Safeguarding and Child Protection Policy

September 2017
The Ursuline High School has statutory duty to safeguard and promote the welfare of children. All staff members should be aware of the systems within UHS which support safeguarding.

If you have any concerns about the health and safety of a child at this school or feel that something may be troubling them, you will need to decide what action to take. Where possible you should share this information with the Designated Safeguarding Lead or their deputy straight away, to agree a course of action, but you may also make a referral directly to children’s social care. If you do this, you must inform the Designated Safeguarding Lead as soon as possible.

Please do not worry that you may be reporting a small matter – we would rather you report things which turn out to be small than miss a worrying situation.

If you think the matter is very serious and may be related to a child protection concern, where the child has been harmed or is at risk of harm e.g. physical, sexual, emotional abuse or neglect, a referral should be made to children’s social care and/or the police immediately. Anyone can make a referral, but where you make a referral without reference to the Designated Safeguarding Lead first, they must be informed as soon as possible. Do not delay. If you are unable to contact them you can ask the school office staff to find them and ask them to speak to you straight away about a confidential and urgent matter.

The people you should talk to at this school are:

The Designated Safeguarding Lead
Name: Angela Watson
Their office is located next to Student Services Office
Their tel. no / mobile no is 020 8879 4361

The Designated Safeguarding Deputies
Names: Mrs. Gilmore, Ms McPeake, Ms Pearce.
Their office is located in the Pastoral Centre (Mrs. Gilmore and Ms McPeake), in Student Services (Ms Pearce).

Any allegation or disclosure involving someone who works with children in a paid or voluntary capacity must be reported directly to the Head Teacher, or Senior Manager, unless it involves them and then it should be reported directly to the Chair of the Governing Body or Management Committee.
**Head Teacher** is responsible for implementing policies & procedures, allocating resources to the safeguarding team & addressing staff safeguarding concerns.

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<td>0208 879 4322</td>
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**Designated Safeguarding Lead (DSL):** a member of the leadership team with appropriate authority, responsible for dealing with safeguarding issues, providing advice and support to other staff, liaising with the local authority, and working with other agencies.

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**Designated Safeguarding Deputies:** a member of the teaching, support or pastoral staff, in a post which requires assessment of children and with sufficient status & authority to effectively deputise for the DSL role above. This cannot be an administrative or finance worker.

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<td>Mrs Gilmore</td>
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<td>Ms Mc Peake</td>
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<td>Ms Pearce</td>
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**Special Educational Needs Coordinator (SENCo):** a staff member who provides advice, liaison & support for school staff and other agencies working with pupils with special education needs and their parents or carers.

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<td>Ms O’Conor</td>
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**Learning Mentor (or equivalent):** addresses difficulties preventing a child from reaching their full potential e.g. behaviour, attendance, achievement, timekeeping, homework, safeguarding issues, and develops strategies to overcome these barriers.

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**The Safeguarding Children Team also links in with the:**

**Safeguarding/Child Protection Governor:** ensures there are appropriate safeguarding children policies and procedures in place, monitors whether they are followed and, together with the rest of the governing body, remedies deficiencies and weaknesses that are identified.

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<td>Ms Karen Peck</td>
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**Chair of Governors:** takes the lead in dealing with allegations of abuse made against the Head Teacher /Senior Manager (and other members of staff when the Head

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<td>Mr Clive Weeks</td>
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Teacher is not available), in liaison with the Local Authority; and on safe recruitment practices with the Head Teacher /Senior Manager.

Tel: Via 020 8879 4322
Related Policies

The following policies fall under our safeguarding umbrella and have links with this policy:

- Staff Code of Conduct
- Anti-Bullying
- Positive Mental Health Policy
- Behaviour for learning
- Recruitment & Selection
- Whistle-blowing
- Attendance
- Computer misuse
- Social Media
- Health and Safety including site security
- Students with medical conditions (incorporating Medical Room procedures)
- Intimate Care
- Educational visits

i. Policy Review

This policy is available on our school website and is available on request from the school office. Parents and carers are informed about this policy when their children join our school and through our school newsletter.

This policy will be reviewed in full by the Governing Body on an annual basis unless an incident or new statutory guidance or local policy creates the need for an earlier review. Review is informed by the school’s own experience of managing safeguarding, and its own self-evaluation of this area. This policy was last reviewed and agreed by the Governing Body on September 2016. It is due for review on September 2017.

