What to include in the chronology

If every single contact with any professional is included, the chronology loses its value. On the other hand, any selection has the risk of excluding a vital detail. Some guidance is necessary as to what should be included.

The template described above should be used to organise the information. **At this stage it is important to include any event that comes under any one of these categories of warning sign so that it can subsequently be discussed**.

There is a basic implicit assumption in the way health resources are used **that parents bring children who are sick and tell the truth about them and doctors bring expertise and technology to do their best for children**. This has been referred to as the bargain in health care. In Fabricated or Induced Illness this bargain is infringed. The child is not sick, the perpetrator does not want them to get better and the actions (or stories) of the perpetrator lead the doctor to use their expertise and technology to harm the child. The warning signs are just the more common manifestations of the abuse of the bargain in health care. They should not be seen as being exclusive; **any episode in which the perpetrator could be using the medical system to harm their child MUST be included on the chronology even if it does not fit nearly into any of the categories set out in the table.**

There is increasing recognition of the links between all other forms of abuse and Fabricated or Induced Illness; in general there is a major overlap in background factors, which result in all types of abuse. The presence of other forms of abuse in families with Fabricated or Induced Illness:

a) Confirms the situation is abusive;
b) Increases the risk of severe Fabricated or Induced Illness

All possible episodes of other forms of abuse must be included on the chronology. It is advised at this stage to include relatively trivial injuries, which in fact may be accidents. In a number of cases of Fabricated or Induced Illness frequent accidents (falling off beds, cuts and bruises etc) have been dismissed and might have increased suspicions not only about Fabricated or Induced Illness but increased the risk of induced illness.

Contact with medical facilities is also important but it is unhelpful to catalogue every single one. It is suggested that it is worth noting:

- The number of signs or symptoms in the children. Initially there should be no judgement as to whether they are the result of real (intrinsic) illness or Fabricated or Induced Illness. The number of symptoms/signs reported in these children is frequently more than ten.
- The number of medications and details. Reported side effects of medication are also important.
- The number of invasive tests and/or operations should be included.
- The number of different medical teams involved.

Information tabulated in this way often reveals a startling picture.

2. SHARING CONCERNS WITH THE PARENT(S)

Considerations

If Fabricated or Induced Illness is a real possibility, careful consideration will need to be given about if and when to share the concern with the parent. This should be addressed within the strategy discussion.

Considerations are:

- The degree of certainty
- The balance between likely harm to the child from Fabricated or Induced Illness as opposed to the effects of any protective action
- The likely reaction of the parents
- Where a decision is taken to explain to a parent that it is thought they are perpetrating Fabricated or Induced on their child, the timing is crucial
- Whether the other parent or other relative should be present or told later of the suspicion of Fabricated or Induced Illness

The welfare of the child is paramount and will influence any decision regarding information sharing.

Communication with the parent/carer should be on the basis of a clearly defined and agreed plan, developed in the strategy meeting.

Who Should Address the Parent/Carer

The following people will need to explain matters to the parent: -

- The doctor making the diagnosis, usually the Consultant Paediatrician, should explain why the symptoms presented are believed to be Fabricated or Induced Illness
- A Police Officer will have to arrest and caution the parent if it is believed an offence has been omitted
- The Social Worker/Team Manager will need to inform the parent(s) of any steps being taken to protect the child(ren)

Not all these tasks need to be performed concurrently. If a criminal investigation is being pursued, a police officer and consultant should be the ones to confront the parent, followed by a social worker to explain actions taken to ensure the protection of the child(ren)

Where a criminal investigation is not being pursued, a doctor and social worker should jointly address the issues with the parent(s).

Where the child is in hospital, venue is important and care should be taken not to share information in an environment which could disrupt a ward.

Threlkeld C E Primary School
Preventing Extremism and Radicalisation Policy

Values

At Threlkeld School we believe:

- Everyone has something to offer
- Trust, honesty, empathy and social responsibility are the Christian values that frame our work
- We are here for the whole person, educationally spiritually, morally and socially
- In working with transparency and openness

1. Policy framework

1.1 Threlkeld School is committed to providing a secure environment for students, where children feel safe and are kept safe. All adults in our school recognise that safeguarding is everyone's responsibility irrespective of the role they undertake or whether their role has direct contact or responsibility for children or not.

1.2 In adhering to this policy, and the procedures therein, staff and visitors will contribute to the school's delivery of the outcomes to all children, as set out in s10 (2) of the Children Act 2004*. This Preventing Extremism and Radicalisation Policy is one element within the school's overall arrangements to Safeguard and Promote the Welfare of all Children in line with our statutory duties set out at s175 of the Education Act 2002 (s157 of the Education Act 2002).

