



St Edward's  
School

Unity - Achievement - Faith

# Child Protection Policy Safeguarding

**Reviewed and Approved by Personal Development, Behaviour and Attitudes Committee**

**On: 28 November 2019**

**Reviewed and Ratified at the St Edward's FGB**

**On: 12 December 2019**

**Next Review date: Autumn 2020**

**SLT are responsible for oversight of this policy's implementation**

*This policy has been reviewed in line with the 8 principles set out in the Single Equality Policy and an initial screening Equality Impact Assessment has been carried out.*

The child protection policy for St Edward's School consists of three main documents:

- The overarching safeguarding policy
- Detailed child protection procedures and
- A separate child protection summary sheet. The latter is printed separately and provided routinely for those adults who will have unsupervised contact, even as a 'one-off', with students on a temporary or intermittent basis such as supply, peripatetic or visiting professionals.

#### **A. Safeguarding Policy**

St Edward's School recognises that the welfare of every student is paramount. We take seriously our duty to safeguard and promote the welfare of the young people in our care.

Safeguarding children is everyone's responsibility. Working Together to Safeguard Children 2018, HM Government statutory guidance, defines safeguarding 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.

The Governors will act in accordance with Section 175 / Section 157 of the Education Act 2002 and the supporting statutory guidance 'Keeping Children Safe in Education' (2019) to safeguard and promote the welfare of children in this school.

The Governors are accountable for ensuring that the school meets its statutory responsibilities for safeguarding and that all policies and procedures are in place and effective.

It is important that Governors receive an annual report from the Designated Safeguarding Lead and Nominated Governor in order to help monitor compliance with statutory responsibilities.

***The Bournemouth and Poole Local Safeguarding Children's Board also requires that each school and college completes and submits to the Safeguarding Children Board an annual audit of its safeguarding and child protection arrangements.***

All children have the right to feel safe to learn and to be safeguarded from harm or exploitation whatever their;

- age
- health or disability
- gender or sexual orientation
- race, religion, belief or first language
- political or immigration status

Governors, staff and regular volunteers in this school understand the importance of working in partnership with children, their parents/carers and other agencies in order to safeguard children and promote their welfare.

The purpose of this policy is to:

- afford protection for all students
- enable governors, staff and volunteers to safeguard and promote the welfare of children
- promote a culture which makes this school a safe place to learn and in which children feel safe

This policy applies to the Headteacher, all staff (including supply and peripatetic staff), volunteers, governors or anyone working on behalf of the school.

We will endeavour to safeguard children and young people by:

- always acting in their interests
- valuing them, listening to and respecting them
- involving them in decisions which affect them
- never tolerating bullying, homophobic behaviour, racism, sexism or any other forms of discrimination
- ensuring the curriculum affords opportunities to learn about keeping themselves safe, particularly when using technology and where appropriate in respect of radicalisation and extremist behaviour
- exercising our duties under the Counter-Terrorism and Security Act 2015 by ensuring all staff attend "Prevent" training in respect of radicalisation and extremist behaviour
- supporting attendance and taking action if a child is missing school regularly
- appointing a senior member of staff as the Designated Safeguarding Lead and ensuring this person has the time, support, training and resources to perform the role effectively
- ensuring that there is always cover for this role
- appointing a Designated Teacher to promote the educational achievement of children who are looked after/in care. At St Edward's School these are Victoria Edgeler (DSL), Daniel Hurley, Catherine Murphy-Parry and Nicola Cannings. In their absence, Ian Henry and Chris Farrow can be contacted.
- making sure all staff and volunteers are aware of and committed to the safeguarding policy and child protection procedures and also understand their individual responsibility to take action
- identifying any concerns early and providing appropriate help to prevent them from escalating
- sharing information about concerns with agencies who need to know, and involving children and their parents/carers appropriately
- acknowledging and actively promoting that multi-agency working is often the best way to support children and their families
- taking the right action, in accordance with Bournemouth, Dorset and Poole inter-agency safeguarding procedures, if a child discloses or there are indicators of abuse
- keeping clear, accurate and contemporaneous safeguarding and child protection records
- recruiting staff and volunteers (including host families) safely, ensuring all necessary checks are made in accordance with statutory guidance and legal requirements and also making sure that at least one appointment panel member has undertaken safer recruitment training
- providing effective management for the above through induction, support and regular training appropriate to role
- adopting a code of conduct for all staff and volunteers

- ensuring all staff are aware of the document ‘Keeping Children Safe in Education’ (2019) and have read part 1 as a minimum
- ensuring that all staff receive safeguarding updates at least annually
- ensuring staff and volunteers understand about ‘whistle blowing’
- all staff are aware of the early help process and be prepared to identify children who may benefit from early help
- promoting a culture in which staff feel able to report to senior leaders what they consider to be unacceptable behaviour or breaches of the school Code of Conduct by their colleagues, having faith that they will be listened to and appropriate action taken
- dealing appropriately with any allegations/concerns about the behaviour of staff or volunteers in accordance with the process set out in statutory guidance
- implementing recommendations from serious case reviews and ensure safeguarding practice is updated in line with these.

This child protection policy forms part of a suite of policies and other documents which relate to the safeguarding responsibilities of the school. In particular, it should be read in conjunction with the

- staff behaviour policy (code of conduct)
- e-safety policies for students and staff
- safer recruitment policy and procedures
- procedures to handle allegations against members of staff and volunteers, including referring to the Disclosure and Barring Service (when appropriate)
- whistle blowing policy
- procedures to respond appropriately when children are missing education
- anti-bullying procedures
- Keeping Children Safe in Education 2019 (**Statutory Guidance**)

Throughout this document, ‘child’ refers to a young person under the age of 18.

## **B. Child Protection Procedures**

These procedures should be read in conjunction with ‘Keeping Children Safe in Education: Information for all School and College Staff’ 2018.

### **1. What is Child Protection?**

1.1 Child protection is one very important aspect of safeguarding. It refers to the activity which is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

### **2. What Is Significant Harm?**

2.1 The Children Act 1989 introduced the concept of significant harm (Section 47) as the threshold that justifies compulsory intervention by statutory agencies in family life in the best interests of children. There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes it might be a single traumatic event but more often it is a compilation of significant events which damage the child’s physical and psychological development. Decisions about significant harm are complex and in each case require discussion with the statutory agencies: Children’s Social Care and Police.

### **3. Purpose of These Procedures**

3.1 These procedures explain what action should be taken if there are concerns that a child is or might be suffering harm. A 'child' is a person under 18 years but the principles of these procedures apply also to vulnerable young adults over 18 years.

#### **4. Responsibilities and Roles**

4.1 All adults in the school have a duty to safeguard and promote the welfare of children by taking appropriate action. This includes taking action where there are child protection concerns.

4.2 Governors are accountable for ensuring their schools have effective child protection policies which should be reviewed annually and available publicly. The Bournemouth and Poole Local Safeguarding Children Board (LSCB) recommends that each governing body should nominate an individual member to work closely with the Designated Safeguarding Lead and to provide a link between the school and the governing body to monitor whether mandatory policies, procedures and training are in place and effective.

The Nominated Governor in this school is:

Mrs. Dom Moody

4.3 This school has Designated Safeguarding Leads (DSLs). These are the people with whom concerns about children should be discussed and reported. The school also has Deputy Safeguarding Leads.

Mrs. Victoria Edgeler, Assistant Headteacher is the Designated Safeguarding Lead.

Mrs. Cannings, Mrs. Murphy Parry and Mr Hurley are Deputy DSLs.

All Senior Leaders have attended and are up to date with their Level 3 Safeguarding training.

4.4 In addition, the Poole Children and Young Peoples Social Care Teams (incorporating Children's Social Care and Early Intervention Services) can provide advice and guidance on safeguarding and child protection matters.

**See Appendix 1 for contact details.**

4.5 All action is taken in line with the following guidance:

- DfE guidance – Keeping Children Safe in Education (Updated 2019)
- Working Together to Safeguard Children (2018) – published by HM Government
- Bournemouth, Dorset and Poole Inter-Agency Safeguarding Procedures & Guidance, accessed through the Bournemouth and Poole Local Safeguarding Children Board website [www.dwww.bournemouth-poole-lscb.org.uk/contact\\_us](http://www.dwww.bournemouth-poole-lscb.org.uk/contact_us)
- What to do if you're worried a child is being abused – Government Guidance

## 5. What Is Child Abuse?

5.1 It is generally accepted that there are four main forms of abuse. The following definitions are from Working Together to Safeguard Children (2018).

### i) **Physical Abuse**

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

### ii) **Emotional Abuse**

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to 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.

