MERIDIAN SCHOOL

SUCCESSFUL
PERSONALISED
PASSIONATE
SUPPORTIVE
COMMUNITY SPIRITED
COMPETITIVE
CELEBRATORY

Safeguarding Policy

The Governing Body has adopted
The Meridian School Safeguarding Policy

Date adopted by the Governing Body: December 2015

Chair of Governors: 

Date of Review: December 2016

1. INTRODUCTION

What is Safeguarding?

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

In essence;

Safeguarding applies to all children and young people.

Child Protection applies to a group of children who have/are experiencing abuse in their lives.

Aims	○ Positive ethos ○ Child feel safe, secure and listened to ○ Staff/volunteers encouraged to talk about concerns ○ Staff understand in "exceptional circumstances" they may report concerns directly to social care ○ Children who have been abused or are at risk of abuse are supported ○ Safeguarding issues are explored as part of the curriculum

Safeguarding and Child Protection is about managing risk.

Purpose of our Safeguarding Policy	To inform staff, parents, volunteers and governors about Meridian School's responsibilities for safeguarding children.
Hertfordshire Safeguarding Children Board Child Protection Procedures	Meridian School follows the procedures established by the Hertfordshire Safeguarding Children Board; a guide to procedure and practice for all agencies in Hertfordshire working with children and their families.
School Staff & Volunteers	All school staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children. All school staff and volunteers will receive Safeguarding training, so that they are knowledgeable and aware of their role in the early recognition of the signs and symptoms of abuse or neglect and of the appropriate procedures to follow. The Designated Safeguarding Lead will deliver an annual update. Temporary staff and volunteers will be made aware of the safeguarding policies and procedures by a Designated Teacher.
Implementation, Monitoring and Review of Safeguarding Policy	The policy will be reviewed annually by the Governing Body. It will be implemented through the schools induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Safeguarding Lead.

1. STATUTORY FRAMEWORK

Statutory Guidance
Working together to Safeguard Child (2015)
Keeping Children Safe in Education (2015)

Non-Statutory Guidance
What to do if you're worried a child is being abused (2015)
Information Sharing (2015)

Key Legislation

The Children Act 1989	Section 17 Duty to safeguard and promote the welfare of children who are "in need"
	Section 46 Duty to investigate whether a child is at risk of serious harm
Local government Act 2000	Effective joint working across local authority sectors
Education Act 2002	Duty on Local Education Authorities to exercise safeguarding functions for children and young people up to the age of 18 who are in full-time education
Children Act 2004	Established Local Safeguarding Children Boards

2. THE DESIGNATED SAFEGUARDING LEAD TEACHER (DSL)

The Designated Safeguarding Lead in this school is Miss Kim Horner

The Deputy Designated Senior Person for Safeguarding in this school is Mrs Carol Read

The Role of the Designated Safeguarding Lead (DSL)

Schools should ensure that a trained Designated Safeguarding Teacher is available at all times. This will usually mean that there are at least two Designated Safeguarding Teachers in the school to cover absences; potentially more there are several locations or the school is boarding.

All schools must appoint a member of staff of the school's or college's Leadership Team to the role of Designated Safeguarding Lead.

The Designated Safeguarding Lead should have the appropriate authority and be given the time, funding, training, resources and support to provide advice and support to other staff on a child welfare and child protection matters, to take part in strategy discussions and inter-agency meetings – and/or support other staff to do so – and to contribute to the assessment of children.

The Designated Safeguarding Lead should liaise with the local authority and work with other agencies in line with *Working Together to Safeguard Children 2015.*

A Designated Safeguarding Lead's responsibilities are outlined in "Keeping Children Safe in Education" (2015):

Training

- The Designated Safeguarding Lead should receive appropriate training carried out every two years in order to:
    - Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments
    - Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
    - Ensure each member of staff has access to and understands the school's child protection and safeguarding policies and procedures, especially new and part time staff.
    - Be alert to the specific needs of children in need, those with special educational needs and young carers
    - Be able to keep detailed, accurate, secure written records of concerns and referrals.
    - Obtain access to resources and attend any relevant or refresher training courses
    - Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.

Managing referrals

- Refer all cases of suspected abuse to the local authority children's social care and to:
    - The local authority Designated Officer (DO) for child protection concerns (all cases which concern a staff member);
    - Disclosure and Barring Service (cases where a person is dismissed or left due to risk/harm to a child); and/or
    - Police (cases where a crime may have been committed).
- Liaise with the headteacher or principal to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.