The policy is provided to all staff (including temporary staff and volunteers) at induction alongside our Staff Code of Conduct, our policy to manage children who go missing from education and Part One of the statutory guidance ‘Keeping Children Safe in Education’ DfE, September 2016. All staff should read and understand at least Part 1 of this guidance.

Signature: (Head Teacher) Date:

Signature: (Chair of Governors) Date:
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APPENDICES

1. Part One of ‘Keeping Children Safe in Education: (DFE, 2016)
2. Roles and Responsibilities
3. Identifying Concerns
4. Indicators of Abuse
5. Dealing with a concern or disclosure
6. Confidentiality
7. Recording and Monitoring
8. Template: Front Sheet of Child Concern File
9. Template: Chronology
10. Template: Child Concern recording form
11. Template: Concerns Shared by Others
12. Body Map Guidance for Schools and Body Map Template
13. Template: Safeguarding Children Data Base
14. LADO flowchart
15. Advice of e-Safety
16. Responding to incidents of Sexting
1. **Statutory Guidance and other national publications**

1.1 *This policy has been written in line with the most recent ‘Keeping Children Safe in Education’ statutory guidance (September 2016). It also reflects the contents of ‘Working together to safeguard children’ (March 2015), the Children Missing Education statutory guidance (September 2016) the 2016 changes to the Pupil Registration Regulations, and ‘What to do if you are worried a child is being abused’ (March 2015). It also reflects the most recent Ofsted guidance ‘Inspecting safeguarding in early years, education and skills from September 2016’.*

2. **Purpose and aims of policy**

2.1 The purpose of this policy is to ensure every child at our school is safe and protected from harm. It applies and gives clear direction to staff, volunteers, visitors and parents about our legal duty to safeguard and promote the welfare of our pupils.

2.2 The main aims of the policy are prevention, protection and support of all children, and particularly those that are vulnerable. To meet these aims, the school will:

a) establish and maintain a safe environment in which children can learn and develop;

b) practice safer recruitment in checking the suitability of staff and volunteers to work with children and ensuring up to date Disclosure and Barring Service (DBS) checks;

c) raise awareness of child protection issues and through planned curriculum activities and opportunities, equip children with the skills needed to keep them safe from abuse both online and offline;

d) ensure our pupils know that they can approach adults in the school if they are worried or in difficulty and their concerns will be taken seriously and acted upon as appropriate;

e) implement effective procedures for identifying and reporting cases, or suspected cases of all forms of abuse;

f) support pupils who have been abused or for whom there are welfare concerns in accordance with their agreed child protection; child in need plan or other care plan;

g) ensure all staff members are aware of school policy and guidance for their own and pupils’ use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks *within the context of the planned teaching of safeguarding issues in general*;

h) remain alert to the safeguarding needs of pupils who go missing from education and to the risks posed to them; and

i) appoint a designated teacher, and their deputy, to promote the educational achievement of children who are looked after.

3. **Our ethos**
The Ursuline High School is committed to safeguarding and promoting the welfare of all its pupils. The school will always take a considered and sensitive approach in order that we can support all our pupils and recognise that each pupil’s welfare is of paramount importance. Our school will establish and maintain an ethos where:

a) safeguarding is threaded through everything we do in our school (‘the golden thread’) including the curriculum;

b) pupils feel secure, are encouraged to talk, are listened to and are safe. Children at our school will be able to talk freely to any member of staff at our school if they are worried or concerned about something, be it with regard to adults or their peers;

c) we recognise that staff at our school play a particularly important role as they are in a position to identify concerns early and provide help for children to prevent concerns from escalating. All staff are encouraged to maintain an attitude of ‘it could happen here’ where safeguarding is concerned;

d) through robust training and induction, all staff and regular visitors will know how to recognise indicators of concern, how to respond to a disclosure from a child and how to record and report this information;

e) every pupil will know what the adult will have to do with any information the child/young person has disclosed; and

f) at all times we will work in partnership and endeavour to establish effective working relationships with parents, carers and colleagues from other agencies in line with ‘Working Together to Safeguard Children’ (2015).

We recognise that some children may be especially vulnerable to abuse. Additional barriers can exist, for example, when recognising abuse and neglect for children with Special Educational Needs (SEN). We recognise that children who are abused or neglected may find it difficult to develop a sense of worth and to view the world in a positive way. Whilst at school their behaviour may be challenging and we recognise that some children who have experienced abuse may harm others.

