



THE NORTON KNATCHBULL SCHOOL
ACADEMY TRUST

CHILD PROTECTION POLICY

Reviewed by	Richard Hoyte & Head Teacher
Approved by	FGB 28th September 2021
Date of Review	September 2022

1. Rationale

The Governing Body and staff of The Norton Knatchbull School recognise that all children have the right to be safe and to be treated with respect and dignity. Our policy applies to all staff and volunteers working at the school. We will follow the procedures set out by the Kent Education Safeguarding Service and take account of guidance issued by the Department for Education.

The **Designated Safeguarding Lead (DSL)** who has overall responsibility for child protection practice in school is **Mr. Richard Hoyte**. In the event of Mr. Hoyte not being available (e.g. out of school on INSET or at an off-site meeting), Mr Tom Sparrow (Assistant Headteacher); Mr Paul Uttin (Inclusion Manager), Mr Phil Ellis (Student Support Manager for Year 11) or Mr Ben Greene (Headteacher), will cover child protection duties. The named governor for 'Safeguarding' is Mr Andrew Judd.

2. Purpose

As part of the ethos of the school this policy reflects how we are committed to:

- Ensuring we practise safe recruitment in checking the suitability of staff and volunteers to work with children
- Ensure all staff and volunteers understand that if they do suspect a case, or cases, or abuse that they must report it to the DSL.
- Investigate thoroughly if there were an allegation made against a member of staff or volunteer
- Establishing a safe environment in which children can learn and develop
- Establish and maintain an environment where children feel secure and are encouraged to talk, and are listened to
- Ensure children know that there are adults at The Norton Knatchbull School who they can approach if they are worried
- Using the curriculum to provide opportunities for increasing self awareness, self esteem, assertiveness and decision making so that students have a range of contacts and strategies to ensure their own protection and understand the importance of protecting others
- Working with parents to build an understanding of the school's responsibility to ensure the welfare of all children including the need for referral to other agencies in some situations
- Ensuring all staff are able to recognise the signs and symptoms of abuse and are aware of the school's procedures and lines of communication
- Monitoring children and young people who have been identified as 'in need' including the need for protection; keeping confidential records which are stored securely and shared appropriately with other professionals
- Developing effective and supportive liaison with other agencies

3. Implementation

Roles and Responsibilities

a) School

The school is responsible for ensuring that all action taken is in line with Kent Support Levels Guidance' (see appendix D).

The role of the school within this procedure is to contribute to the identification, referral and assessment of children in need including children who may have suffered, be suffering or who are at risk of suffering, significant harm. The school may also have a role in the provision of services to Children in Need and their families.

All adults in school have a role to play in relation to:

- Protecting children from abuse
- Promoting the welfare of children
- Preventing children from being harmed

The role of the school in situations where there are child protection concerns is NOT to investigate but to recognise and refer.

b) Designated Safeguarding Lead (DSL)

The DSL is responsible for:

- Co-ordinating child protection action within school
- Liaising with other agencies
- Ensuring that locally established procedures are followed including reporting and referral processes
- Acting as a consultant for staff to discuss concerns
- Making referrals as necessary
- Maintaining a confidential recording system
- Representing or ensuring the school is appropriately represented at inter-agency meetings in particular Child Protection Conferences
- Managing and monitoring the school's part in Child care/protection plans
- Ensuring staff including him/herself receive training in the area of child protection
- Liaising with other professionals

c) All Staff of The Norton Knatchbull School

It is the responsibility of all staff working at the Norton Knatchbull School to:

- know how to recognise concerns about students and refer them to the DSL
- keep up to date with safeguarding knowledge and training as directed by the DSL.

Procedures

RECOGNISE > RESPOND > RECORD > REFER

a) Recognising the categories of abuse and other risk factors:

All staff in school should be aware of the definitions and signs and symptoms of abuse. There are four categories of abuse. These are:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

The signs and symptoms of abuse are listed in Appendix A, (taken from 'Child Protection Guidelines for School Staff').

'Peer on Peer' abuse is recognised as a significant concern and this can take many forms; including (but not limited to) bullying, cyber bullying, sexual violence and sexual harassment, physical abuse and sexting.