3. THE GOVERNING BODY

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard students in school. The nominated governor is Mr Paul Bolton.

The responsibilities of the governing body are set out in legislation and statutory guidance. It would be best practice for all governors to understand their role and how the school carries out its safeguarding and child protection responsibilities.

The Role of the Governing Body

The Governing Body has a duty to ensure that the school meets its statutory responsibilities and ensure that the children and young people attending the school are safe. This applies equally to all school settings, including maintained schools, academies and free schools.

Section 175 of the Education Act 2002, and regulations under section 157 relating to safeguarding pupils in Independent Schools (including academies), place a duty on the governing bodies of maintained schools, and academy trusts, to have arrangements in place to ensure that they:

- Carry out their functions with a view to safeguarding and promoting the welfare of children; and

- Have regard to the statutory guidance issued by the Secretary of State in considering what arrangements they need to make for the purpose of that section.

The statutory guidance, "Safeguarding children – Keeping children safe in education", places statutory requirements on all governing bodies. Governing bodies must make sure their school has policies and procedures in place and take into account any statutory guidance issued by the Secretary of State, any local authority guidance and locally agreed inter-agency procedures.

Governing Bodies will decide for themselves how they organise their strategic and monitoring functions. Although they may decide to allocate individual governors to be responsible for specific areas, e.g. Safeguarding or Child Protection, it is not statutory that they do so. In this school, Mr Paul Bolton monitors Safeguarding.

It is helpful if all governing body members have training about safeguarding, whether the governing body acts collectively or an individual member takes the lead. This will make sure they have the knowledge and information needed to perform their functions and understand their responsibilities.

Attendance

In addition to the statutory responsibility to record the attendance of pupils, it is important that Governors ensure that they understand the follow up processes for absence. An important risk factor in abuse and neglect is poor school attendance and tackling that is a key aspect of managing student safety.

School Security

Governing bodies are responsible for ensuring that the school is a safe place. Managing the school perimeter and access to buildings is a significant aspect of security, as is the management of staff and visitors to the school. It is good practice for schools to aim for one entrance where reception staff can manage visitors. At this single point of entry, staff should be able to prevent access to the school to visitors without satisfactory identification and a reason for their visit. It is helpful if visitors to the school can be readily identified and visitors badges should be worn. In this way anyone without a badge can be politely challenged. Many schools now use ID badges for all staff, particularly in higher risk situations, including inner city areas, large sites and special schools. Some schools also issue badges for pupils, particularly to sixth form students who may not be wearing school uniform.

Safer Recruitment

A key aspect of safeguarding is the vetting of applicants and prospective volunteers working with children to make sure they are not unsuitable. Guidance about this is in section 5 of the Governors' Handbook, and in 'Keeping Children Safe in Education' (2015).

Governing bodies must be clear about the checking and vetting processes, before shortlisting, during the interviews and afterwards. They should be assured there are effective processes in place for arranging checks, including DBS, identity, right to work in the UK and any required overseas police checks, often called a 'Certificate of Good Conduct'.

The governing body or academy trust must reassure itself that all appropriate suitability checks have been undertaken and that the school keeps a single central record, detailing the range of checks it has carried out on its staff.

When making appointments, governing bodies and academy trusts will need to reassure themselves that mechanisms are in place within the school to check that any person employed to teach has the required teaching qualifications and has successfully completed any statutory induction required.

Allegations against staff and volunteers

Governing bodies must have a clear policy and procedures for managing allegations against staff. Chairs of governing bodies are expected to work with the headteacher (unless the allegation concerns the headteacher) and DO to confirm the facts about individual cases. They are also expected to reach a joint decision on the way forward in each case.

In cases that involve the headteacher, the Chair of Governors is the key person to deal with the allegation.

Referring cases to the NCTL and the Disclosure and Barring Service (DBS)

Allegations of serious misconduct against a teacher may be referred to the National College for Teaching and Leadership (NCTL) when they have dismissed a teacher for misconduct, or would have dismissed them had they not resigned first.

A referral to the DBS must be made if someone has harmed, or poses a risk of harm to a child and who has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. Referrals should be made to both the DBS and the NCTL in cases where there is alleged serious teacher misconduct as well as harm or risk of harm to a child.