4. Terminology

**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 other (e.g. via the internet). They may be abused by an adult or adults or another child or children.

**Safeguarding:** In relation to children and young people, the School adopts the definition used in the Children Act 2004 and the Department for Education (DfE) guidance document: Working Together to Safeguard Children 2015 which define safeguarding and promoting children and young people’s welfare as:

a) protecting children from maltreatment;

b) preventing impairment of children’s health or development;
c) ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
d) taking action to enable all children to have the best outcomes.

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

- Pupil attendance
- Pupils’ health and safety
- The use of reasonable force
- Meeting the needs of children with medical conditions
- Providing first aid
- Educational visits
- Intimate care
- Internet or online safety
- Data security
- Appropriate arrangements to ensure school security

**Child Protection:** The above statutory guidance defines child protection as part of safeguarding and promoting welfare. Child protection is the activity undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

**Child** refers to all young people who have not yet reached their 18th birthday.

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

**Staff** refers to all those working for or on behalf of the school, full time or part time, in either a paid or voluntary capacity. **Safeguarding and promoting the welfare of children is the responsibility of all staff in the school.**

**Designated Officer** works within Children’s Social Care and should be alerted to all cases in which there is an allegation of abuse of a child by a person who works with children where there is a concern that the person may have:

- behaved in a way that has, or may have harmed a child;
- possibly committed a criminal offence against/related to a child;
- behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children.

The Designated Officer captures concerns, allegations or offences emanating from outside of work and is involved from the initial phase of the allegation through to the conclusion of the case.
5. **Abuse of trust**

5.1 All school staff are aware that inappropriate behaviour towards pupils is unacceptable and that their conduct towards pupils must be beyond reproach.

5.2 In addition, staff should understand that, under the Sexual Offences Act 2003, it is an offence for a person over the age of 18 to have a sexual relationship with a person under the age of 18, where that person is in a position of trust, even if the relationship is consensual. This means that any sexual activity between a member of the school staff and a pupil under 18 may be a criminal offence, even if that pupil is over the age of consent.

5.3 The school’s Code of Conduct sets out our expectations of staff behaviour and is signed by all staff members.

6. **Children who may be particularly vulnerable**

The Ursuline High School recognises that some children may have an increased risk of abuse. Many factors can contribute to an increase in risk, including prejudice and discrimination, *Special Educational Need*, isolation, social exclusion, communication issues and reluctance on the part of some adults to accept that abuse can occur. To ensure that all of our pupils receive equal protection, we will give special consideration to children who are:

a) disabled or have special educational needs  
b) young carers  
c) living in a domestic abuse situation  
d) affected by parental substance misuse  
e) affected by mental health issues  
f) asylum seekers  
g) living away from home  
h) vulnerable to being bullied, or engaging in bullying including online, homophobic, racist bullying  
i) living in temporary accommodation  
j) live transient lifestyles  
k) missing education  
l) *persistently absent from school*  
m) living in chaotic and unsupportive home situations  
n) vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion, disability or sexuality  
o) vulnerable to extremism or radicalisation  
p) involved directly or indirectly in sexual exploitation or trafficking  
q) do not have English as a first language  
r) at risk of female genital mutilation (FGM) or forced marriage
7. **Children Missing Education**

7.1 Ensuring admission and attendance registers are up to date and knowing where children are during school hours is an extremely important aspect of safeguarding. Missing school can be an indicator of abuse and neglect, and in older children may raise concerns around child sexual exploitation. To safeguard pupils who are missing education, School will ensure compliance with local authority policy and procedures for Children Missing Education.

7.2 The Designated Safeguarding Lead will monitor unauthorised absence and follow procedures, particularly where children go missing on repeated occasions.