The following documents are available in the resources/local policies section of the school's online safeguarding system, MyConcern, and are mandatory reading for all staff, alongside this policy:

- Keeping Children Safe in Education, September 2021
- Teaching Online Safety in Schools, June 2019

Online Safety

In addition to the four categories of abuse, new technology has presented new risks. The internet and related technologies have created new opportunities for creativity and communication. However, with this have come new concerns about sexual grooming of children, cyber bullying and access to inappropriate material. School staff should be aware of the NKS 'Acceptable ICT Use and E-learning Policy' which outlines general guidance for staff and also shows how students are educated regarding Online Safety. All staff will receive annual Online Safety training.

Staff should have an understanding of '**Sexting**' – which is defined as the production and/or sharing of sexual photos and videos of and by young people who are under the age of 18. It includes nude or nearly nude images and/or sexual acts. It is also referred to as 'youth produced sexual imagery'. (UKCCIS, 2016) and should be guided by the document, 'Sexting – How to respond to an incident'. (available on MyConcern).

School staff should be vigilant regarding Online-safety.

Female Genital Mutilation (FGM)

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM. (See Appendix C for further details). Sixth form tutors and

pastoral staff are asked to complete the online training unit on FGM created by the Home Office (<https://www.fgmelearning.co.uk/>). **School staff should be vigilant regarding FGM.**

Radicalisation and Extremism

NKS recognises that as part of our safeguarding duties, we have a responsibility to prevent young people from being drawn into radicalisation and terrorism. The Government strategy relating to this is referred to as the '**Prevent Duty**'. To ensure that all staff have a basic understanding of the issues, and know what to do if they are worried about someone, all members of staff complete an e-learning module created by the Home Office.

(<https://www.elearning.prevent.homeoffice.gov.uk/home>)

A document called 'Extremism and Radicalisation - A guide for Parents' has been placed in the parents' section of the school website.

School staff should be vigilant regarding Radicalisation and Extremism.

Child Sexual Exploitation (CSE)

The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities. Child sexual exploitation can occur through use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Children and young people who are sexually exploited are the victims of child sexual abuse, and their needs require careful assessment. They are likely to be in need of welfare services and protection. This group may include children who have been sexually abused through the misuse of technology, coerced into sexual activity by criminal gangs or the victims of trafficking.

(Kent Safeguarding Children Board - Safeguarding Children at risk of Sexual Exploitation, August 2015). If staff suspect that any student may be a victim of CSE, they must be referred to the DSL who will then assess the risk using the [Kent and Medway Safeguarding Children at risk of Sexual Exploitation RISK ASSESSMENT TOOLKIT](#)

b) Responding to concerns:

Concerns for a child or young person may come to the attention of staff in a variety of ways; for example through observation of behaviour or injuries or disclosure.

Any member of staff who has a concern for a child or young person however insignificant this might appear to be should discuss this with the DSL as soon as is practically possible.

More serious concerns must be reported immediately to ensure that any intervention necessary to protect the child is accessed as early as possible.

If a child makes a disclosure of abuse to a member of staff they should:

- Allow the child or young person to make the disclosure at their own pace and in their own way
- Avoid interrupting except to clarify what the child is saying (attentive listening/reflective feedback)
- Not ask leading questions or probe for information that the child or young person does not volunteer

- Reassure the child or young person that they have been heard and explain what you will do next and to whom you will talk
- Do not promise confidentiality. Explain to the child, that if they are at risk of harm, the member of staff is duty bound to share the concern with the DSL
- Record the conversation as soon as possible
- Inform the DSL
- Refer the concern using the online referral system - MyConcern. (All school staff must register an account on the MyConcern system).

All school staff should work towards providing an environment and atmosphere for children and young people to enable them to feel safe to talk.

All school staff should take care not to place themselves in a vulnerable position with relation to child protection. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.

c) Record keeping:

Staff can play a vital role in helping children in need or at risk by effective monitoring and record keeping. Any incident or behavioural change in a child or young person that gives cause for concern should be referred using MyConcern. It is important that records are factual and reflect the words used by the child or young person. Opinion should not be given unless there is some form of evidence base which can also be quoted. It is important to remember that any issues are confidential and staff should know only on a 'need to know' basis.