### iii) **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.

### iv) **Neglect**

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance use. 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.

5.2 It is accepted that in all forms of abuse there are elements of emotional abuse, and that

some children are subjected to more than one form of abuse at any one time.

## **6. Recognising Child Abuse – Signs and Symptoms**

- 6.1 Keeping Children Safe in Education (2019) is clear: 'All school and college staff members should be aware of the signs of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection'.
- 6.2 Recognising child abuse is not always easy, and it is not the responsibility of school staff to decide whether or not child abuse has definitely taken place or if a child is at significant risk. They do, however, have a clear responsibility to act if they have a concern about a child's welfare or safety or if a child talks about (discloses) abuse. They should maintain an attitude of 'it could happen here'.

**See Appendix 2 for examples of possible indicators of each of the four kinds of abuse.**

## **7. Students Engaging in Under-Age Sexual Activity**

- 7.1 Sexual activity where one of the partners is under the age of 16 is illegal, although prosecution of children who are consenting partners of a similar age is not usual. DSLs will exercise professional judgement when deciding whether to refer to social workers, taking into account such things as imbalance of power, wide difference in ages or developmental stages, etc.
- 7.2 However, where a child is under the age of 13 penetrative sex is classified as rape under the Sexual Offences Act 2003 so must be reported to social workers in every case.
- 7.3 The inter-agency safeguarding procedures, on the LSCB website, have more information about under-age sexual activity.

## **8. Allegations Made by Children About Other Children**

- 8.1 On occasion, children may be harmed by other students; this can be in the form of physical, emotional or sexual harm. The nature of the allegation or concern will determine whether staff should implement the school's anti-bullying procedures or whether a referral needs to be made to the Multi Agency Support Hub (MASH).
- 8.2 These child protection procedures will be followed if a child or young person displays sexually harmful behaviour. This involves one or more children engaging in sexual discussions or acts that are *inappropriate for their age or stage of development*. It is also considered harmful if it involves coercion or threats of violence or one of the children is much older than the other.
- 8.3 The process for managing sexually harmful behaviour can be found in the inter-agency safeguarding procedures on the LSCB website. In brief, a multi-agency meeting should be convened by Poole Children and Young Peoples Social Care following the referral and an action plan agreed.
- 8.4 A school risk assessment using the RAMP form will be put in place, preferably by way of a meeting, which includes parents/carers and other professionals where they are involved.

## 9. Child Sexual Exploitation

- 9.1 This form of abuse involves exploitative situations, contexts and relationships where young people receive something (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money, mobile phones) as a result of their performing, and/or another or others performing on them, sexual acts. It can occur through the use of technology without the child's immediate recognition; e.g. being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain.
- 9.2 Any child or young person may be at risk of sexual exploitation, regardless of family background or other circumstances, and can experience significant harm to physical and mental health.
- 9.3 Due to the grooming methods used by abusers, it is common for young people not to recognise they are being abused and they may feel they are 'in a relationship' and acting voluntarily.
- 9.4 Any concerns about child sexual exploitation will be discussed with the DSL. This will then be referred to MASH and the Police.  
There is more detailed information and a 'risk matrix' in the inter-agency safeguarding procedures on the LSCB website.

## 10. Forms of Abuse Linked to Culture, Faith or Belief

All staff in this school will promote mutual respect and tolerance of those with different faiths and beliefs. Some forms of abuse are linked to these and staff should strive to suspend professional disbelief (i.e. that they 'could not happen here') and to report promptly any concerns to the DSL who will seek further advice from statutory agencies and report directly to the Police (KCSIE 2018).

**Female Genital Mutilation** is illegal and involves intentionally altering or injuring female genital organs for non-medical reasons. It can have serious implications for physical health and emotional well-being. Possible indicators include taking the girl out of school / country for a prolonged period or talk of a 'special procedure' or celebration. There is a legal requirement to report all concerns directly to the MASH.

**Forced Marriage** is also illegal and occurs where one or both people do not or, in cases of people with learning disabilities, cannot consent to the marriage and pressure or abuse is used. It is not the same as arranged marriage. Young people at risk of forced marriage might have their freedom unreasonably restricted or might be being 'monitored' by siblings. There might be a request for extended absence from school or they might not return from a holiday abroad.

**So called 'honour-based' violence** is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community. It can exist in all communities and cultures and occurs when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code. Females are predominantly, but not exclusively, the victims and the violence is often committed with some degree of approval and/or collusion from family or community members.

It is important that staff in all schools are aware of all above forms of abuse and report concerns to the DSL who will seek further advice from the MASH.



## **Anti-radicalisation and extremism**

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

Extremism is defined by HM Government as ‘Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs; and/or calls for the death of members of our armed forces, whether in this country or overseas’.

As a school we are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty. All staff have been trained in this and any concerns should be referred immediately to the safeguarding referral unit (police) sru@dorset.pnn.police.uk or 01202 222229 and the MASH.

In this school we recognise that safeguarding against extremism and radicalisation is no different from safeguarding against any other vulnerability.

Our curriculum promotes respect, tolerance and diversity. Children are encouraged to share their views and to understand that they are entitled to have their own different beliefs which should not be used to influence others.

We recognise that children with low aspirations are more vulnerable to radicalisation and therefore we strive to equip our students with confidence, self-belief, respect and tolerance ***as well as setting high standards and expectations for themselves.***

Children are taught in PSHE about how to stay safe when using the Internet and are encouraged to recognise that people are not always who they say they are online. They are taught to seek adult help if they are upset or concerned about anything they read or see on the Internet.

Any concerns about students becoming radicalized or being drawn into extremism will be reported to the DSL who will *not* speak to parents/carers or other family members at this stage but will take prompt advice from the Police by ringing the Safeguarding Referral Unit.

Bournemouth and Poole has a Channel Programme in place, in accordance with its duties under the Counter-Terrorism and Security Act 2015. This is where multi agencies work in partnership and discuss individuals who have been referred by the Police as being vulnerable to being drawn into terrorism.

**There is more information about specific safeguarding issues and links to websites in Part one of ‘Keeping Children Safe in Education’ 2018.**

### **11. Responding to the Child Who Discloses (Talks About) Abuse**

All staff and volunteers will:

- Listen carefully to what is said
- Avoid showing shock or disbelief
- Observe the child’s demeanor
- Find an appropriate opportunity to explain that the information will need to be shared with others. They will not promise to keep the information confidential or a ‘secret’

- Allow the child to continue at her/his own pace and do not interrupt if the child is freely recalling events. They will not stop him/her in order to find a 'witness' as this could inhibit the child from saying more
- Avoid asking questions or pressing for more information. Ask for clarification only. If questions are necessary, they should be framed on an open manner and not 'lead' the child in any way. Remember TED: Tell me.... Explain.... Describe...
- Reassure the child, if necessary, that s/he has done the right thing in telling
- Explain what will happen next and with whom the information will be shared
- Not ask the child to repeat the disclosure to anyone else in school – including the DSL - or ask him/her or any other children who were present to write a written account or 'statement'

## **12. Taking Action**

- 12.1 Where physical injuries have been observed, these will be carefully noted but not photographed. The staff member will not ask to see injuries that are said to be on an intimate part of the child's body.
- 12.2 Any disclosure or indicators of abuse will be reported verbally to the DSL or Deputy as soon as possible or, where this is not possible and concerns are immediate, ensure a referral is made without delay to the Poole MASH which covers the area in which the child and family live.
- 12.3 Where the child already has an allocated social worker, that person or a manager or duty worker in the same team will be contacted promptly.
- 12.4 If the child can understand the significance and consequences of making a referral to social workers, they will be asked for their views. It will be explained that whilst their view will be taken into account, the school has a responsibility to take whatever action is required to ensure the child's safety and that of other children.
- 12.5 A written record will be made (ideally on a standard school 'concern' form) of what was said, including the child's own words, as soon as possible.
- 12.6 The DSL will decide whether to contact parents at this stage, judging whether to do so is likely to place the child at risk of harm from their actions or reactions - for example in circumstances where there are concerns that a serious crime such as sexual abuse, domestic violence or induced illness has taken place. If in any doubt, the DSL or staff member will call the MASH first and agree with him/her when parents/carers should be contacted and by whom. The reason for the decision not to contact parents/carers first will be recorded in the child's school child protection file.
- 12.7 A child protection referral from a professional cannot be treated as anonymous.
- 12.8 Where there is no disclosure by a child but concerns are accumulating, such as in relation to neglect or emotional abuse, the DSL will ensure that all information is brought together and that s/he makes a professional judgement about whether to refer to outside agencies.
- 12.9 A member of staff who reports concerns to the DSL should expect some feedback, although confidentiality might mean in some cases that this is not detailed. If the member of staff is not happy with the outcome s/he can press for reconsideration and if following this, s/he still believes the correct action has not been taken, can refer the

concerns directly to social workers.