1.3 Our school's Preventing Extremism and Radicalisation Safeguarding Policy also draws upon the guidance contained in DfE Guidance "Keeping Children Safe in Education, 2015"; Departmental advice Promoting fundamental British values as part of SMSC in schools November 14 and specifically DCSF Resources "Learning Together to be Safe", "Prevent: Resources Guide", "Tackling Extremism in the UK", DfE's "Teaching Approaches that help Build Resilience to Extremism among Young People".

* the physical, mental health and emotional well-being of children; the protection of children from harm and neglect; the education, training and recreation of children; the contribution made by them to society; and their social and economic well-being.

2. Ethos and Practice

2.1 When operating this policy we use the following accepted Governmental definition of extremism which is:
'Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs; and/or calls for the death of members of our armed forces, whether in this country or overseas'.

2.2 There is no place for extremist views of any kind in our school, whether from internal sources —pupils, staff or governors, or external sources - school community, external agencies or individuals. Our pupils see our school as a safe place where they can explore controversial issues safely and where our

teachers encourage and facilitate this — we have a duty to ensure this happens.

2.3 We recognise that extremism and exposure to extremist materials and influences can lead to poor outcomes for children and so should be addressed as a safeguarding concern as set out in this policy. We also recognise that if we fail to challenge extremist views we are failing to protect our pupils.

2.4 Extremists of all persuasions aim to develop destructive relationships between different communities by promoting division, fear and mistrust of others based on ignorance or prejudice and thereby limiting the life chances of young people. Education is a powerful weapon against this; equipping young people with the knowledge, skills and critical thinking, to challenge and debate in an informed way.

2.5 Therefore, we will provide a broad and balanced curriculum, delivered by skilled professionals, so that our students are enriched, understand and show empathy towards difference and diversity and also to ensure that they thrive, feel valued and not marginalized. Furthermore, we are aware that young people can be exposed to extremist influences or prejudiced views from an early age which emanate from a variety of sources and media, including via the internet, and at times students may themselves reflect or display views that may be discriminatory, prejudiced or extremist, including using derogatory language.

2.6 Any prejudice, discrimination or extremist views, including derogatory language, displayed by pupils or staff will always be challenged and where appropriate dealt with in line with school's Behaviour Policy for pupils and the Code of Conduct for staff. Where misconduct by a teacher is proven the matter will be referred to the National College for Teaching and Leadership for their consideration as to whether to a Prohibition Order is warranted.

2.7 As part of wider safeguarding responsibilities school staff will be alert to:

- Disclosures by pupils of their exposure to the extremist actions, views or materials of others outside of school, such as in their homes or community groups, especially where students have not actively sought these out;
- Graffiti symbols, writing or art work promoting extremist messages or images;
- Pupils accessing age inappropriate online material (including extremist material) both through normal internet search engines and social networking sites;
- Parental reports of changes in behaviour, friendship or actions and requests for assistance;
- Other schools, local authority services, police reports of issues affecting pupils in other schools or settings;
- Pupils voicing opinions drawn from extremist ideologies and narratives;
- Use of extremist or 'hate' terms to exclude others or incite violence;
- Intolerance of difference, whether secular or religious or, in line with our equalities policy, views based on, but not exclusive to, gender, disability, homophobia, race, colour or culture;
- Attempts to impose extremist views or practices on others;
- Anti-western or Anti-British views, or extreme pro-British views.

2.8 We will closely follow any locally agreed procedure as set out by the Local Authority and/or Cumbria's Safeguarding Children Board's agreed processes and criteria for safeguarding individuals vulnerable to extremism and radicalisation.

2.9 We have determined "British Values" to be:

- Democracy
- The rule of law
- Individual liberty
- Mutual respect
- Tolerance of those with different faiths and beliefs

2.10 Our school aims to develop and nurture these by:

- Planning a vibrant, engaging Collective Worship programme with core ethical values and beliefs at its heart
- A strong Christian ethos in which the children's Spiritual, Social, Moral and Cultural development is of paramount importance
- A well-structured PSHE curriculum which teaches and reinforces British Values
- A well-structured RE curriculum which teaches children knowledge of other religions and the importance of respecting the beliefs of others
- An effective School Council enabling students to actively participate in the democratic process
- A broad and balanced curriculum which addresses many of these core values across a range of subject areas
- Having a clearly communicated and consistently applied Behaviour Policy so that pupils understand what is expected of them and the consequences of both meeting and failing to meet these expectations
- Having a rigorous commitment to the pupils' safety (for example: trips and visits policy and procedures, Safeguarding procedures, Code of Conduct and Health and Safety procedures)

3. Teaching Approaches

3.1 We will all strive to eradicate the myths and assumptions that can lead to some young people becoming alienated and disempowered, especially where the narrow approaches children may experience elsewhere may make it harder for them to challenge or question these radical influences.