Information to be recorded on MyConcern

- Child's name (MyConcern draws this through from SIMS)
- The incident(s) which gives rise for concern
- Date(s) and time(s)
- A record of what the child or young person has said
- If recording bruising/injuries indicate position, colour, size, shape and time on body map
- Action taken

- All hand-written notes should be kept, even if they are subsequently typed up in a more formal report

These basic details are vital to the information gathering process and do not constitute an investigation. The Head Teacher should always be kept informed of any significant issues.

Storage of records:

The majority of new information will be stored electronically on MyConcern. The DSL will ensure that records relating to concerns for the welfare or safety of children are kept separate from other school files and are stored securely. This includes historic files transferred from a student's previous school. Information will be shared on a strictly need to know basis and in line with child protection policy guidance.

d) Referrals to Social Services:

It is the responsibility of the DSL to decide when to make a referral to Social Services. To help with this decision s/he may choose to consult with the Education Safeguarding Service. Advice may also be sought from Social Services who offer opportunities for consultation as part of the Child in need / child protection process. Issues discussed during consultations may include the urgency and gravity of the concerns for a child or young person and the extent to which parents/carers are made aware of these. Some concerns may need to be monitored over a period of time before a decision to refer to Social Services is made. **In all but the most exceptional cases parents/carers will be made aware of the concerns felt for a child or young person at the earliest possible stage and in the event of this becoming necessary, their consent to a referral to Social Services will be sought.**

Referrals to Social Services will be made using Kent's 'Request for Support' form via the online 'Front Door'. In situations where there are felt to be urgent or grave concerns a telephone referral will be made prior to the form being completed and uploaded.

If a child or young person is referred, the DSL will ensure that the Headteacher and other relevant staff are informed of this.

If after consultation with the DSL a member of staff feels that appropriate action is not being taken in respect of his or her concerns for a child s/he should refer directly to Social Services. The Headteacher should be informed of this decision.

e) Integrated Children's Register (ICS) and Child Protection Plans (Previously The Child Protection Register):

The DSL will inform members of staff who have direct pastoral responsibility for children and young people who have a Child Protection Plan. These children and young people must be monitored very carefully and the smallest concern should be recorded on an incident sheet and passed immediately to the DSL or the Headteacher in the DSL's absence.

f) Concerns involving members of staff:

Any concerns that involve allegations against a member of staff should be referred immediately to the Head Teacher who will contact the Local Authority Designated Officer (LADO) to discuss and agree further action to be taken in respect of the child and the member of staff.

Relationships of a personal, and possibly intimate, nature between a member of staff and student are considered inappropriate and unacceptable. In all known cases parents of the student and the LA will be notified. Such misconduct may result in dismissal.

Employees should also be aware that the Sexual Offences (amendment) Act 2000 now makes it an offence for those in a position of trust to have a sexual relationship with a young person between the ages of 16 and 18 years who is currently being cared for or educated by the individual.

Further information regarding the procedure for managing situations involving members of staff, the Head Teacher or the DSL can be found in the Safeguarding Procedures for Managing Allegations Against Staff. Copies of this document are held by the Head Teacher and DSL.

All staff needs to be aware that it is a disciplinary offence not to report concerns about the conduct of a colleague that could place a child at risk. When in doubt – consult. (For specific guidance on how to respond to allegations against staff, please refer to the Child Protection Procedures for Managing Allegations Against Staff).

g) Physical intervention

Physical intervention should only be used when the child is endangering him/herself or others and such events should be recorded and signed by a witness. Staff should be aware of the school's Behaviour Policy and the school's guidance on Physical Contact (Appendix B). Any physical interventions must be in line with agreed policy and procedure.

h) Private Meetings

- Private meetings must be avoided. Where such a meeting is demonstrably unavoidable, then it must take place in an appropriate room with the door left open and/or with visual contact with others maintained. The use of 'Meeting in Progress' signs is inappropriate.
- Under no circumstances should meetings with individual students be arranged off the school premises or on the school premises when the school is not in session, without the prior approval of the Head Teacher or a senior colleague with delegated authority to approve such meetings. This includes the transporting of individual children in private cars.

i) Supervision and Support:

Any member of staff affected by issues arising from concerns for children's welfare or safety can seek support from the DSL.