### **Early Help**

Providing early help is more effective in promoting the welfare of children than reacting later. It means providing support as soon as a problem emerges.

Early help support must be kept under constant review and consideration given to a referral to Children and Young Peoples Social Care if the child's situation does not appear to be improving (KCSIE)

In order to do this, we will work with other local agencies to identify children and families who would benefit from early help. This may require us to

- Undertake an assessment of the need for early help
- Provide early help services e.g. School Nurse, Pastoral Worker, SENCO, Family Outreach Worker, targeted youth, breakfast club
- Refer to appropriate services e.g. CAMHS, YADAS

Any students causing a concern should be referred initially through the pastoral referral system where they will be assessed and allocated or referred to the appropriate agency.

### **13. Responding to Concerns Reported by Parents/Carers or Others in the Community**

13.1 Occasionally parents/carer or other people in the local community tell school staff about an incident in or accumulation of concerns they have about the family life of a child who is also a student at the school.

13.2 If the incident or concern relates to safeguarding or child protection, the information cannot be ignored, even if there are suspicions about the motives for making the report. Members of staff will therefore pass the information to the DSL in the usual way.

13.3 It is preferable if the parent/carer/community member who witnessed or knows about the concerns or incident makes a call to Poole Children and Young Peoples Social Care themselves as they will be better able to answer any questions. They can ask for their name not to be divulged if a visit is made to the family. The DSL will advise accordingly and later confirm that this referral has been made.

13.4 If the parent/carer/community member refuses to make the referral, the DSL will clarify that s/he has a responsibility to do so and will also need to pass on to social workers how s/he is aware of the information.

13.5 This process also applies to parents/carer/community members who are also school staff. As professionals who work with children they cannot be anonymous when making the referral but can ask for the situation to be managed sensitively and, if necessary, for their identity to be withheld from the family if it will cause difficulties in their private life.

### **14. Domestic Abuse Alerts**

As part of the joined up approach to safeguarding across Dorset, we receive information from the police to alert our Designated Safeguarding Lead when there has been an incident of domestic abuse in a household where a St Edward's student lives. We are not informed of

the detail of the incident, only that it has occurred. This allows us to monitor and to support the student(s) concerned.

If we have additional concerns, we will discuss the need for further safeguarding actions with Social Care. This information would only be shared with other staff on a restricted need-to-know basis, i.e. those who are immediately responsible for the student(s)' welfare such as the form tutor or Year Leader.

Where a multi-agency risk assessment conference (MARAC) occurs, the school may be asked for information and appropriate school-related information may be shared with the school after the meeting.

More information on Safeguarding can be found on our website (under Safeguarding) or alternatively the National DV helpline 0808 2000247, Poole DA Outreach 01202 710777.

## **15. Remember**

15.1 Any suspicion or concern that a child or young person may be suffering, or at risk of suffering significant harm, **MUST** be acted on. Doing nothing is not an option. Any suspicion or concerns will be reported without delay to the DSL or Deputy. If they are not available, the staff member will discuss their concerns as soon as possible with either

- another senior member of staff or
- the duty worker in the Poole MASH Team responsible for the area where the child lives.

Anyone can make a referral to the MASH, not just the DSLs.

15.2 It is important that everyone in the school is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for making a judgement about whether or not abuse has occurred and should not conduct an 'investigation' to establish whether the child is telling the truth. That is a task for social workers and the Police following a referral to them of concern about a child. The role of school staff is to act promptly on the information received.

15.3 This applies regardless of the alleged 'perpetrator': whether the child talks about a family member or someone outside school, a member of staff or another child/student.

15.4 A careful record will be made of what has been seen/heard that has led to the concerns and the date, time, location and people who were present. As far as possible, staff should record verbatim what was said and by whom.

15.5 The DSL will keep a record of the conversation with the duty worker and other social workers, noting what actions will be taken and by whom, giving the date and time of the referral. The referral will be confirmed in writing on the inter-agency referral form as soon as possible and at least within 48 hours. Any pre-existing assessments such as through the Common Assessment Framework should be attached.

**See Appendix 3 for detailed record keeping guidance.**

## **16. Response from Early Help Advice Point (EHAP) and/or MASH**

### Referral

Once a referral is received by the relevant team, a manager will decide on the next course of action within one working day. When there is concern that a child is suffering, or likely to suffer significant harm, this will be decided more quickly and a strategy discussion held with the Police and Health professionals (section 47 Children Act 1989).

The Designated Safeguarding Lead should be told within three working days of the outcome of the referral. If this does not happen s/he will contact the duty worker again. If s/he disagrees with the decisions made by social workers or the outcome of the referral, the matter can be raised under the escalation policy (available on the LSCB website).

### Assessment

All assessments should be planned and coordinated by a qualified social worker. They should be holistic, involving other professionals, parents/carers and the children themselves as far as practicable. Assessments should show analysis, be focused on outcomes and usually take no longer than 45 working days. School staff have a responsibility to contribute to the assessment.

### S47 Enquiries (regarding significant harm)

The process of the investigation is determined by the needs of the case, but the child/young person will always be seen as part of that process. On occasions, this will mean the child/young person is jointly interviewed by the Police and social workers, sometimes at a special suite where a video-recording of the interview is made.

### The Child Protection Conference

If, following the S47 enquiries, the concerns are substantiated and the child is judged to be at risk of significant harm, a Child Protection Conference (CPC) will normally be convened. The CPC must be held within 15 days of the first strategy discussion and school staff will be invited to attend - normally the Headteacher or DSL. This person will produce a written report in the correct format (a pro forma is available on the LSCB website). This will be shared with the child/young person and his/her family before the conference is held. A copy will also be sent to the person chairing the initial CPC at least 24 hours in advance.

If the DSL disagrees with the decisions made by social workers regarding the outcome of the referral, the conclusions of the assessment or any actions taken, the matter should be discussed and if necessary escalated to more senior managers (under the escalation policy available on the LSCB website), *particularly* if the child's situation does not appear to be improving.

## **17. Responding to Allegations or Concerns about Staff or Volunteers**

- 17.1 Rigorous recruitment and selection procedures and adhering to the school's code of conduct and safer practice guidance will hopefully mean that there are relatively few allegations against or concerns about staff or volunteers. However, if a member of staff has any reason to believe that another adult in school has acted inappropriately or abused a child or young person, they will take action by reporting to the Headteacher. Even though it may seem difficult to believe that a colleague may be unsuitable to work with children, the risk is far too serious for any member of staff to dismiss such a suspicion without taking action.

17.2 If the allegation/concern is about the Headteacher, it will be discussed with the Chair of Governors or the Local Authority Designated Officer (LADO).

17.3 Any report of concern about the behaviour of a member of staff or allegation of abuse against a member of staff must immediately be reported to the Headteacher who will refer to the appropriate Local Authority Designated Officer (LADO) :

Poole: Julie Murphy (01202 633694)

John McLaughlin (01202 714677)

The Keeping Children Safe in Education 2019 Part 4, Allegations of abuse made against teachers and other staff and the Bournemouth and Poole LSCB procedures will be followed for both the investigation and support for the member of staff.

Staff have been made aware of the NSPCC whistle blowing helpline <https://www.nspcc.org.uk/what-you-can-do/report-abuse/dedicated-helplines/whistleblowing-advice-line/>

## **18. SEND**

18.1 Research shows that children who have special educational needs or disabilities are especially vulnerable to abuse and adults who work with them need to take extra care when interpreting apparent signs of abuse or neglect.

18.2 These child protection procedures will be followed if a child who has additional needs discloses abuse or there are indicators of abuse or neglect. There are no different or separate procedures for children who have additional needs.

18.3 Staff responsible for intimate care of children will undertake their duties in a professional manner at all times and in accordance with the school's intimate care policy.

## **19. Safer Working Practice**

19.1 All adults who come into contact with children at this school will behave at all times in a professional manner which secures the best outcomes for children and also prevents allegations being made. Advice on safer working practice can be found in the school's Code of Conduct. *Ref Safer Working Practice Guidance*

## **20. Training**

20.1 Child protection will be part of induction for all staff and volunteers new to the school. They will be given a copy of this policy, the Code of Conduct, details about the role of the DSL and part one of 'Keeping Children Safe in Education: information for all school and college staff'.