3.2 We will ensure that our teaching approaches will promote the knowledge, skills and understanding to build the resilience of our learners; in particularly resilience to extremism. We help our pupils to have a positive sense of identity through our nurturing ethos and through the development of critical thinking skills. We will ensure that all of our staff are equipped to recognise extremism and are skilled and confident enough to challenge it.

3.3 We will be flexible enough to adapt our teaching approaches, as appropriate, so as to address specific issues so as to become even more relevant to the current issues of extremism and radicalisation. Any controversial issues will be used to help learners challenge the perceptions and misconceptions of their own and others. To do this classroom practices will include:

- Developing questioning techniques to open up safe debate;
- Building confidence to promote honesty about a plurality of views;
- Ensuring freedom of expression and freedom from threat;
- Debating fundamental moral and human rights principles;
- Promoting open respectful dialogue.

3.4 In order to support our pupils in achieving the goals outlined above our curriculum will include;

- Promoting knowledge, skills and understanding to build the resilience of learners;

- Exploring controversial issues
- Recognising local needs
- Challenging extremist narratives;
- Promoting universal rights;

3.5 Through our schools' approach to the Spiritual, Moral, Social and Cultural development of pupils and through well-planned Collective Worship of which Christian Values form the basis, our children will be taught to know and understand what safe and acceptable behaviour is in the context of extremism and radicalisation.

3.6 Our goal is to build mutual respect and understanding and for children to understand the importance of the use of dialogue as a form of conflict resolution.

3.7 We will also work with local partnerships, families and communities in our efforts to ensure our schools understand and embrace their local context and value the importance of challenging any extremist views in order to assist in the broadening of their pupils' experiences and horizons.

3.8 We will help support any pupil who may be vulnerable to such influences as part of our wider safeguarding responsibilities and where we believe a pupil is being directly affected by extremist materials or influences we will ensure that that student is offered mentoring. Additionally in such instances our school will seek external support from the Local Authority and/or local partnership structures working to prevent extremism.

3.9 We will promote the values of democracy, the rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs. We will teach and encourage our pupils to respect one another and to respect and tolerate difference, especially those of a different faith or no faith. It is indeed our most fundamental responsibility to keep our pupils safe and prepare them for life in modern multi-cultural Britain and globally.

3.10 In order to support our pupils in achieving the goals outlined above our curriculum will include:

- promoting knowledge, skills and understanding to build the resilience of learners;
- exploring controversial issues;
- recognising local needs;
- challenging extremist narratives;
- promoting universal rights;

4. Whistle Blowing

4.1 Where there are concerns of extremism or radicalisation pupils, Staff and Governors in our schools will be encouraged to make use of our internal systems to Whistle Blow or raise any issue in confidence.

4.2 They must inform the Headteacher straight away (or if it relates to the Headteacher inform the Chair of Governors).

5. Safeguarding

5.1 Please refer to school's Safeguarding Policy for the full procedural framework on our Safeguarding and Child Protection duties.

5.2 Staff will be alert to the fact that whilst Extremism and Radicalisation is broadly a safeguarding issue there may be some instances where a child or children may be at direct risk of harm or neglect. For example; this could be due to a child displaying risky behaviours in terms of the activities they are involved in or the groups they are associated with or staff may be aware of information about a child's family that may equally place a child at risk of harm. (These examples are for illustration and are not definitive or exhaustive).

5.3 Therefore, all adults working in the school (including visiting staff, volunteers and students on placement) are required to report instances where they believe a child may be at risk of harm or neglect to the Designated Safeguarding Lead (Mrs K Horder or Ms Zoe Harding in her absence).

5.4 Safeguarding reporting arrangements are set out fully in the school's Safeguarding Policy.

6. Role of the Governing Body

6.1 The Governing Body of the school will undertake appropriate training to ensure that they are clear about their role and the parameters of their responsibilities as Governing Body Members, including their statutory safeguarding duties.

6.2 The Governing Body will support the ethos and values of our school and will support their school in tackling extremism and radicalisation.

6.3 In line with the provisions set out in the DfE guidance 'Keeping Children Safe in Education, 2015' the Governing Body will challenge the school's management team on the delivery of this policy and monitor its effectiveness.

Policy agreed on: June 2016
Review date : June 2017
Person Responsible: K Horder
Governor responsible: Sally Fielding