7.3 School will maintain both admission and attendance registers that are accurate and up to date, including all pupils.

7.4 School will ensure there are procedures to inform the local authority when:
   a) pupils fail to attend on the agreed or notified first date of attendance at the school;
   b) pupils fail to attend school regularly or has been absent without the school’s permission for a continuous period of ten school days or more;
   c) pupils are added to the school role
   d) a pupil’s name is to be deleted from the admission register on any of the 15 grounds set out in the Education (Pupil Registration) (England) Regulations 2006 as amended, including for the following reasons:

   1. The school is replaced by another school on an attendance order
   2. The school attendance order is revoked by the Local Authority (LA)
   3. Completion of compulsory school age
   4. The permanent exclusion of a pupil
   5. The death of a pupil
   6. The pupil is transferred between schools
   7. The pupil is withdrawn to be educated outside the school system
   8. The pupil fails to return from an extended family holiday after both the school and the LA have tried to locate the pupil
   9. A medical condition prevents their attendance and return to the school before ending compulsory school-age
   10. The pupil is in custody for more than four months
   11. The pupil has left the school
   12. There are 20 school-days continuous absence without good reason
   13. The death of the pupil
   14. The permanent exclusion of a pupil
Deletion from the register is a shared responsibility between the school and the LA. The school must consult the Local Authority prior to deletion from roll and must make reasonable steps to find the pupil if they are not attending.

When sharing off rolling information with the LA the school will follow the LA policy.

7.4 The school will ensure that all staff:

a) understand what to do when children do not attend regularly;
b) know the signs and triggers for travelling to conflict zones, Female Genital Mutilation (FGM) and forced marriage and domestic servitude; and
c) inform the local authority of any pupil who fails to attend school ‘regularly’ or does not attend school for 10 consecutive days without authorisation.

8. Roles and Responsibilities

It is the responsibility of every member of staff, volunteer and regular visitor to our school to ensure that they carry out the requirements of this policy and, at all times, work in a way that will safeguard and promote the welfare of all of the pupils at this school. The specific roles of the Designated Safeguarding Lead; the Headteacher and Governing Body are outlined in Appendix A.

9. The School Commitment

The School will follow the child protection procedures set out by the Merton Safeguarding Children Board which are currently:

a) ensuring that core child protection processes work well;
b) recognition and prevention of child sexual exploitation (including multi-agency work to protect children who go missing);
c) implementation of the Government’s Prevent Strategy (to prevent children being influenced to become involved in terrorism); and

d) development of a local Neglect Strategy.

The school will take account of Keeping Children Safe in Education (2016), (the current statutory guidance issued by the Department for Education) to ensure that the policies, procedures and training in the school are effective and comply with the law at all times. In particular, the school will ensure that:

a) appropriate policies and procedures are in place in order for appropriate action to be taken in a timely manner to safeguard and promote children’s welfare;
b) we have a Designated Safeguarding Lead (Angela Watson) for child protection who is a senior member of staff and a Deputy Designated Safeguarding Lead (Rachael Gilmore) who will fulfil the role when the Designated Safeguarding Lead is unavailable. All designated staff will have received and access regular and appropriate training and support for this role;

c) we work together with other agencies to ensure adequate arrangements within our school to identify, assess and support those children who are suffering harm or for whom there is a welfare concern, and to ensure there is a co-ordinated offer of early help when additional needs are identified;

d) all staff recognise their individual responsibilities for reporting concerns and importance of sharing information between professionals and local agencies to ensure no child is placed at risk of harm;

e) all staff are provided with the most up to date training and information on a regular basis;

f) children are safeguarded from potentially harmful and inappropriate online material by ensuring appropriate filters and monitoring systems are in place;

g) there is a clear policy in place on the use of mobile technology in the school;

h) children are taught about safeguarding through teaching and learning opportunities as part of providing a broad and balanced curriculum;

i) we operate safer recruitment procedures;

j) there are procedures in place to handle allegations against teachers, the headteacher, volunteers and other staff;

k) any member of staff found not suitable to work with children is reported to the Disclosure and Barring Service (DBS) for consideration for barring, including following resignation, dismissal or in the case of a volunteer, when we cease to use their services as a result of a substantiated allegation;

l) policy and practice minimises the risk of peer on peer abuse;

m) children’s wishes and feelings are taken into account when determining what actions to take, whilst being clear that confidentiality cannot be agreed, and always acting in the best interests of the child;

n) appointing a designated teacher to promote the educational achievement of children looked after; and

o) recognising that children with Special Educational Needs (SEN) can provide additional safeguarding challenges.