Further details: www.safeguardinghandbook.co.uk/dbsreferrals

Safeguarding Report to Governors

The Safeguarding Report to Governors is a Statutory Duty arising out of the Education Act 2002 (Section 157). This Duty applies to maintained schools, academies and independent schools. The report, often undertaken annually, ensures that governors can monitor the schools compliance, highlight issues and plan for improvements. After tabling the report to the Governing Body, a copy should be filed with the minutes of the meeting.

The safeguarding report also provides information to the Local Authority, so that they can fulfil their statutory duty under section 14B of the Children Act 2004. This Act states that schools and colleges must supply information to the Local Safeguarding Children Board (Children Act 2004 section 11) in order to perform its functions and for monitoring the compliance of schools to safeguarding children and young people (regardless of the school's status).

The report is an opportunity for governors to discuss safeguarding and child protection at a strategic level. It is not a place for the discussion of individual cases and anonymity must be preserved. Having said that, many Designated Safeguarding Leads and governors find it useful to discuss case studies to help understand local issues, strengths and areas for development.

The report should be prepared by the Designated Safeguarding Lead.

Key features of a Report to Governors on Safeguarding

- Period Covered
- Name of report author and date presented to governors
- Names of Designated Safeguarding Lead and Designated Safeguarding Lead Teacher
- Training Record (of staff at all levels)
- Audit of relevant policies and review dates
- Number of initial referrals made, separated into physical, emotional, sexual and neglect; and any Channel referrals
- Number of Meetings Attended by type:
    - Initial Child Protection Conference
    - Professionals Strategy meeting
    - Child Protection Review Conference
    - Core Group Meeting
    - Common Assessment Framework – CAF
- Number of pupils subject to a Child Protection Plan
- Number of Children in Public Care
- Number of allegations made against staff
- Other comments on safeguarding issues or concerns
- Comparison information from previous year
- Trends and impact of any new legislation or guidance
- Any deficiencies in the safeguarding procedures and actions required to rectify them. An annual safeguarding report will be sent to Governors in June each year.

4. SCHOOL PROCEDURES

If any member of staff is concerned about a child he or she must inform the Designated Safeguarding Lead. The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations**.**
See Appendix 1 – Record of Concern.

5. ASPECTS OF SAFEGUARDING

Safeguarding is not just about protecting children from deliberate harm. It includes issues for schools such as:

- bullying, including cyber-bullying
- child sexual exploitation
- domestic violence
- drug and substance misuse
- educational visits
- e-safety
- 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)
- harassment and discrimination
- intimate care
- management of contractors
- management of visitors
- meeting the needs of pupils with medical conditions, including mental ill-health
- private fostering
- providing first aid
- pupils' health and safety
- racist abuse
- preventing radicalisation
- school security, taking into account the local context
- self-harm
- sexting
- teenage relationship abuse
- trafficking
- use of physical intervention
- other issues which may be specific to a local area or population

All staff and volunteers are made aware that the main categories of abuse are:

- Emotional abuse
- Physical abuse
- Sexual abuse
- Neglect

The Four Categories of Child Abuse

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. If may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

PHYSICAL ABUSE

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

SEXUAL ABUSE

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

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health 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.

6. DEALING WITH A DISCLOSURE

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

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to Children's' Services
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, rather than ask direct questions
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record of the students actual words, not what you think they may be saying***(see Appendix 2)***
- Pass information to a Designated Safeguarding Teacher without delay

Dealing with a disclosure from a child, and a Safeguarding case in general, is likely to be a stressful experience. The member of staff/volunteer should consider seeking support for him/herself and discuss this with the Designated Safeguarding Teacher.

See Appendix 2 – Action to be taken.

7. CONFIDENTIALITY

Safeguarding raises issues of confidentiality;

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

- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.
- Communication with parents. Meridian will:
    - Undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the student at further risk of harm.
    - Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding students.

8. RECORD KEEPING

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

- Complete a record of concern ***(Appendix 1)***
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any bruising or other injury
- Record statements and observations rather than interpretations or assumptions

All records need to be given to the Designated Safeguarding Teacher promptly. No copies should be retained by the member of staff or volunteer. The Designated Safeguarding Lead will ensure all safeguarding records are managed in accordance with the Education (Pupil Info) (Eng) Regulations 2005.