20.2 This will be followed up by basic safeguarding and child protection training that equips individuals to recognise and respond appropriately to concerns about students. The depth and detail of the training will vary according to the nature of the role and the extent of involvement with children.

20.3 Staff who do not have designated responsibility for safeguarding and child protection,

including the Headteacher and qualified teachers, will undertake suitable refresher training at appropriate intervals in line with KCSIE and LSCB Guidance.

- 20.4 When DSLs and Deputies take up the role they will book onto enhanced training – provided through the LSCB multi-agency course. They must be updated at 2-yearly intervals after that.
- 20.5 Designated Teachers for Looked After Children (mandatory for maintained schools and best practice in others) will undertake appropriate training. In Poole this is provided by the Virtual School for Children in Care.

**See Appendix 1 for contact details.**

- 20.6 It is recommended by the LSCB that all trustees and governors attend training, briefings or other input which equips them to understand fully and comply with their safeguarding duties as set out in 'Keeping Children safe in Education'.

## **21. Raising concerns about safeguarding practice in our school**

- 21.1 In this school we promote a culture where any staff or volunteers feel able to raise with the Headteacher any concerns about safeguarding or child protection practice.
- 21.2 Any issues which they have not been able to resolve with the Headteacher should be reported to the Governors in the first instance. If they are still not satisfied they should approach the designated officer (also known as the LADO).
- 21.3 Staff should refer to the school's whistle-blowing policy for more information.

## **22. Information for Parents and Carers**

- 22.1 The school shares a purpose with parents to educate, keep children safe from harm and have their children's welfare promoted

We are committed to working with parents positively, openly and honestly. We ensure that all parents are treated with respect, dignity and courtesy. We respect parents' rights to privacy and confidentiality and will not share sensitive information until we have permission or it is necessary to do so to protect a child.

St Edwards will share with parents any concerns we may have about their child unless to do so may place a child at risk of harm.

We encourage parents to disclose any concerns they may have with St Edwards. We make parents aware of our Safeguarding and Child Protection Policies and parents are aware that these are on the school website.

Our responsibilities are set out in this policy. It reflects statutory guidance and the Inter-Agency Safeguarding Procedures, which can be found on the Bournemouth and Poole Local Safeguarding Children Board website.

<http://www.bournemouth-poole-lscb.org.uk/>

- 22.2 If you have any questions about this please speak to the Designated Safeguarding Leads: Mrs. Edgeler (DSL), Mr Hurley (Deputy DSL), Mrs. Murphy-Parry or Mrs. Cannings.

## **23 Children Missing from Education**

The school will keep its admission register accurate and up to date

The school attendance policy is regularly updated and understood by all staff.

A child going missing from education is a potential indicator of abuse or neglect including sexual exploitation or risk of radicalisation. After reasonable attempts have been made by the school and the School Attendance Worker to contact the family, the school will follow the LSCB procedure and refer to the Local Authority education welfare/attendance service.

We will inform the Local Authority if a child is referred to be educated outside of the school system e.g. Elective Home Education, has ceased to attend, is unfit to attend on health grounds, is in custody for 4 months or is permanently excluded.

### **C. Child Protection Summary for all Temporary Staff**

As an adult working in this school you have a duty of care towards all students. This means you must act at all times in a way that is consistent with their safety and welfare.

You must follow the principles of safer working practice, which includes use of technology – on no account should you take images of students on personal equipment, including your mobile phone. Staff should work within the School E Safety Guidance and Policy

If the behaviour of another adult in the school gives rise to concern you must report it to the Headteacher.

If you have a concern about a child, particularly if you think s/he may be suffering or at risk of suffering harm, it is your responsibility to share the information promptly with the Designated Safeguarding Leads (DSLs), Mrs Edgeler (DSL), Mr Hurley (Deputy DSL), Mrs Murphy-Parry (Deputy DSL) and Mrs Cannings (Deputy DSL).

Please refer to appendix 2 at the end of the Policy for information regarding specific abuse and indicators.

The following is not an exhaustive list but you might become concerned as a result of:

- seeing a physical injury which you believe to be non-accidental
- observing something in the appearance of a student which leads you to think his/her needs are being neglected
- a student telling you that s/he has been subjected to some form of abuse

In any of these circumstances you must write down what you observed or heard, date and sign the account and give it to the DSL or Deputies.

If a student talks to you about (discloses) sexual or physical abuse you:

- listen carefully without interruption, particularly if s/he is freely recalling significant events
- only ask sufficient questions to clarify what you have heard. You might not need to ask anything but, if you do, you must not 'lead' the student in any way so should only ask 'open' questions
- make it clear you are obliged to pass the information on, but only to those who need to know



- tell the DSL or Deputy without delay
- write an account of the disclosure as soon as you are able (definitely the same day), date and sign it and give it to the DSL.

Do not ask the student to repeat the disclosure to anyone else in school, ask him/her or any other student to write a 'statement', or inform parents. You are not expected to make a judgement about whether the child is telling the truth.

**Remember** – share any concerns, don't keep them to yourself.

This school has a child protection policy and a staff code of conduct - available from the DSL if you would like to read them.

### **Visitors**

Keeping Children Safe in Education 2019 states that Schools and colleges do not have the power to request DBS checks and barred list checks, or ask to see DBS certificates, for visitors (for example children's relatives or other visitors attending a sports day). Headteachers and principals should use their professional judgment about the need to escort or supervise visitors.

The school's procedure for visitors is as follows;

- No visitors to be left unsupervised with students without current DBS.
- All visitors must report to reception on arrival
- Parental knowledge and/or consent must be sought prior to the visit
- All visitors will be signed in using electronic photographic sign in system.
- Visitors must state person they wish to visit and their role i.e. parent, borough worker, social worker etc.
- All visitors must wear photographic visitor badge and red visitor's lanyard at all times
- All visitors will be given a safeguarding leaflet and asked to make themselves familiar with St Edward's procedures as outlined on the leaflet.

**See appendix 4 for copy of safeguard leaflet**

**Member of SLT responsible for oversight of the implementation and review of this policy:  
Mr C Barnett**

#### **APPENDIX 1 USEFUL CONTACTS**

#### **Poole Children's Services Teams (incorporating Children's Social Care and Early Intervention Services)**

When making new referrals ask for the Child Care Duty Officer for the area in which the student lives: Poole

- |  |  |
|--|--|
| <b>1) Children and Young Peoples Social Care</b>                           | 01202 735046   |
| <b>2) LADO and Education Safeguarding Adviser</b>                          | Julie Murphy (01202 633694)<br>John McLaughlin (01202 714677)<br><br>Jill Aiken (01202 714747) |
| <b>3) Poole Virtual School for children who are in care/ Looked After:</b> | 01202 262736   |
| <b>4) Poole Governor Services (for governor safeguarding training):</b>    | 01202 633770   |
| <b>5) Safeguarding referral unit (police)</b>                              | <a href="mailto:sru@dorset.pnn.police.uk">sru@dorset.pnn.police.uk</a> or<br>01202 222229      |
| <b>6) Multi Agency Safeguarding Hub (MASH)</b>                             | 01202 735046   |
| <b>7) The Designated Safeguarding Lead is:</b>                             | Mrs. Edgeler<br>01202 740950   |
| <b>8) The Deputy Designated Staff for Safeguarding are:</b>                | Mrs. Cannings<br>Mr. Hurley<br>Mrs. Murphy-Parry<br>01202 740950                               |
| <b>9) The Lead Safeguarding Governor is:</b>                               | Mrs. Moody<br>01202 740950   |

## APPENDIX 2 Signs of abuse

### 1. The Definition of Significant Harm

The Children Act 1989 introduced the concept of Significant Harm as the threshold which justifies compulsory intervention in family life in the best interests of children.

Section 47 of the Act places a duty on local authorities to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm. A court may only make a **Care Order** or **Supervision Order** in respect of a child if it is satisfied that:

The child is suffering, or is likely to suffer Significant Harm; and

That the harm or likelihood of harm is attributable to a lack of adequate parental care or control (Section 31).

Under Section 31(9) of the Children Act 1989, as amended by the Adoption and Children Act 2002:

**'Harm'** means ill-treatment or the impairment of health or development, including for example impairment suffered from seeing or hearing the ill-treatment of another;

**'Development'** means physical, intellectual, emotional, social or behavioural development;

**'Health'** means physical or mental health; and

**'Ill-treatment'** includes sexual abuse and forms of ill-treatment that are not physical.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, the degree of threat, coercion, sadism, and bizarre or unusual elements in child sexual abuse. Each of these elements has been associated with more severe effects on the child and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

Sometimes a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any ill treatment alongside the family's strengths and supports.