10. Training and Induction

10.1 When new staff or regular visitors join our school, they will be informed of the safeguarding arrangements in place and provided with copies of the safeguarding policy, the Staff Behaviour Policy (code of conduct) and our policy to manage children who go missing from education. They will
be asked to read and understand Part One of the statutory guidance ‘Keeping Children Safe in Education’ DfE, (2016). They will also be given copies of the record of concern form alongside information about how to complete the form and who to pass it on to.

10.2 New staff will also be given the opportunity to attend the Merton Children Schools and Families induction event for all staff within the children’s workforce. This includes up to date information about the LA’s approach to keeping children safe – the ‘Wellbeing Model’.

10.3 Every new member of staff or volunteer in the school will be given an induction period that will include essential information relating to signs and symptoms of abuse; how to manage a disclosure from a child; how to record and how to manage issues of confidentiality. The induction will also advise staff and volunteers of their responsibility to safeguard all children at our school and the remit of the role of the Designated Safeguarding Lead. This will include ensuring they are aware of the early help process; their role in identifying emerging problems, and their responsibility to share information with relevant professionals to support early identification and assessment. At induction, all staff will also be provided Part One of ‘Keeping Children Safe in Education’ (2016) and will be expected to read and to sign a declaration that they have read and understood the contents.

10.4 In addition to the safeguarding induction, the school will ensure that all staff access appropriate refresher safeguarding and child protection training on a yearly basis. In addition, as themes and concerns arise nationally and locally, the school will ensure that all staff access training on these and in accordance with the Merton Child Protection Training Pathway as set out by the Merton Safeguarding Children Board (MSCB).

10.5 The Designated Safeguarding Lead, and their deputies will undertake regular child protection training in compliance with the statutory requirements for the role, at least on an annual basis. They along with any other member of the senior leadership team who may be in a position to make referrals or attend child protection conferences or core group meetings will attend one of the multi-agency training courses organised by the Merton Safeguarding Children Board, including those looking at the child protection process.

10.6 All regular visitors and volunteers to our school will be given a set of our safeguarding procedures; they will be informed of the names and location of our designated safeguarding staff members and given details of the reporting and recording system.

10.7 In addition to regular training, the Designated Safeguarding Lead will provide regular safeguarding briefings and updates for staff to enable staff to keep up to date with the most recent local and national safeguarding advice and guidance on specific safeguarding issues including but not limited to extremism and radicalisation; child sexual exploitation and Female Genital Mutilation. These updates could be provided via email, staff meetings or e-bulletins.

10.8 Our governing body will also undertake appropriate training to ensure they are able to carry out their duties to safeguard all of the children at our school. Training for Governors can be accessed via Merton Governor Services.

11. School Procedures – staff responsibilities
11.1 Any staff member concerned about a child must follow the school procedures outlined in Appendix 5 and without delay, inform the Designated Safeguarding Lead of their concern, no matter how small. All school staff should be prepared to identify children who may benefit from early help and to make a referral to children’s social care. This includes ensuring that staff understand their role in identifying emerging difficulties, sharing information with other professionals to identify and assess children in need of support. This will involve working with parents and carers to ensure that help is available at the earliest opportunity to address risk and prevent issues escalating into crisis.

11.2 Any referral made to Children’s Social Care via the MASH/First Response Team will be discussed with the parent/s, unless to do so would place the child at further risk of harm. Where threshold for a MASH referral is not met, the Designated Safeguarding Lead, with consent from the parent, may convene a Team Around Child meeting to progress the school’s early help offer to the child and family. This will be managed under a Common and Shared Assessment (CASA). This will involve engaging families to accept help and support. In all cases where the threshold is not met, there will be constant review: if the child’s welfare does not improve, then referral will be considered again.

11.3 If, at any point, there is a risk of immediate serious harm to a child, a referral should be made to Children’s Social Care immediately. Anybody can make a referral. If the child’s situation does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.

11.4 Governors will appoint a member to take leadership responsibility for the school’s safeguarding arrangements – Angela Watson.

12. When to be concerned

12.1 All staff and volunteers should be aware of the signs of abuse, neglect and specific safeguarding issues, and that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another. Types of abuse and neglect are described in Appendix 4. Specific safeguarding issues are addressed in sections 22 to 30.

12.2 All staff and volunteers should be concerned about a child if she presents with indicators of possible significant harm, noting in particular that a child in an abusive relationship may:

a) appear frightened of the parent/s or other household members e.g. siblings or others outside of the home;

b) act in a way that is inappropriate to her/his age and development (full account needs to be taken of different patterns of development and different ethnic groups);

c) display insufficient sense of ‘boundaries’, lack stranger awareness;

d) appear wary of adults and display ‘frozen watchfulness’.