9. DEALING WITH ALLEGATIONS OF ABUSE AGAINST TEACHERS AND OTHER STAFF

Safeguarding or child protection allegations must be reported immediately to the Designated Safeguarding Lead (not to the headteacher).

Whenever it is alleged that a member of staff/volunteer has:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child

Initial Considerations

Where the concern meets the criteria, the designated person should immediately contact the local authority Designated Officer(s) (DO). The DO is responsible for the oversight of allegations against adults working in the local authority, liaising with a range of agencies and ensuring such matters are dealt with consistently and in a timely fashion.

The initial discussion with the DO will consider the nature of allegation and the course of action.

Actions to be agreed:

- What further information is required?
- Whether any immediate action needs to be taken to protect pupils
- When and what should parents be told
- What should be said to the adult facing the allegation?
- Whether suspending the member of staff is required
- Suspension should not be an automatic response
- Suspension should only be considered where:
    - children are at risk of serious harm
    - where the concern is so serious that is would result in immediate dismissal
    - the reason for suspension must be communicated to the person in writing within one day.
    - alternatives to suspension might include alternative work, the deployment of another adult to work alongside the accused person, moving the children or reallocating the classes involved.

Possible outcomes of the initial discussion:

- Strategy Meeting (sometimes called a 'Management Planning Meeting')
    - Normally held within three days
- Referral to Social Care
- Referral to Police for investigation
- No further action (NFA)

In the case of NFA, the school should then decide how to proceed further, which may include internal disciplinary action. Informal action should be resolved within a timely fashion. Most cases should be concluded within one month.

Any school investigation should be undertaken by a senior member of staff, HR professional or occasionally an independent person.

After consulting the DO, the accused person should be told about the allegation. The amount of detail should be agreed with the DO and will range from the minimum (where a Strategy Meeting is to be held) to the greatest amount of detail following an 'NFA' decision. The person should be told about the likely courses of action. They should be advised to contact their professional association. The school should appoint a named person to offer support to the affected person.

It is important that confidentiality is maintained. It is helpful to consider how to manage speculation, leaks and gossip. No information should be offered to the media nor should any details be published that would identify any person under investigation, unless or until the person has been charged with an offence.

Outcome Definitions

The outcome of allegation investigations should be identified as follows:

- **Substantiated:** there is sufficient identifiable evidence to prove the allegation;

- **False:** there is sufficient evidence to disprove the allegation;

- **Malicious:** there is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false:

- **Unsubstantiated:** this is not the same as a false allegation. It means that there is insufficient evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

- ***Unfounded:** there is no evidence or proper basis which supports the allegation being made. It might also indicate that the person making the allegation misinterpreted the incident or was mistaken about what they say. Alternatively, they may not have been aware of all the circumstances;

* **NB** *An 'unfounded' outcome is not part of the standard range of outcomes, but schools may use it (subject to the support of their legal or HR provider).*

Action on conclusion of the case

Possible outcomes:

- Allegation sustained, leading to prosecution and dismissal
    - Referral to DBS; record kept on file
- Allegation substantiated, leading to disciplinary action or dismissal
    - Possible referral to DBS; record kept on file
- Allegation unsubstantiated or unfounded
    - Summary report kept on confidential personnel file* to assist future clarification and reduce need for reinvestigation; copy given to affected person. **until normal retirement age or for ten years from date of allegation, whichever is longest.*
    - Not referred to on reference
- Allegation found to be malicious
    - Report removed from file
    - Not referred to on reference

Malicious, unfounded or unsubstantiated allegations must not be referred to when writing references.

Where the allegation is unsubstantiated, unfounded or malicious, the school must give support to the member of staff on return to work, particularly where they were suspended from their duties.

Staff Training

The onus on schools is to take their safeguarding duties seriously and ensure that the steps they take are effective in protecting children and young people. Ensuring the school has a knowledgeable staff who are aware of the risk to young people is the essence of good training.

All staff were last trained in June 2014 and will be updated every two years. The next scheduled training will be June 2016.

Induction Training

When staff and volunteers start working in school, they should be immediately aware of how to report any concerns they may have about children and young people in the school.

Designated Safeguarding staff are responsible for ensuring that all staff are inducted into the school's safeguarding procedures ideally within two weeks of starting work in the school.