All newly qualified teachers and classroom assistants have a mentor or co-ordinator with whom they can discuss concerns including the area of child protection.

The DSL can put staff and parents in touch with outside agencies for professional support if they so wish.

4. Links to other Policies/Documents

- Anti-bullying Policy
- Dealing with Allegations of Abuse against Teachers and Other Staff Policy
- Behaviour Policy
- Health and Safety Policy
- Whistle Blowing Policy
- Acceptable ICT Use and E-learning Policy

5. Appendices

Appendix A - Indicators of Abuse

PHYSICAL ABUSE

Physical Indicators

Unexplained bruises/welts/lacerations/abrasions:

- on face, lips, mouth
- on torso, back, buttocks, thighs
- in various stages of healing
- clustering forming regular patterns
- reflecting shape of article used, e.g. belt, buckle, electrical flex
- on several different surface areas
- regularly appear after absence, weekend, or holiday
- bite marks or fingernail marks

Unexplained burns:

- cigar or cigarette burns especially on soles, buttocks, palms or back
- 'immersion' burns, where hands feet or body have been forcibly immersed in very hot water
- patterns like electrical burner, iron etc.
- rope burns on arms, legs, neck or torso

Unexplained fractures:

- to skull, nose, facial structure
- in various stages of healing
- multiple or spiral fractures

Behavioural Indicators

- flinching when approached or touched
- reluctance to change clothes for PE lessons
- wary of adult contacts
- difficult to comfort
- apprehension when other children cry
- crying/irritability
- frightened of parents
- afraid to go home
- rebelliousness in adolescence
- reports injury caused by parents
- behavioural extremes- aggressiveness, withdrawal, impulsiveness
- regression to childlike behaviour
- apathy
- depression
- poor peer relationships
- panics in response to pain

NEGLECT

Physical Indicators

- consistent hunger
- poor hygiene
- inappropriate dress
- consistent lack of supervision, especially in dangerous activities for long periods
- unattended physical problems or medical needs
- abandonment

Behavioural Indicators

- begging
- stealing food
- constant fatigue, listlessness
- poor relationship with care-giver
- frequent delays in picking child up from playgroup or school

SEXUAL ABUSE

Physical Indicators

- difficulty in walking, sitting down
- stained or bloody underclothing
- pain or itching in genital area
- bruising, bleeding, injury to external genitalia, vaginal and/or anal areas
- vaginal discharge
- bed wetting
- excessive crying
- sickness

Behavioural Indicators

- inappropriate sexual behaviour or knowledge for the child's age
- promiscuity
- sudden changes in behaviour
- running away from home
- wary of adults
- feeling different from other children
- unusual avoidance of touch
- reporting of assault
- substance abuse (e.g. glue sniffing)
- emotional withdrawal through lack of trust in adults
- over compliance with requests of others
- frequent complaints of unexplained abdominal pains
- eating problems
- sleep disturbances

- poor peer relationships
- possessing money or 'gifts' that cannot be adequately accounted for
- inappropriate sexually explicit drawings or stories
- enuresis or soiling, especially at the end of school
- frequent non-attendance at school
- avoidance of school medicals

EMOTIONAL ABUSE

Physical Indicators

- failure to thrive
- delays in physical development or progress

Behavioural Indicators

- sucking, biting, rocking
- anti-social, destructive
- sleeping disorders, inhibition of play
- compliant, passive, aggressive, demanding
- inappropriately adult or infant
- impairment of intellectual, emotional, social or behavioural development

Appendix B - Guidance on Physical Contact

Physical Contact

- Any circumstance where physical contact is used increases the vulnerability of the employee. Physical contact is rarely appropriate or acceptable and must be avoided. It may, rarely, be appropriate for a member of staff to use physical restraint or intervention in order to prevent a student causing injury or harm to him/herself or others or damaging property. This must always be the minimum force required and the incident must always be reported.
- Teachers of subjects where physical contact may occasionally be necessary, such as physical education or drama, should endeavour to demonstrate particular techniques by using competent students. Where the teacher uses physical contact, the contact should be planned and explained to students and must be demonstrably unavoidable.
- Physical contact may be necessary where there is a life threatening or serious condition. Employees who administer first aid should ensure that, wherever possible, other children or another adult are present.
- The law forbids a teacher to use any degree of physical contact which is deliberately intended to punish a student, or which is primarily intended to cause pain, injury or humiliation. This includes interference with a student's body or clothes, for example, shaking or holding the student by the lapels of his or her jacket.