13. Dealing with a Disclosure
13.1 It takes a lot of courage for a child to disclose that they are being abused. They may feel ashamed, particularly if the abuse is sexual; their abuser may have threatened what will happen if they tell; they may have lost all trust in adults; or they may believe, or have been told, that the abuse is their own fault. If a pupil talks to a member of staff about any risks to their safety or wellbeing, the staff member will need to let the pupil know that they must pass the information on – staff are not allowed to keep secrets. The point at which they tell the pupil this is a matter for professional judgement. If they jump in immediately the pupil may think that they do not want to listen, if left until the very end of the conversation, the pupil may feel that they have been misled into revealing more than they would have otherwise.

13.2 During their conversations with the pupils it is best practice for staff to:

a) allow pupils to speak freely;
b) remain calm and not overreact – the pupil may stop talking if they feel they are upsetting their listener;
c) give reassuring nods or words of comfort – ‘I want to help’, ‘This isn’t your fault’, ‘You are doing the right thing in talking to me’;
d) not be afraid of silences, and allow space and time for pupil to continue, staff will recognise the barriers the pupil may have had to overcome to disclose;
e) clarifying or repeating back to check what they have heard if needed but will not lead the discussion in any way or ask investigative or leading questions – such as “Whether it happens to siblings too, or what does the pupil’s mother thinks about it”;
f) at an appropriate time tell the pupil that in order to help them, the member of staff must pass the information on;
g) not automatically offer any physical touch as comfort. It may be anything but comforting to a child who has been abused;
h) avoid admonishing the child for not disclosing earlier. Saying things such as ‘I do wish you had told me about this when it started’ or ‘I can’t believe what I’m hearing’ may be the staff member’s way of being supportive but may be interpreted by the child to mean that they have done something wrong;
i) tell the pupil what will happen next. The pupil may agree to go with you to see the Designated Safeguarding Lead. Otherwise let them know that you will be consulting them;
j) write up their conversation as soon as possible on the record of concern form and hand it to the designated lead;
k) seek support if they feel distressed.

14. Working with Parents and Carers

14.1 The school is committed to working positively, openly and in partnership with parents and carers. The school will support parents and carers to understand our legal duty to safeguard and promote
the welfare of pupils in our school. This includes our duty to make referrals to Children’s Social Care and to assist our colleagues in other agencies with child protection enquiries.

14.2 When pupils join our school, their parents and carers will be informed of the safeguarding and child protection policy and signposted to the school website or upon request at the school office, receive a copy of the policy.

14.3 The school respects parents’ rights to privacy and confidentiality and will not share sensitive information unless we have permission to do so or it is necessary to do so in order to safeguard a child from harm.

14.4 In the event of a concern, suspicion or disclosure by a child, School will seek to share the concern with the parent/carer unless to do so may place the child at increased risk of harm. A lack of parental engagement or agreement on the concerns the school has about a child will not prevent the Designated Safeguarding Lead from making a referral to Children’s Social Care in circumstances where it is appropriate to do so.

14.5 The school will only share information about pupils with adults who have parental responsibility for a pupil or where a parent with parental responsibility has given written permission which includes the full details of any other adult with who information about a pupil can be shared.

14.6 In order to keep our pupils safe and provide appropriate care for them, the school requires parents to provide accurate and up to date information regarding the:

   a) full names and contact details of all adults with whom the child normally lives and the child’s relationship to the adult with whom s/he lives;
   b) full names and contact details of all persons with parental responsibility (if different from above);
   c) emergency contact details (if different from above);
   d) full details of any other adult authorised by the parent to collect the child from school (if different from the above).

14.7 The school will seek to secure effective engagement with parents/the family particularly with regard to the Prevent duty, as they are in a key position to spot signs of radicalisation.