During this induction training, new staff should be made aware of "Keeping Children Safe in Education: Part One" and the school's "Code of Staff Conduct".

The induction training should provide sufficient information for your staff and volunteers to be able to answer the following questions with confidence:

- What is your role and responsibilities in relation to safeguarding and promoting the welfare of children and young people?
- Who is the Designated Safeguarding Lead (DSL) and alternates in your school?
- What are the categories, signs and indicators of abuse?
- What is the procedure in your school for disclosures and how do you record these in your school?
- Where would you find the school's safeguarding policy?
- Who is the named Safeguarding Governor or Chair of Governors and how would you contact them?
- Who would you speak to if you have concerns about a member of staff?
- Who would you speak to if you have concerns about the Headteacher?

Prevent Duty

All staff should have training to help them understand the duties on schools from the Counter Terrorism and Security Act 2015.

All staff will have this training in December 2015.

Establishing Good Practice: Minimising Vulnerability to Allegations

Always:

- ✓ …work in an open environment. Avoid private or out of sight locations and encourage open communication.
- ✓ …speaking clearly, without whispering, so that students do not need to come close to hear
- ✓ … avoid spending time alone with individual students away from others
- ✓ … treat all students, regardless of race, disability , religion or belief, gender, sexual orientation, equally and with respect and dignity.
- ✓ … ensure the student's welfare comes first and record it.
- ✓ …be aware of the impact of proxemics; maintain safe and appropriate distances; know where and how to place your body.
- ✓ …avoid touching students, but where **educationally necessary** staff should follow these guidelines:
    - ✓ try to demonstrate without touching first
    - ✓ ask permission; say what you intend to do first and explain why
    - ✓ if a pupil seems uncomfortable: stop
    - ✓ only touch hands, arms or shoulder nearest you (don't reach across the body)
    - ✓ be aware of overall proximity; maintain physical space; don't stand behind
    - ✓ inappropriate areas for touch include: chest, diaphragm, waist, thighs
    - ✓ move away as soon as the contact is no longer required
- ✓ … maintain professional boundaries, this may mean using a specific mobile number or email address for work purposes, rather than personal details
- ✓ … present as an exemplary role model by not smoking or drinking alcohol, swearing, allowing suggestive conversations or jokes or wearing less than professional clothing when in the company of a student.
- ✓ … seek to be enthusiastic and constructive when giving feedback rather than making negative or critical remarks
- ✓ … record any injury that occurs and seek attention from a qualified First Aider or parent.
- ✓ … record any incident of concern involving student's welfare.

Never:

- × ... allow allegations made by a child to go unchallenged, unrecorded or not acted upon (this applies to any form of abuse or bullying);

- × … lock doors, cover windows or us 'Do Not Disturb' signs;

- × …impose humiliating or power based punishments on a student or reduce a child to tears;

- × …engage in rough, physical or provocative games, with students, including horseplay;

- × …allow or engage in any form of inappropriate touching;

- × …allow children to use inappropriate language unchallenged;

- × …make sexually suggestive comments to a young person, even in fun;

- × …engage in any form of relationship, sexual or otherwise, with a young person you work with even if they are over the age of consent, but under 18 (older with vulnerable adults);

- × …invite or allow children to stay with you at your home unsupervised;

- × …'friend' a child on their Facebook or yours; social media can blur boundaries;

- × …take photographs or videos of children unless written/signed consent has been obtained from a parent/carer; this includes the use of camera phones;

- × …seek physical contact. Try to gently discourage contact, rather than reject students. Model appropriate contact e.g. shaking hands or patting the shoulder. Never allow physical contact when you are alone.

- × …take a child in your car, but where this is unavoidable:

    - prepare a risk assessment
    - ensure your insurance covers business passengers and musical instruments (NB this may provide a very good reason for not being able to take students in your car.)
    - obtain parental permission, preferably in writing
    - take more than one person
    - sit child in the back
    - travel directly to the destination
    - keep conversation professional

Appendix 1
Record of Concern Form

Please complete this form if you have any concerns about a pupil.