To understand and establish Significant Harm, it is necessary to consider:

The family context, including protective factors;

The child's development within the context of his or her family and wider social and cultural environment;

Any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family;

The nature of harm, in terms of ill-treatment or failure to provide adequate care;

The impact on the child's health and development; and

The adequacy of parental care.

Sometimes 'significant harm' refers to harm caused by one child to another (which may be a single event or a range of ill treatment), which is generally referred to as 'peer on peer abuse.'

## **2. Categories of Abuse and Neglect**

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The abuse or neglect of a child can be caused by inflicting harm or by failing to act to prevent harm. Children may be abused in a family, in a community or institutional setting, by those known to them or, much more rarely, by a stranger.

The following definitions are taken from Chapter 1 of Working Together to Safeguard Children, 2018, and Keeping Children Safe in Education.

They have been included to assist those providing services to children in assessing whether the child may be suffering actual or potential harm.

### **2.1 Abuse**

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children.

### **2.2 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.

### **2.3 Emotional Abuse**

Emotional abuse is a form of **Significant Harm** which involves 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 cyber-bullying) causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

#### **2.4 Sexual Abuse**

Sexual abuse is a form of Significant Harm which 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 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.

#### **2.5 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 and development.

Neglect may occur during pregnancy as a result of maternal substance misuse.

Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food and clothing, 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);
- Ensure access to appropriate medical care or treatment.

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

### **3. Indicators of Abuse**

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The following guidance is intended to help all professionals who come into contact with children. It should not be used as a comprehensive guide, nor does the presence of one or more factors prove that a child has been abused, but it may however indicate that further enquiries should be made.

The following factors should be taken into account when assessing risks to a child. This is not

an exhaustive list:

- An unexplained delay in seeking treatment that is obviously needed;
- An unawareness or denial of any injury, pain or loss of function;
- Incompatible explanations offered or several different explanations given for a child's illness or injury;
- A child reacting in a way that is inappropriate to his/her age or development;
- Reluctance to give information or failure to mention previous known injuries;
- Frequent attendances at Accident and Emergency Departments or use of different doctors and Accident and Emergency Departments;
- Frequent presentation of minor injuries (which if ignored could lead to a more serious injury);
- Unrealistic expectations/constant complaints about the child;
- Alcohol misuse or other substance misuse;
- A parent's request to remove a child from home or indication of difficulties in coping with the child;
- Domestic violence and abuse;
- Parental mental ill health;
- The age of the child and the pressures of caring for a number of children in one household.

#### **4. Recognising Physical Abuse**

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This section provides a guide to professionals of some common injuries found in child abuse. Whilst some injuries may appear insignificant in themselves, repeated minor injuries, especially in very young children, may be symptomatic of physical abuse.

It can sometimes be difficult to recognise whether an injury has been caused accidentally or non-accidentally, but it is vital that all concerned with children are alert to the possibility that an injury may not be accidental, and seek appropriate expert advice. Medical opinion will be required to determine whether an injury has been caused accidentally or not.

##### **Situations of particular concern**

Situations that should cause particular concern for professionals include:

- Delayed presentation/reporting of an injury;
- Admission of physical punishment from parents/carers, as no punishment is acceptable at this age;
- Inconsistent or absent explanation from parents/carers;
- Associated family factors such as substance misuse, mental health problems, and domestic violence and abuse;
- Other associated features of concern e.g. signs of neglect such as poor clothing, hygiene

and / or nutrition;  
Observation of rough handling;  
Difficulty in feeding / excessive crying;  
Significant behaviour change;  
Child displaying wariness or watchfulness;  
Recurrent injuries;  
Multiple injuries at one time.

#### **A. Bruising**

Children can have accidental bruising, but it is often possible to differentiate between accidental and inflicted bruises. It may be necessary to do blood tests to see if the child bruises easily.

The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

Any bruising to a pre-crawling or pre-walking baby - see also the following section on

#### **Injuries or Abuse in Infants under One Year Old;**

Bruising in or around the mouth, particularly in small babies, for example 3 to 4 small round or oval bruises on one side of the face and one on the other, which may indicate force feeding;

Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive);

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 – it is now recognised in research that it is difficult to age bruises apart from the fact that they may start to go yellow at the edges after 48 hours;

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;

Other shapes of bruising, for example crescent shape bruising, which may be suggestive of a bite mark;

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 or chest of small children;

Petechial haemorrhages (pinpoint blood spots under the skin). These are commonly associated with slapping, smothering/suffocation, strangling and squeezing;

Multiple bruises of the same or varying colour;

Clusters of small round bruises suggestive of a grip.

It should be noted that bruising in black children and some minority ethnic children might be more difficult to see. Tenderness or minor swelling over the area of injury is important. Dark pigmentation (commonly known as blue spot), usually over the lower central back or sacral areas, is normal and common in infants with pigmented skin and usually fades as the infant grows.

Suffocation - which can present as collapse, cessation of breathing (apnoeic attack), bleeding from the mouth and nose.

These infants are most at risk of serious deliberate harm and as such require careful consideration.

**Any evidence of physical injury in an infant aged SIX MONTHS AND UNDER, for example: bruising, thermal injury, clinical or radiological evidence of fracture, etc. should be referred to Children's Social Care.**

**REMEMBER:** An older infant with any of the above findings would also warrant CAREFUL consideration.

## **B. 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 with the fracture type;

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;

There is an unexplained fracture in the first year of life;

Non-mobile children sustain fractures.

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.

Subdural haematoma is a very worrying injury, seen usually in young children; it may be associated with retinal haemorrhages and fractures particularly skull and rib fractures. The cause is usually a severe shaking injury in association with an impact blow. There may or may not be a fractured skull. The baby may present in the Accident and Emergency Department with sudden difficulty in breathing, sudden collapse, fits or as an unwell baby - drowsy,



vomiting and later an enlarging head.

### **C. Joints**

A tender, swollen “hot” joint with normal X ray appearance may be due to infection in the bone or trauma. There may be both. A further X ray will usually be required in 10 to 14 days. Where there is infection, this of course will require treatment.

### **D. Mouth Injuries**

Tears to the frenulum (tissue attaching upper lip to gum) often indicate force feeding of a baby. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate. Blunt trauma to the mouth causes swelling and damage to the inner aspect of the lips.

### **E. Internal Injuries**

There may be internal injury e.g. perforation or a viscus with no apparent external signs of bruising to the abdomen wall.

### **F. 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.

### **G. 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.

### **H. Burns and Scalds**

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine or impetigo in which case they will quickly heal with treatment);

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 (a child getting into hot water

of its own accord will struggle to get out and cause splash marks);

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation.

Scalds to the buttocks of a small 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.

#### **I. 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.

### **5. Recognising Emotional Abuse**

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Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

Developmental delay;

Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment;

Indiscriminate attachment or failure to attach;

Aggressive behaviour towards others;

A 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.

Professionals should be aware of potentially harmful interactions of a parent / carer towards their child. At this age their ability to communicate their needs is limited. However, most children will respond to how adults are interacting with them, and this may have an impact on them and their development. Therefore, professionals should have cause for concern if they feel parents / carers:

Are negative or hostile towards the child;

Reject them or use them as a scapegoat;

Have inappropriate interactions with them, including threats or attempt to discipline them;

Use them to fulfil their own needs (for example, in marital disputes);

Fail to promote their development, by not providing appropriate stimulation, or isolating them from other children / adults as applicable;

Are emotionally unavailable to the child, by being withdrawn or unresponsive, for example (emotional neglect).

## **6. Recognising Sexual Abuse**

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Children of both genders and of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child / family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional / behavioural.

Some behavioural indicators associated with this form of abuse are:

Inappropriate sexualised conduct;

Sexual knowledge inappropriate for the child's age;

Sexually explicit behaviour, play or conversation, inappropriate to the child's age;

Continual and inappropriate or excessive masturbation;

Self-harm (including eating disorder), self-mutilation and suicide attempts;

Running away from home;

Poor concentration and learning problems;

Loss of self-esteem;

Involvement in prostitution or indiscriminate choice of sexual partners;

An anxious unwillingness to remove clothes for - e.g. sports events (but this may be related to cultural norms or physical difficulties).

Some physical indicators associated with this form of abuse are:

Pain or itching of genital area;

Recurrent pain on passing urine or faeces;

Blood on underclothes;

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 discharge, bleeding or other injuries to the genital or anal area, bruising/bite marks on buttocks, abdomen and/or inner thighs, sexually transmitted infections, presence of semen on vagina, anus, external genitalia or clothing.