15. Support for those involved in a child protection issue

Child abuse is devastating for the child and can also result in distress and anxiety for staff who become involved. We will support pupils, their families, and staff by:

   a) taking all suspicions and disclosures seriously;
   b) nominating a link person (the Designated Safeguarding Lead – Angela Watson) who will keep all parties informed and be the central point of contact. Where a member of staff is the subject of an allegation made by a pupil, separate link people will be nominated to avoid any conflict of interest;
c) responding sympathetically to any request from pupils or staff for time out to deal with distress or anxiety;
d) maintaining confidentiality and sharing information on a need-to-know basis only with relevant individuals and agencies;
e) maintaining and storing records securely;
f) offering details of helplines, counselling or other avenues of external support;
g) following the procedures laid down in our whistleblowing, complaints and disciplinary procedures;
h) cooperating fully with relevant statutory agencies.

16. Complaints procedure

16.1 Our complaints procedure will be followed where a parent raises a concern about the handling of the process of dealing with safeguarding. The school’s complaints policy is on the school’s website. Examples include unfairly singling out a pupil, belittling a pupil or discriminating against them in some way. Complaints are managed by senior staff, the Headteacher and governors.

16.2 Complaints from staff are dealt with under the school’s complaints and disciplinary and grievance procedures.

17. Concerns about a colleague & managing allegations involving Staff

17.1 The Ursuline aims is to provide a safe and supportive environment which secures the wellbeing and very best outcomes for the children at our school. We recognise however that sometimes the behaviour of adults may lead to an allegation of abuse being made. Allegations sometimes arise from a differing understanding of the same event, but when they occur they are distressing and difficult for all concerned. We also recognise that many allegations are genuine and there are some adults who deliberately seek to harm or abuse children.

17.2 Staff who are concerned about the conduct of a colleague towards a pupil are undoubtedly placed in a very difficult situation. They may worry that they have misunderstood the situation and they will wonder whether a report could jeopardise their colleague’s career. All staff must remember that the welfare of the child is paramount. The school’s whistleblowing code enables staff to raise concerns or allegations in confidence and for a sensitive enquiry to take place.

17.3 School will take all possible steps to safeguard our children and to ensure that the adults in our school are safe to work with children. We will always ensure that the procedures outlined in the Merton Safeguarding Children Board: Procedures for Allegations Against Persons who Work with Children and Part Four of DfE ‘Keeping Children Safe in Education’, (2016) are adhered to and will seek appropriate advice from the Designated Officer who is:

   Name:  Dawn Haughton          Tel. No.:  020 8545 3633

17.4 The Headteacher/Principal must be informed without delay when an allegation is made or information is received which indicates that an adult working in our School may be unsuitable to
work with children. If an allegation is made against the Headteacher, this must be reported to the Chair of Governors. Where either the Headteacher or Chair of Governors is not contactable on that day, the information must be passed to and dealt with by either the member of staff acting as Headteacher or the Vice Chair of Governors. The Chair of Governors for the School is:

Name: Clive Weekes  
Tel No.: Via 020 8879 4322

In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair of Governor’s in this school is:

Name: Fiona Hicks  
Tel No.: Via 020 8879 4322

17.5 The Headteacher or Chair of Governors will seek advice from the Designated Officer within one working day. No member of staff or the governing body may carry out investigations before receiving advice from the Designated Officer.

17.6 Any member of staff or volunteer who does not feel confident to raise their concerns with the Headteacher or Chair of Governors should contact the Designated Officer directly.

17.7 The School has a legal duty to refer to the Disclosure and Barring Service, anyone who has harmed; or poses a risk of harm to a child; or if there is reason to believe a member of staff has committed one of a number of listed offences; has been removed from working (paid or unpaid) in regulated activity; or would have been removed had they not left. The DBS will consider whether to bar the person. If these circumstances arise in relation to a member of staff at our school, a referral will be made as soon as possible after the resignation or removal of the individual in accordance with advice from the Designated Officer or Human Resources.

18. Support for Staff

Dealing with a disclosure from a child, and safeguarding issues can be distressing. Staff members should recognise their own emotions and seek support from Designated Safeguarding Lead, who will also be proactive in offering support to staff to whom distressing disclosures have been made.

19. Confidentiality and Sharing information

19.1 All staff will understand that child protection issues warrant a high level of confidentiality, not only out of respect for the pupil and staff involved but also to ensure that being released into the public domain does not compromise evidence.

19.2 Staff should only discuss concerns with the Designated Safeguarding Lead, Headteacher or chair of governors (depending on who is the subject of the concern). That person will then decide who else needs to have the information and they will disseminate it on a ‘need-to-know’ basis.
19.3 *Keeping Children Safe in Education (DfE, 2016)* states that any member of staff can contact Children’s Social Care if they are concerned about a child. This should then be shared with the Designated Safeguarding Lead so that an overview is kept.