Pupil Name			
Day/Date/Time		**DOB**	
Member(s) of staff noting concern			

Concern (Please describe as fully as possible)

Signature: **Date:**

Actions Taken

Date	Person Taking action	Action	Signature

Would you like feedback about this concern? Yes/No (*please circle*) Date given……

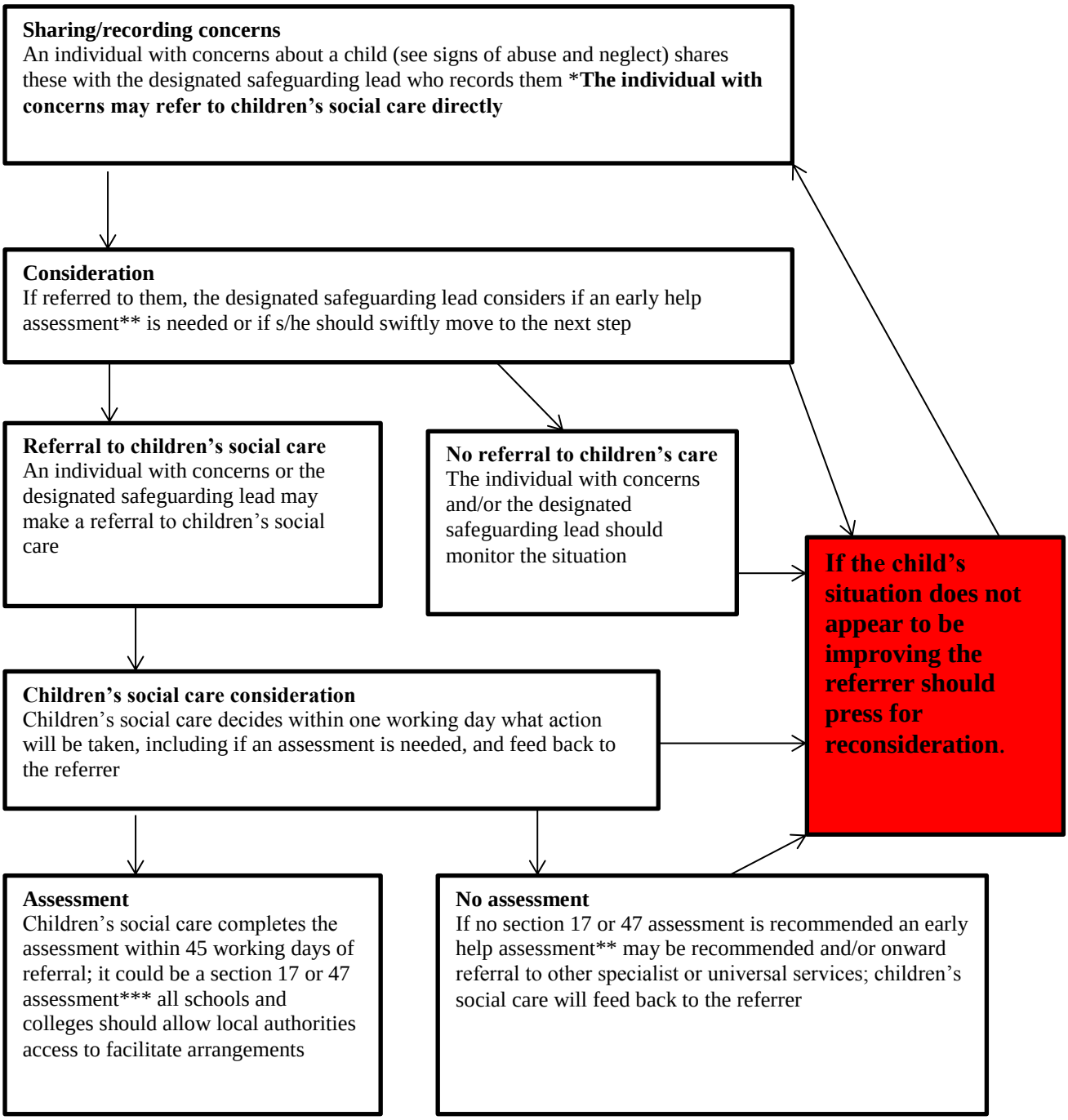
Please pass this form to the Designated Safeguarding Lead when completed.

Appendix 2

Action to be taken when a child is at risk of harm

This diagram illustrates what action should be taken and who should take it when there are concerns about a child. If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately.

Anybody can make a referral.



* In cases which also involve an allegation of abuse against a staff member, see part four of this guidance which explains action the school or college should take in respect of the staff member.

** Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These assessments should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989. The early help assessment should be undertaken by a lead professional who could be a teacher, special educational needs coordinator, General Practitioner (GP), family support worker, and/or health visitor.

***Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need). Where there are child protection concerns local authority services must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989.

APPENDIX 3 – INDICATORS OF HARM

PHYSICAL ABUSE

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

Indicators in the child

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

Fabricated or Induced Illness
Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks
Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.
A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds
It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.
Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks

Scars
A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Emotional/behavioural presentation

- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted and fear of returning home

- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help
- Aggression towards others
- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

Indicators in the parent

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment
- Disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Unauthorised attempts to administer medication
- Tries to draw the child into their own illness.
- Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
- Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties may (or may not) be associated with this form of abuse.
- Parent/carer has convictions for violent crimes.

Indicators in the family/environment

- Marginalised or isolated by the community
- History of mental heath, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of
- the family
- Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.
Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators in the child

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behavior towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
- Abnormal attachment to child e.g. overly anxious or disinterest in the child
- Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
- Wider parenting difficulties may (or may not) be associated with this form of abuse.

Indicators in the family/environment

- Lack of support from family or social network.

- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

NEGLECT
Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health 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.

<u>Indicators in the child</u>

Physical presentation
- Failure to thrive or, in older children, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhea
- Unmanaged / untreated health / medical conditions including poor dental health
- Frequent accidents or injuries

Development
- General delay, especially speech and language delay
- Inadequate social skills and poor socialization

Emotional/behavioral presentation
- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness
- Frequently absent or late at school
- Poor self esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour

- Disturbed peer relationships
- Self-harming behaviour

Indicators in the parent

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child .e.g. anxious
- Low self-esteem and lack of confidence
- Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

- History of neglect in the family
- Family marginalised or isolated by the community.
- Family has history of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

SEXUAL ABUSE

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.

Indicators in the child

Physical presentation

- Urinary infections, bleeding or soreness in the genital or anal areas

- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

- Makes a disclosure.
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self-mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention / concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

Indicators in the parents

- Comments made by the parent/carer about the child.
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities
- Grooming behaviour
- Parent is a sex offender

Indicators in the family/environment

- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Family member is a sex offender.

APPENDIX 4

Definition of Safeguarding

Ofsted adopts the definition used in the Children Act 2004 and in "Working together to safeguard children". This can be summarised as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes

Safeguarding is not just about protecting children from deliberate harm. It relates to aspects of school life including:

- Pupils' health and safety
- The use of reasonable force
- Meeting the needs of pupils with medical conditions
- Providing first aid
- Educational visits
- Intimate care
- Internet or e-safety.

APPENDIX 5

Safeguarding can involve a range of potential issues such as:

- Bullying, including cyberbullying (by text message, on social networking sites, and so on) and prejudice-based bullying.
- Racist, disability, and homophobic or transphobic abuse
- Radicalisation and extremist behaviour
- Child sexual exploitation
- Sexting
- Substance misuse
- Issues that may be specific to a local area or population, for example gang activity and youth violence.
- Particular issues affecting children including domestic violence, sexual exploitation, female genital mutilation and forced marriage.

Points to consider when evaluating the effectiveness of safeguarding arrangements

1. Children are safe and feel safe. They know how to complain and understand the process for doing so. There is a strong, robust and proactive response from adults working with children that reduces the risk of harm or actual harm to them. Adults working with them know and understand the indicators that may suggest that a child/young person is suffering or is at risk of suffering harm and they take the appropriate and necessary action in accordance with local procedures and statutory guidance.

2. Staff and other adults working within the setting are clear about procedures where they are concerned about the safety of a child and there is a named and designated lead whose role is effective in pursuing concerns and protecting children.

3. Children can identify a trusted adult with whom they can talk about any concerns. They report that adults listen to them and take their concerns seriously. Where children have been or are at risk, such a trusted adult has been instrumental in helping them to be safe in accordance with agreed local procedures.

4. Written records are made in a timely way and held securely where adults working with children are concerned about their safety or welfare. Those records are shared appropriately where necessary and with the necessary consent.

5. Any child protection and/or safeguarding concerns are immediately shared with the local authority in the area where the concerned professional is working and a record of that referral is retained. There is evidence that the referral has been followed up quickly and that action has been taken to protect the child from further harm.