The Use of Force to Control or Restrain Students

1. The use of force can be regarded as reasonable only if the circumstances of the particular incident warrant it; therefore physical force could not be justified to prevent a student from committing a trivial misdemeanour or in a situation that clearly could be resolved without force.
2. The degree of force employed must be in proportion to the circumstances of the incident and the seriousness of the behaviour or the consequences it is intended to prevent. Any force used should always be the minimum needed to achieve the desired result.
3. Whether it is reasonable to use force, and the degree of force that could reasonably be employed, might also depend on the age, understanding and gender of the student.

The use of reasonable force is only considered appropriate:

- (a) Where action is necessary in self defence or because there is an imminent risk of injury
- (b) Where there is a developing risk of injury, or significant damage to property
- (c) Where a student is behaving in a way that is compromising good order and discipline
- (d) Where a student is committing a criminal offence

Examples of situations that fall within one of the first two categories are:

- A student attacks a member of staff, or another student
- Students are fighting

- A student is engaged in, or is on the verge of committing, deliberate damage or vandalism to property
- A student is causing, or at risk of causing, injury or damage by accident, by rough play, or by misuse of dangerous materials or objects
- A student is running in a corridor or on a stairway in a way in which he or she might have or cause an accident likely to injure him or herself or others;
- A student absconds from a class or tries to leave school (NB This will only apply if a student could be at risk if not kept in the classroom or at school).

Examples of situations that fall into the third category are:

- A student persistently refuses to obey an instruction to leave a classroom.
- A student is behaving in a way that is seriously disrupting a lesson.

In this category teachers must not use force but, if necessary, should seek help from SLT.

Practical Considerations

Before intervening physically a teacher should, wherever practicable, tell the student who is misbehaving to stop, and what will happen if he or she does not. The teacher should continue attempting to communicate with the student throughout the incident, and should make it clear that physical contact or restraint will stop as soon as it ceases to be necessary. A calm and measured approach to a situation is needed and teachers should never give the impression that they have lost their temper, or are acting out of anger or frustration, or to punish the student.

Application of Force

Physical intervention can take several forms. It might involve staff:

- Physically interposing between students
- Blocking a student's path
- Holding
- Leading a student by the hand or arm
- Shepherding a student away by placing a hand in the centre of the back; or,
- In extreme circumstances, using more restrictive holds (such as self-defence).

In any circumstances staff should **not** act in a way that might reasonably be expected to cause injury, for example by:

- Holding a student around the neck, or by the collar, or in any other way that might restrict the student's ability to breathe
- Slapping, punching or kicking a student
- Twisting or forcing limbs against a joint
- Tripping up a student
- Holding or pulling a student by the hair or ear
- Holding a student face down on the ground.

Staff should always avoid touching or holding a student in a way that might be considered indecent.

Recording Incidents

It is important that there is a detailed, contemporaneous, written report on the school disciplinary referral form, of any occasion (except minor or trivial incidents) where force is used. It may help prevent any misunderstanding or misrepresentation of the incident, and it will be helpful should there be a complaint.

The report should include:

- The name(s) of the student(s) involved, and when and where the incident took place
- The names of any other staff or students who witnessed the incident
- The reason that force was necessary (e.g. to prevent injury to the student, another student or member of staff)
- How the incident began and progressed, including details of the student's behaviour, what was said by each of the parties, the steps taken to defuse or calm the situation, the degree of force used, how that was applied, and for how long
- The student's response, and the outcome of the incident
- Details of any injury suffered by the student, another student, or a member of staff and of any damage to property.

Staff may find it helpful to seek advice from a senior colleague or a representative of their professional association when compiling a report. They should also keep a copy of the report.

The Head Teacher will keep a record of all incidents and decide if it is appropriate to contact the parents of the student(s) involved.

Appendix C - Female Genital Mutilation (FGM)

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

Four types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour

- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women. It is illegal in most countries including the UK.