## **7. Recognising Neglect**

The growth and development of a child may suffer when the child received insufficient food, love, warmth, care and concern, praise, encouragement and stimulation.

Professionals need to be aware of the possibility of parents / carers neglecting to adequately care for their children. Factors of neglect may include:

Parents / carers not giving their child prescribed treatment for a medical condition that has been diagnosed;

Repeated failure by parents / carers to take their child to essential follow-up medical appointments;

Persistent failure by parents / carers to engage with relevant child health promotion programmes such as immunisation, health and development reviews, and screening;

Not seeking medical advice when necessary, jeopardising their health and wellbeing, particularly if they are in pain;

Dental neglect – rotten or grossly discoloured teeth with noticeable odour; child unable to eat normally; covers mouth with hand; child in chronic pain;

Being cared for by a person who is not providing adequate care, including hygiene, either through inability or negligence;

Not feeding properly, or being fed an inadequate or inappropriate diet;

Suffering severe and / or persistent infestations such as scabies or head lice;

Being consistently dressed in inappropriate clothing for example, for the weather or their size;

Red/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;

Recurrent diarrhoea;

Abnormal voracious appetite at school or nursery;

Being persistently smelly and / or dirty;

Being listless, apathetic and unresponsive with no apparent medical cause;

Being excessively clingy, fearful, withdrawn or unusually quiet for his or her age;

Being inadequately supervised;

An incident that suggests a lack of supervision, such as sunburn or other burn, ingestion of a harmful substance(s) near-drowning, a road traffic accident or being bitten by an animal;

Being indiscriminate in relationships with adults.

A clear distinction needs to be made between organic and non-organic failure to thrive. This will always require a medical diagnosis. Non-organic failure to thrive is the term used when a child does not put on weight and grow and there is no underlying medical cause for this.

### **8. Impact of Abuse and Neglect**

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

In particular, physical abuse can lead directly to neurological damage, as well as physical injuries, disability or at the extreme, death. Harm may be caused to children, both by the abuse itself, and by the abuse taking place in a wider family or institutional context of conflict and aggression. Physical abuse has been linked to aggressive behaviour in children, emotional and behavioural problems and educational difficulties.

Severe neglect of young children is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long term difficulties with social functioning, relationship and educational progress. Neglect can also result in extreme cases in death.

Sexual abuse can lead to disturbed behaviour including self-harm, inappropriate sexualised behaviour and adverse effects which may last into adulthood. The severity of impact is believed to increase the longer the abuse continues, the more extensive the abuse and the older the child. A number of features of sexual abuse have also been linked with the severity of impact, including the extent of premeditation, the degree of threat and coercion, sadism and bizarre or unusual elements. A child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-abusive adult or carer

who believes the child, helps the child to understand the abuse and is able to offer help and protection.

There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to sustained emotional abuse. Emotional abuse has an important impact on a developing child's mental health, behaviour and self-esteem. It can be especially damaging in infancy. Underlying emotional abuse may be as important, if not more so, than other more visible forms of abuse in terms of its impact on the child. Domestic violence and abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse.

The context in which the abuse takes place may also be significant. The interaction between a number of different factors can serve to minimise or increase the likelihood or level of significant harm. Relevant factors will include the individual child's coping and adapting strategies, support from family or social network, the impact and quality of professional interventions and subsequent life events.

## **9. Historical Abuse**

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Allegations of child abuse are sometimes made by adults and children many years after the abuse has occurred. There are many reasons for an allegation not being made at the time including fear of reprisals, the degree of control exercised by the abuser, shame or fear that the allegation may not be believed. The person becoming aware that the abuser is being investigated for a similar matter or their suspicions that the abuse is continuing against other children may trigger the allegation.

Reports of historical allegations may be complex as the alleged victims may no longer be living in the situations where the incidents occurred or where the alleged perpetrators are also no longer linked to the setting or employment role. Such cases should be responded to in the same way as any other concerns and the section in the policy on **Making Referrals to Children's Social Care Procedure** should be followed. It is important to ascertain as a matter of urgency if the alleged perpetrator is still working with, or caring for, children.

Organisational responses to allegations by an adult of abuse experienced as a child must be of as high a standard as a response to current abuse because:

There is a significant likelihood that a person who abused a child/ren in the past will have continued and may still be doing so;

Criminal prosecutions can still take place despite the fact that the allegations are historical in nature and may have taken place many years ago.

## APPENDIX 3

### Definitions of Types of Harm or Risks

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1. **Female Genital Mutilation (FGM)** is when a female's genitals are deliberately altered or removed for non-medical reasons. It's also known as 'female circumcision' or 'cutting', but has many other names.

What are the signs:

- Having difficulty walking, standing or sitting.
  - Spending longer in the bathroom or toilet.
  - Appearing quiet, anxious or depressed.
  - Acting differently after an absence from school or college.
  - Reluctance to go to the doctors or have routine medical examinations.
  - Asking for help – though they might not be explicit about the problem because they're scared or embarrassed.
- 
- FGM is a form of child abuse and a criminal offence in the UK. Any concerns should be reported to the Police.

2. **Radicalisation** is the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

What are the signs:

- isolating themselves from family and friends
- talking as if from a scripted speech
- unwillingness or inability to discuss their views
- a sudden disrespectful attitude towards others
- increased levels of anger
- increased secretiveness, especially around internet use.
- Children who are at risk of radicalisation may have low self-esteem, or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later brainwashing them into cutting themselves off from their friends and family.

The Prevent Strategy is part of the UK's counter-terrorism strategy

**Radicalisation** – 'the process by which a person comes to support terrorism and forms of extremism leading to terrorism.'

**Extremism** – 'Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.'

**Terrorism** – 'Violence/ property damage/endanger life/ disrupt systems. Purpose is to advantage a political, religious, racial or ideological cause.'

ACTION – Referral to Dorset Police PREVENT Team

3. **Child Sexual Exploitation (CSE)** is when a child or young person is exploited they're

given things, like gifts, drugs, money, status and affection, in exchange for performing sexual activities. Children and young people are often tricked into believing they're in a loving and consensual relationship.

What are the signs:

- Unhealthy or inappropriate sexual behaviour
- Being frightened of some people, places or situations.
- Being secretive.
- Sharp changes in mood or character.
- Having money or things they can't or won't explain.
- Physical signs of abuse, like bruises or bleeding in their genital or anal area.
- Alcohol or drug misuse
- Sexually transmitted infections.
- Pregnancy.

4. **Trafficking** is where children and young people tricked, forced or persuaded to leave their homes and are moved or transported and then exploited, forced to work or sold.

What are the signs:

- spend a lot of time doing household chores
- rarely leave their house or have no time for playing
- be orphaned or living apart from their family
- live in low-standard accommodation
- be unsure which country, city or town they're in
- can't or are reluctant to share personal information or where they live
- not be registered with a school or a GP practice
- have no access to their parents or guardians
- be seen in inappropriate places like brothels or factories
- have money or things you wouldn't expect them to
- have injuries from workplace accidents

5. **County Lines** is where children as young as 12 are exploited to transport drugs between counties across the UK.

What are the signs:

- Returning home late, staying out all night or going missing
- Being found in areas away from home
- Increasing drug use, or being found to have large amounts of drugs on them
- Being secretive about who they are talking to and where they are going
- Unexplained absences from school, college, training or work
- Unexplained money, phone(s), clothes or jewellery
- Increasingly disruptive or aggressive behaviour
- Using sexual, drug-related or violent language you wouldn't expect them to know
- Coming home with injuries or looking particularly dishevelled
- Having hotel cards or keys to unknown places.

6. **Violent crime** or crime of violence is a crime in which an offender or perpetrator uses or threatens to use force upon a victim

What are the signs:

- Unexplained gifts or new possessions - these can indicate that children have been approached by or involved with individuals associated with criminal networks or gangs
- Increased absence from school
- Change in friendship or relationships with others or groups
- Significant decline in performance



- Signs of self-harm or significant change in wellbeing
  - Signs of assault or unexplained injuries
- 7. Upskirting** is when someone takes a video or photo under another person's clothing so they can see their genitals or underwear. This includes any item of clothing.

What does the new law say?

- The Voyeurism Act allows upskirting to be treated as a sexual offence and ensure that the most serious offenders are placed on the sex offenders' register.
- It will capture instances where the purpose is to obtain sexual gratification or cause humiliation, distress or alarm.