6. Children are supported, protected and informed appropriately about the action the adult is taking to share their concerns. Parents are made aware of concerns and their consent sought in accordance with local procedures unless doing so would increase the risk of or actual harm to a child.

7. There is a written plan in place with clear and agreed procedures to protect a child or young person. For children who are the subjects of a child protection plan or who are looked after, the plan identifies the help that the child should receive and the action to be taken if a professional working with the child has further concerns or information to report.

8. Children who go missing from the school they attend receive well-coordinated responses that reduce the harm or risk of harm to them. Risks are well understood and their impact is minimised. The school is aware of, and implements in full, the requirements of the statutory guidance for children and young people who are missing from home and/or from education. Local procedures for notifying the local authority and parents are available, understood and followed. Comprehensive records are held and shared between the relevant agencies to help and protect children.

9. Any risks associated with children offending, misusing drugs or alcohol, self-harming, going missing or being sexually exploited are known by the adults who care for them and shared with the local authority children's social care service. There are plans and help in place that are reducing the risk of harm or actual harm and there is evidence that the impact of these risks is being minimised. These risks are kept under regular review and there is regular and effective liaison with other agencies where appropriate.

10. Children are protected and helped to keep themselves safe from bullying, homophobic behaviour, racism, sexism and other forms of discrimination. Any discriminatory behaviours are challenged and help and support is given to children about how to treat others with respect.

11. Adults understand the risks posed by adults or young people who use the internet to bully, groom or abuse children and have well-developed strategies in place to keep children safe and to support them in learning how to keep themselves safe. Leaders oversee the safe use of electronic and social media when the children are on site and take action immediately if they are concerned about bullying or risky behaviours.

12. Clear risk assessments and a consistent response by staff protect children, while enabling them to take age-appropriate and reasonable risks as part of their growth and development.

13. Children feel secure and, where they may present risky behaviours, they experience positive support from all staff. Staff respond with clear boundaries about what is safe and acceptable and they seek to understand the triggers for children's behaviour. They develop effective responses as a team and they review those responses to assess their impact, taking into account the views and experiences of the child.

14. Positive behaviour is consistently promoted. Staff use effective de-escalation techniques and creative alternative strategies that are specific to the individual needs of children. Force

and restraint[1] are only used in strict accordance with the legislative framework to protect the child and those around them. Children do not have their liberty restricted. All incidents are reviewed, recorded and monitored and the views of the child are sought and understood. Monitoring of the management of behaviour is effective, and the use of any restraint significantly reduces or ceases over time.

15. Staff and volunteers working with children are carefully selected and vetted, and there is monitoring to prevent unsuitable people from being recruited and having the opportunity to harm children or place them at risk.

16. There are clear and effective arrangements for staff development and training in respect of the protection and care of children. Staff and other adults receive regular supervision and support if they are working directly and regularly with children where there are concerns about their safety and welfare.

17. The physical environment for children is safe and secure and protects them from harm or the risk of harm.

18. All staff and carers have a copy of and understand the written procedures for managing allegations of harm to a child. They know how to make a complaint and how to manage whistleblowing or other concerns about the practice of adults in respect of the safety and protection of children.

APPENDIX 6

Indicators for Girls at risk of Female Genital Mutilation

- Any girl withdrawn from PSHE may be at risk as a result of her parents wishing to keep her uninformed about her body and rights
- Girls taken abroad at the start of the summer holidays, in order for there to be sufficient time for her to recover before returning to school
- Girls who have a female family elder visiting from a country of origin
- A professional may hear reference to FGM in conversation i.e. a girl may tell others about it
- A girl may confide that she is to have a ‘special procedure’ or to attend a special occasion to ‘become a woman’
- A girl may request help from a teacher or another adult if she is aware or suspects she is at risk
- Parents state that they or a relative will take the child out of the country for a prolonged periods
- A girl may talk about a long holiday in her country of origin.
- A girl may have difficulty walking, sitting or standing
- A girl may spend longer than normal in the toilet due to difficulties urinating
- A girl may spend long periods of time away from the classroom during the day with bladder or menstrual problems
- A girl may have frequent urinary or menstrual problems
- There may be prolonged or repeated absences from school
- A prolonged absence from school with noticeable behaviour changes, withdrawal or depression
- A girl may be reluctant to undergo normal medical examinations
- A girl may confide in a professional
- A girl may ask for help but may not be explicit