Circumstances and occurrences that may point to FGM happening:

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leone, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

Appendix D (Overleaf) Kent Support Levels Guidance

This form is designed as a quick reference guide and should be used in conjunction with the online Kent Support Level Guidance www.kscb.org.uk. The following examples and key features are for guidance only, these should always be considered in respect of the impact they are having on the child or young person

UNIVERSAL SUPPORT LEVEL 1	ADDITIONAL SUPPORT LEVEL 2	INTENSIVE SUPPORT LEVEL 3	SPECIALIST SUPPORT LEVEL 4
<p>Children and Young People</p> <ul style="list-style-type: none"> Physically healthy with development checks up to date Has an adequate and nutritious diet, regular dental and optical checks Attendance at school/college/training above 90% No concerns about home/school life Able to discriminate between 'safe' and 'unsafe' Has a good understanding of right and wrong No concerns about child's mental health No barriers to learning and no concerns about child's cognitive development No concerns about child's behaviour Child has a positive sense of self with no concerns about forming relationships No concerns about attitude to drugs or alcohol No concerns about child's use of technology <p>Parents and Carers</p> <ul style="list-style-type: none"> Parents/carers can meet their child's needs including taking them to school, dentist, optician or hospital appointments Parents/carers provide their children with guidance and boundaries to support child's development Parents/carers provide secure/consistent parenting Parents/carers able to manage child/young person's behaviour <p>Family and Environment</p> <ul style="list-style-type: none"> Stable and affectionate relationships with care givers To live in adequate housing and in a safe and secure environment To have good core relationships with siblings To have positive relationships with peers To have a positive sense of self and abilities Child/young person demonstrates age or developmental & appropriate responses in feelings and actions Child has good quality early attachments Child/young person is able to understand right from wrong and acting appropriately 	<p>Children and Young People</p> <ul style="list-style-type: none"> Occasional absence/truancy from school Potential of becoming NEET Missing or absence from home Young person presents with low level indicators from the Child Sexual Exploitation Tool Kit Use of fixed term exclusions Poor attachments Child is a young carer Child is teenage parent Concerns about reaching developmental milestones Language / communication difficulties Has a diagnosed disability or sensory impairment Child is associating with peers who are involved in crime or anti-social behaviour Low level drug/alcohol use impacting negatively Low level mental health or emotional issues or self harm Child expressing thoughts of 'running away' Disruptive/challenging behavioural difficulties Low level offending/anti social behaviours - at risk of entering Youth Justice System Some evidence of risky use of technology/low safety concerns <p>Parents and Carers</p> <ul style="list-style-type: none"> Families affected by poverty affecting their access to appropriate services/affecting the child's development Parents/carers struggle to meet child's needs, or they place their own needs above the needs of the child Parents/carers health including physical/mental/learning disability or substance misuse, impacts negatively on the child's health or development Parents/carers struggle to manage child's behaviours Poor engagement with Universal Services likely to impact on child's health or development Poor supervision provided by parents/carers Parents/carers require support to understand child's disability or sensory impairment and strategies to manage <p>Family and Environment</p> <ul style="list-style-type: none"> Low level Domestic Abuse present in the family home Low level drug and/or alcohol misuse Low level offending/anti social behaviours - Parents/carers at risk of entering the Criminal Justice System Low level/emerging neglect Parent was a Child in Care Child is affected by difficult family relationships Housing in poor state of repair impacting on child's health or development or serious level of overcrowding 	<p>Children and Young People</p> <ul style="list-style-type: none"> Persistent unauthorised absence from school / NEET At risk or has been permanently