#### **8. Peer on Peer Abuse**

- Peer on peer abuse occurs when a young person is exploited, bullied and / or harmed by their peers who are the same or similar age; everyone directly involved in peer on peer abuse is under the age of 18. This can include
  - sexual harassment and violence
  - emotional harm
  - on and offline bullying
  - teenage relationship abuse
  - grooming children for sexual and criminal exploitation.

### **APPENDIX 3 Recording guidance**

#### **This guidance covers:**

General principles of keeping child welfare and child protection records

What records should be kept

How records should be made and kept

How long providers should retain child protection records

Access to child protection records / information sharing

Transfer of child protection records

The use and completion of:

Front Sheet Safeguarding Child Protection Record

Chronology

Incident of Concern form

Incident of Injury within Provision form

Contact form - Appendix 1

#### **The guidance reflects and should be read in conjunction with the following documents and procedures:**

Current Multi Agency and Local Safeguarding Arrangements

Early Years Foundation Stage Statutory Framework 2017

Working Together to Safeguard Children 2018

Keeping Children Safe in Education 2019(September 2018)

General Data Protection Regulations

Data Protection Act 2018

Information Sharing for Practitioners 2018

#### **Useful Key**

CPP - Child Protection Plan  
DPA 2018 - Data Protection Act 2018  
DSL - Designated Safeguarding Lead  
DDSL - Deputy Designated Safeguarding Lead  
EHAP - Early Help Advice Point  
GDPR - General Data Protection Regulations  
ICO - Information Commissioners Office  
LADO - Local Authority Designated Officer  
MARAC - Multi Agency Risk Assessment Conference  
MASH - Multi Agency Safeguarding Hub  
NIF - Need Identification Form  
PPN - Public Protection Notice  
TAF - Team Around the Family

## **General Principles**

### **1.1. Data Protection**

The common law of confidentiality, General Data Protection Regulations (GDPR), Data Protection Act 2018 (DPA 2018) and Human Rights principles must be adhered to when obtaining, processing or sharing personal and special category data or records. In summary, the General Data Protection Regulations (GDPR) requires that records should be accurate, relevant, kept up to date and securely kept for no longer than is necessary for the purpose for which they were made.

It is important to make it clear to children, if appropriate, that any disclosure they make will be treated with sensitivity but may need to be shared with other professionals if it is considered necessary to protect the child or someone else from harm.

All safeguarding files should be kept until the child is 25 (this is seven years after they reach the school leaving age) (Information and Records Management Society (IRMS), 2016).

### **1.2. Recording principles**

Accurate, up to date record keeping of concerns and action taken is essential for two main reasons:

- ✓ It helps providers identify causes for concern at an early stage. Often it is only when a number of seemingly minor issues are taken as a whole that a safeguarding or child protection concern becomes clear
- ✓ It helps providers monitor and manage their safeguarding practices and therefore provides evidence of robust and effective safeguarding policy and practice essential in any inspection

The Front Sheet Safeguarding Child Protection Record form must be fully completed at the point when a safeguarding/child protection record is commenced for a child. This includes when information is received from a previous setting and/ or other professionals.

A record of a concern, suspicion or allegation of a safeguarding nature, including those relating to children arriving at the setting with a pre-existing injury, should be recorded using the **My Concern Software** at the time or as soon as possible after the event.

(N.B. It is not advisable to make a written record whilst a child is disclosing abuse, as this may deter the child from speaking). At no time should a child be interviewed as this may prejudice further investigation and compromise any legal action. At the point of disclosure, it is quite common for a child to make an ambiguous statement. It may not be possible to know whether a disclosure is being made or not.

In such circumstances it is appropriate to ask the 'TED' questions, these are open ended questions that will not prejudice any future investigation: 'Tell me more about that...' Explain what you mean...Describe what happened...

Records should be factual, using the child's own words where a disclosure is made. All records should be dated and signed, with the name and role of the signatory clearly printed, and filed in chronological order. The **My Concern form** must be fully completed on the day of any incident occurring.

Any handwritten notes made immediately after the event, for example a disclosure, can be used as evidence in any future court case, having been written at the time. The notes must include the full name of the child, dates, times and names and signatures of all involved. The notes should not be destroyed even if the details are recorded more formally at a later time, but instead kept securely attached to the completed form.

The chronology must also contain records of all professional discussions, emails sent, telephone calls, etc.

All recorded child protection concerns must be passed to the Designated Safeguarding Lead with responsibility for safeguarding and child protection without delay. If the Designated Safeguarding Lead is not available, the information must be shared with the Deputy Designated Safeguarding Lead or the most senior member of staff on duty.

A signed note should be made of who the information was passed from and to, the date and time. The Designated Safeguarding Lead will need to make a professional judgement about what action needs to be taken, in accordance with multi agency and safeguarding procedures. If needed advice can be sought from the Multi Agency Safeguarding Hub (MASH) or Early Help Advice Point (EHAP)

Advice and guidance can be sought from the Early Help Advice Point (01202 262626)

If the concern or allegation is against a member of staff, volunteer, committee member or student, this must be reported to the Manager, Registered Person, Local Authority Designated Officer (LADO) as appropriate.

### **1.3. Guidance when making a record of a safeguarding or child protection incident or concern**

You won't know when making a safeguarding or child protection record, who will eventually have access to it, or when. It may be consulted months or even years after it was written. Always bear in mind that someone who is a complete stranger to you and your setting may need to read your record at some stage in the future.

Ideally, logs of incidents should be typed. Hand written notes should be clearly legible and written in ink. All notes and reports must contain the following:

Day, date and time of the incident or in the case of a pre-existing injury, when it was noticed

Day, date and time of the record being made (remember to include the year)

Full name and date of birth of the child(ren) concerned

A factual account of what happened, and the location where the incident took place (include the actual words spoken by the child where possible)

A note of any other people involved e.g. as witnesses

Action taken, and any future plans e.g. monitor and review

Any other agencies informed

Printed name of the person making the record

Job title of the person making the record

Signature (print name alongside)

You should identify the source of your information e.g. 'Susan Smith, a level 3 practitioner, told me that....' Or 'I saw Rowan in the book corner at snack time...'

Information should be factual or based on fact. Record what you saw, heard etc. and try not to be vague (e.g. 'Jenny was crying and rocking' rather than 'Jenny was upset'). Distinguish clearly between fact and your professional opinion. When recording your professional opinion, make it clear what your opinion is based on (e.g. 'Harry ran and hid under the table when his mother arrived to take him home, and clung to me when I tried to get him out. He appeared to be frightened.')

Make a note of what you have done with the information (e.g. 'I consulted the DSL, Joseph Bloggs, and he said he would...') When information is handed from one person to another the date and time should be included in notes with both the giver and receiver signing to confirm the transaction took place.

Try to avoid specialist jargon (e.g. 'he has an IBP') which someone from another agency would not necessarily understand. If acronyms are used, they must be clearly explained.

## **2. How should providers keep safeguarding and child protection records?**

2.1. All records of child protection or child welfare concerns, including Multi Agency Risk Assessment Conference (MARAC), disclosures or allegations are to be treated as special category data and should be kept together, securely and separate from the child's general records and held by the Designated Safeguarding Lead (DSL/Manager.)

2.2. These records must be stored on My Concern and or/in a secure locked filing cabinet, accessible through the Designated Safeguarding Lead, Manager or their deputy, and other senior staff in larger settings as appropriate to ensure reasonable access. There should be clarity regarding who has access to these records.

2.3. The child's general information should be co-ordinated and either held in one file or have clearly contained links to any other records. They should be marked to indicate that additional information is held about the child (e.g. a blue star). All staff that may need to consult a child's file should be made aware of what the symbol means that there is a need to consult the Designated Safeguarding Lead if they see this symbol.

2.4. A safeguarding or child protection file will be started for an individual child as soon as the setting is aware of any safeguarding or child protection concerns about that child. This may arise in a number of ways e.g.

If a member of staff raises a concern about the welfare or well-being of a child - this should be recorded in writing

If information is forwarded to the setting by a previous setting attended by the child

If the setting is alerted by another agency (e.g. health; social care) of safeguarding or child protection concerns about that child

2.5. Members of staff should make a written account of any concern they have regarding the welfare or well-being of a child, using the **My concern software**. This record should be passed as soon as possible to the Designated Safeguarding Lead. Concerns which initially seem trivial may turn out to be vital pieces of information later, so it is important to give as much detail as possible. A concern raised may not progress further than a conversation with the Designated Safeguarding Lead or manager, or could lead to matters being heard in court. If there hasn't

been a specific incident that causes concern, try to be specific about what it is that is making you feel worried.