excluded from school Regularly missing from home or school with no explanation Significant disabilities Serious delay in achieving milestones raising significant concerns Teenage pregnancy Risky sexual behaviours At risk from Radicalisation through technology or inappropriate relationships Young person presents with medium level indicators from the Child Sexual Exploitation Tool Kit Domestic abuse, drugs and alcohol issues Child subject of a Court Ordered Report under 17 or 18T being completed by children's social care Children placed under an Education Supervision Order under Section 36 of the Children Act Significant dental decay that has not been treated Potential of becoming involved in gangs Homeless child in need, including 16-17 year old Young Carer whose caring duties are affecting outcomes <p>Parents and Carers</p> <ul style="list-style-type: none"> Child neglect where food, warmth and other basics are often not available Inconsistent parenting impairing emotional/behavioural development of child/ inappropriate child care arrangements Parent/carer health/ability/learning difficulty or substance misuse has a direct negative impact on the child Parent/carer own emotional or mental health difficulties have a direct impact on child's health or development Parent/carer provides inconsistent boundaries which seriously impacts on the child's development Pre-birth assessment required due to concerns Parent/carer of disabled child requires support to care <p>Family and Environment</p> <ul style="list-style-type: none"> Concerns about the level of domestic abuse Substance misuse significantly impacting on child Risk of homelessness due to relationship breakdown Child is Privately Fostered Neglect issues significantly impacting on the child Risk of family breakdown leading to child becoming looked after outside family network Child exposed to contact with people who pose a risk to physical or sexual harm to children Risk of family breakdown leading to child becoming looked after outside family network Family at risk of eviction despite support from fit and/or Housing 	<p>Children and Young People</p> <ul style="list-style-type: none"> Non-organic failure to thrive Sexually inappropriate behaviour Sexually aggressive behaviour Teenage parent/pregnancy under age of 13 years old Sexually transmitted infection in a child under 13 years old Physical / Sexual abuse including child sexual assault Frequently missing from home Offending and in the Youth Justice System Relationship breakdown/homelessness Persistent social isolation Child/young person presenting with several indicators from all categories with one or more high risk indicators from the Child Sexual Exploitation Tool Kit Child at immediate risk of significant harm arising from radicalisation, level to conflict zones, or involvement in terrorist activity Gang member or involvement in drug crime Child beyond parental control and placing self at risk of significant harm Child for severely or profoundly disabled child has a significant impact on parent/carer's ability to meet the child's needs <p>Parents and Carers</p> <ul style="list-style-type: none"> Parent/carer refusing medical care endangering life / development Child left in care of adult known or suspected to be a risk to children or lives in the same house as the child Child is left home alone without adequate supervision or support Parents unable to restrict access to home by adults known to be a risk to children and other adults Parents own needs mean they cannot keep their child/young person safe Pre birth assessment indicates unborn child is at risk of significant harm Parents have or may have abused or neglected the child/young person Parent/carer has mental health issues, including self-harming behaviour, that present a risk of significant harm to the child Parent/carer's domestic abuse and/or substance misuse that presents a risk of significant harm to the child Previous child/young person has been removed from parent's care Deliberate cruelty or emotional ill treatment of a child resulting in significant harm Concern that a child is suffering or likely to suffer harm as a result of false belief or induced illness <p>Family and Environment</p> <ul style="list-style-type: none"> Abandonment or severe neglect Emotional Abuse including significant harm due to Domestic Abuse (DA) Child Sexual Exploitation (CSE) Human Trafficking Female Genital Mutilation (FGM) Forced Marriage or Honour Based Violence Significant concern about Radicalisation