2.6. In the case of disclosure, the record should also include:

- as full an account as possible of what the child said
- an account of any (TED) questions put to the child (refer to page 3)
- time and place of disclosure
- who was present at the time of disclosure
- the demeanour of the child; before, during and after the disclosure where the disclosure was made and the circumstances
- 

2.7. If the Designated Safeguarding Lead makes a referral to Social Care, this should be confirmed in writing in accordance with the local Safeguarding Arrangements.

2.8. The safeguarding and child protection file should contain:

Front Sheet Safeguarding Child Protection Record

A chronology

Any concerns recorded by staff

A record of all telephone contacts and meetings with parents, carers and/or child and any other agencies (recorded at the time or on the same day)

Any child protection information received from other settings or other agencies

Copy of any referral by the Designated Safeguarding Lead to Social Care or other agencies

In the case of a child subject to a Child Protection Plan, record of any child protection case conferences or core group Meetings etc.

If any information is removed from a file for any reason, a dated note must be placed in the file indicating who has taken it, why, when and where it can be located

### **Who should have access to safeguarding and child protection records or information?**

#### **Staff**

3.1. The secure filing system should be easily available to the Designated Safeguarding Lead/manager or their deputy or others as set out at paragraph 2.2

3.2. Access to, and sharing of, information should be on a need-to-know basis, decided on a case-by-case basis. Consideration must also be given to *what* needs to be shared. Generally speaking, the closer the day-to-day contact with the child, the more likely the need to know an outline of the case.

For further information, see: Information Sharing: Guidance for Practitioners and Managers 2018.

#### **Children and their parents**

3.3. The child who is subject to a child protection plan has a right, if age appropriate, to access their personal record, unless to do so would affect their health or well-being or that of another child or would be likely to prejudice an ongoing criminal investigation. Children can access their own information once they turn 13 or deemed Gillick competent.

3.4. Parents (i.e. those with parental responsibility in law) are entitled to see their child's child protection file, on behalf of their child, with the same exceptions as apply to the child's right to access to the records. Note that an older child may be entitled to refuse access to their parents. The setting should take advice from the Local Authority about sharing information with parents if they have particular concerns about doing so. If there is no particular concern, it will be lawful to share information with a parent upon request. If a parent makes a request

to access the records on a child's behalf, this should be done in writing. If a child is 13 or over the child's consent must be sought.

### **Other professionals**

3.5. Child protection information should not ordinarily be shared with agencies other than Social Care, Health, the Police, or the Local Authority Children's Services - as described in Local Safeguarding Arrangements. Generally, in terms of compliance with the General Data Protection Regulations(GDPR) and the Data Protection Act (DPA) 2018, obtaining informed consent of the subject would legitimise information sharing, however, this is not always practicable.

Information should **not be** released to solicitors on request - always seek the advice of appropriate legal services in such cases.

3.6. If a child's record contains names of other children, these names must be removed when disclosing records, unless consent is obtained from the individual/s concerned (or their parents/carer on their behalf). Care should be taken to ensure all identifying information is removed from the copy of the record to be shared.

3.7. If the record to be disclosed contains information about an adult professional, the information can be disclosed if it relates to the performance of that person in their job role or other official duties e.g. a reference to a childcare practitioner in their key role. However, if the reference refers to that individual's private life, it should be removed (unless this relates to a child protection matter which is relevant to the record to be disclosed).

### **4. How long should the child protection record be kept?**

4.1. The setting should retain the record for as long as the child remains at the setting.

4.2. When the child transfers to another setting or to school, the feeder setting must transfer the child protection file and any safeguarding information to the receiving setting or school as set out below (5).

4.3. Please ensure you keep the appropriate records of injuries sustained within your setting as set out by your insurance company, Ofsted and any other relevant party.

4.4. Data controllers in settings should determine what, if any, information they can or should retain and for how long, in consultation with their own professional organisation or the Local Authority.

### **5. Transfer of Records**

5.1. When a child transfers from one setting to school or another setting, has a safeguarding or child protection record and/or **is on a Child Protection Plan**, these should be forwarded to the new setting without delay, separate from their main file. Care must be taken to ensure confidentiality is maintained and the transfer process is safe as possible. The Designated Safeguarding Lead should contact the receiving school/setting's Designated Safeguarding Lead to ensure they are aware of the file(s) being transferred to them.

5.2. Files should be hand delivered or sent by recorded delivery. Signatures with date and time should be sought to confirm the transaction, and what information has been transferred.

5.3. If a child with a child protection record leaves your setting without a forwarding address for home and new setting the Designated Safeguarding Lead must make social care aware of this in writing as soon as possible.

5.4. You should consult the Information Commissioners Office guidance in respect of how long you should retain a copy of records <http://ico.org.uk/>

5.5. If there is a safeguarding file but there has not been a Child Protection Conference and a provider does not know which setting a child has moved to, they should make the Multi Agency Safeguarding Hub (MASH) and the Local Authority Early Years Team aware of this.

5.6. If a child starts at a setting and there are known to be safeguarding/child protection concerns, and records do not arrive **within five working days** the Designated Safeguarding Lead should contact the Designated Safeguarding Lead/Manager of the previous setting to formally request these. If they still do not arrive within **a further five working days**, please contact the social care team for where the child lives.

## **APPENDIX 4 Safeguard leaflet**

### **Visitor & Safeguarding Information Welcome to St Edward's RC CE VA School**

Please take a few moments to read this leaflet. We are committed to safeguarding and promoting the welfare of our students and this requires all staff and visitors to share this commitment.

Contained in this leaflet is information about our child protection procedures and guidance on what you should do if you have any concerns.

#### Disclosure by a child

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If a student discloses information about significant harm you should:

Listen

Tell the student that you need to tell somebody else—you cannot promise confidentiality

Make accurate notes of what has been said by the student and pass this immediately to the  
Designated Safeguarding Lead.

It is not your responsibility to investigate but to report to the Designated Safeguarding Lead.

#### Keep Everyone Safe

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We hope you have an enjoyable visit to St Edward's. Our main priority is to ensure that everyone who visits is aware of their responsibilities towards making sure all students and staff are safe. As a visitor, please remember the following:

Before you work in a 1:1 situation with a student, we must have confirmation that all the necessary safeguarding checks have been carried out including the Enhanced DBS disclosure.

You must not have any physical contact which could be interpreted as inappropriate touch with any student.

You must never exchange personal contact details with a student or arrange to meet them outside of the school environment e.g. on social networking sites.

The use of cameras and taking photographs is not permitted unless prior permission has been sought and granted.

Everyone that you meet will treat you with respect, and we ask the same from all visitors to the school.



As a visitor to our school, either as a contractor, volunteer, supply teacher, parent, carer or someone that has come to work with our students in any capacity, it is important that you are aware of our safeguarding procedures.

Please refer to the back page of this leaflet for contact details of our Designated Safeguarding Leads. Or, please contact Reception who can locate them for you.

If there is any reason to suspect that a student has suffered bullying or discrimination, or is likely to suffer significant harm, you must inform the Designated Safeguarding Lead (DSL) immediately. Our staff will then follow the procedures according to the school's Safeguarding Policy.

**The school is a secure building. Visitors may only enter and exit the premises via the Reception.**

**Please sign in on arrival and collect your visitors badge.**

**Please wear the badge at all times to avoid being challenged by staff or students.**

**Remain with your host at all times unless we confirm we have had prior DBS clearance for you.**

**On departure please sign out and return your badge.**

### **Other General Information**

**Lock Down:** If the bells sound 5 times all staff, students and visitors should follow the "Run Tell Hide" guidance. Staff will also direct you.

**Fire and emergency evacuation:** If the fire alarm sounds, please leave the building immediately by the nearest exit and assemble in the main car park by the disabled spaces. Our staff will direct you.

**First Aid:** Please ask at Reception if you need assistance.

**Accidents and incidents:** Please report these to Reception.

**Access to the internet:** All users of the school systems and Wi-Fi must comply with the Acceptable Use of ICT Policy. Please ask our IT Manager for details.

**Visitors' Toilets:** Visitors can use any staff or disabled toilets. Please ask at Reception for directions.

**Parking and Disabled Access:** Limited parking is available in our car park, but spaces can be reserved if necessary. All first floors can be accessed via a lift.

### **Designated Safeguarding Lead:**

Mrs V Edgeler— Assistant Headteacher

**Deputy DSL:**

Mrs N Cannings—Assistant DSL

Mr M Antram—Headteacher

Mrs M Lane—Business Manager

Mr I Henry—Assistant HT

Mr C Barnett—DHT

Mr D Hurley—Assistant HT

Mrs C Murphy-Parry—Head 6th form

Mr C Farrow—Assistant HT