UNIVERSAL SUPPORT LEVEL 1	ADDITIONAL SUPPORT LEVEL 2	INTENSIVE SUPPORT LEVEL 3	SPECIALIST SUPPORT LEVEL 4
<p>Universal services are provided to or are routinely available to all children and families. These services are accessed in the local community and delivered by partners including schools, GPs, hospitals, community health services, children's centres, youth hubs, police, fire service and voluntary and community groups</p>	<p>Children and families with additional needs who require extra help to improve education, parenting, behaviour or to meet specific health needs. These needs can be met by universal services working together or with the addition of some targeted services</p>	<p>Intensive support can be offered to children and families where they have complex or multiple needs requiring local authority services to work together with universal services to assess, plan and work with the family to bring about positive change. Includes Intensive Family Support Early Help and/or Child in Need services</p>	<p>Children who are considered to have been harmed or are likely to suffer significant harm as a result of abuse or neglect/ removal from home/or will suffer serious lasting impairment without the intervention of local authority statutory services under high level concern Child in Need (CIN) or high-risk Child Protection (CP) Services and Specialist Youth Justice work. Children whose disability affects all aspects of development.</p>
<p><u>If you require support for a child or family at this Support Level, here are some questions to ask yourself:</u> <u>What support is needed and where can I get this?</u> The first step is to discuss any concerns with the family and agree what action is needed. This may be that your service is able to provide some extra support or it may be that you can signpost the family to another agency. <u>Are the family requesting support?</u> Yes—discuss support required and gain consent <u>What support is needed and where can I get this?</u> The first step is to discuss any concerns with the family and agree what action is needed. This may be that your service is able to provide some extra support or it may be that you can signpost the family to another agency <u>Have I tried all my resources?</u> All your inhouse resources should be tried before considering involving another agency. <u>What other services can I contact locally for support, have I tried all these?</u> Please check online for other services in your local area. <u>What do I do next?</u> This will depend upon the support required. Firstly speak to the family about which professionals or services are already involved with the children/family; consider other Universal Services e.g. GP or Health visitor, Nursery, Education/school, Church, Local Charity or Voluntary or Community group.</p>	<p><u>If you require support for a child or family at this Support Level, here are some questions to ask yourself:</u> <u>What support is needed and where can I get this?</u> The first step is to discuss any concerns with the family and agree what action is needed and where the family would like to receive support from. Signpost the family or contact the service direct Ensure you have 'agreement to engage' before taking any action. <u>Have I tried all my agency resources?</u> All your inhouse resources should be tried before considering involving another agency. <u>What other services can I contact locally for support, have I tried all these?</u> Please check online for other services in your local area via KSCB website, Headstart Resilience Hub, SEND local offer or by contacting your local networks <u>What do I do next?</u> This will depend upon the type of support required. Firstly speak to the family about whom or which services are already involved with the children/family. With agreement other options available may include; <i>Contact the child's school</i> <i>Contact a local Group or Charity</i> <i>Contact your local Borough Council</i> <i>Contact the School Health Team</i> <i>Contact your local Youth Hub</i> <i>Contact your local Children's Centre</i></p>	<p><u>Does my concern meet this Support Level?</u> Unsure—discuss your concerns with your agency Designated Safeguarding Lead. Yes—see below <u>Do I have the agreement to engage?</u> Yes—complete the Request for Support Form No—It is important that you share your concerns with the family and gain their agreement to complete the Request for Support form. Unsure—Please speak with family about your concerns and the support required and gain their 'agreement to engage' before completing the Request for Support form. <u>Has any previous support helped?</u> It is helpful to know what has worked well previously to identify the right support for the family. Please include this in the information you provide. <u>Do you need advice?</u> Please speak with your agency Designated Safeguarding Lead in the first instance. <u>What do I do next?</u> Agreement from the family to engage is required especially if Early Help is likely to be the most appropriate support for the family. If you have not discussed your concerns with the family please do so before completing the Request for Support Form. If you have 'agreement to engage' then Complete a Request for Support form www.kscb.org.uk/supportlevels</p>	<p><u>Does my concern meet this Support Level?</u> <u>Is this an immediate safeguarding concern?</u> Yes—If there are concerns that a child may be suffering significant harm, the Request for Support form should be completed and immediately submitted to the Front Door. The Form can be located at www.kscb.org.uk/supportlevels Unsure—discuss your concerns with your agency Designated Safeguarding Lead. No—discuss your concerns with the family and gain their agreement to engage with services—see below <u>Do I have consent/'agreement to engage'?</u> The family's 'Agreement to Engage' is required before you complete the Request for Support form unless there is immediate risk, or if it places a child at risk of significant harm. A completed copy of the form should be shared with the family. You should therefore have discussed your concerns with the family and explored with them what the most appropriate support may be for them. The family should be aware that the form will be used to determine the most appropriate support available. If the family refuse 'Agreement to Engage' this should not influence the decision to complete a Request for Support form where the level of concern warrants this. <u>What do I do next?</u> Complete a Request for Support form Do you need any further information or guidance? Go to; www.kscb.org.uk/supportlevels</p>

REMEMBER— You only need to complete a Request for Support Form if you are requesting support at Intensive or Specialist Support Levels 3 or 4.
 Please do take care when completing the online 'Request for Support' form, because the information you provide in the form, will be used to assess which is the most appropriate level of support required. If it is not assessed to require support at Level 3 or 4, the form will be returned to you so that you can consider the Support Level 1 or 2 options. For more information www.kscb.org.uk/supportlevels