19.4 Child protection information will be stored and handled in line with Data Protection Act 1998 principles, which require that information is:

a) processed for limited purposes;

b) adequate, relevant and not excessive

c) accurate;

d) kept no longer than necessary;

e) processed in accordance with the data subject’s rights;

f) secure.

19.5 Record of concern forms and other written information will be stored in a locked facility and any electronic information will be password protected and only made available to relevant individuals.

19.6 Every effort will be made to prevent unauthorised access, and sensitive information should not be stored on laptop computers, which, by the nature of their portability, could be lost or stolen. If it is necessary to store child protection information on portable media, such as a CD or flash drive, these items will also be kept in locked storage. Child protection information will be stored separately from the pupil’s school file and the school file will be ‘tagged’ to indicate that separate information is held.

19.7 Child protection records are normally exempt from the disclosure provisions of the Data Protection Act, which means that children and parents do not have an automatic right to see them. If any member of staff receives a request from a pupil or parent to see child protection records, they will refer the request to the Headteacher or Designated Safeguarding Lead.

19.8 The Data Protection Act does not prevent school staff from sharing information with relevant agencies, where that information may help to protect a child. *Keeping Children Safe in Education (2016)* is clear that these duties should not be a barrier to sharing information where the failure to do so would result in a child being placed at risk of harm. Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. Ideally information sharing will be done in writing so that there is an evidence trail however there may be occasions in Child Protection proceedings where this method is too slow. In cases where agencies ring the school requesting information reception staff will take a message and inform the Designated Safeguarding Lead (DSL) immediately, the DSL will ensure they can identify who is requesting the information before sharing and then record what has been shared, when, why and with whom.

20. Referrals to Children’s Social Care

20.1 The Designated Safeguarding Lead will make a referral to children’s social care if it is believed that a pupil is suffering or is at risk of suffering significant harm. The pupil, subject to their age and understanding, the pupil and the parents will be told that a referral is being made, unless to do so would increase the risk to the child.
20.2 Staff should follow the reporting procedures outlined in this policy. However, they may also share information directly with Children’s Social Care, Police or the NSPCC if:

a) the situation is an emergency and the Designated Safeguarding Lead, their deputy, and the Headteacher are all unavailable;
b) they are convinced that a direct report is the only way to ensure the child’s safety;
c) for any other reason they make a judgement that direct referral is in the best interests of the child.

20.3 Staff will record any referral made in accordance with paragraph 19.2 and notify the Designated Safeguarding Lead so that there is oversight of referrals made.

21. Record Keeping and Monitoring

21.1 The Ursuline High School staff will make timely and accurate recording of safeguarding concerns raised about a child in the school. Our staff will be supported to understand the importance of timely, comprehensive and accurate recording in line with messages from serious case reviews on issues of recording and sharing information. Further detail of how safeguarding records will be kept in the school are in the separate document ‘Keeping Records of Safeguarding Concerns’ which should be read in conjunction with this policy.

21.2 A recording of each and every episode/incident/concern/activity regarding that child, including telephone calls to other professionals, needs to be recorded on a chronology kept within the confidential file for that child. This will include any contact from other agencies who may wish to discuss concerns relating to a child. Actions will be agreed and roles and responsibility of each agency will be clarified and outcomes recorded. The chronology will be brief and log activity; the full recording will be on the record of concern.

21.3 Recordings of safeguarding concerns will be kept in a separate file known as a ‘concern file’. Written records of concern will be made even where there is no immediate need to refer to Children’s Social Care.

21.4 The concern file will be securely stored away from the main pupil file. The main pupil file will be marked with a red ‘C’ in the top right hand corner to denote a separate file exists.

21.5 A ‘concern’ file will be started in the event of a child welfare concern form being passed to the DSL.

21.6 Records will be kept up to date and reviewed regularly by the Designated Safeguarding Lead to evidence and support actions taken by staff in discharging the school’s safeguarding arrangements. Original notes will be retained on the concern file as they may be important in any criminal proceedings arising from current or historical allegations of abuse or neglect.

21.7 Staff members recording concerns about a child may not keep copies of recordings made. All recordings must be handed over to the DSL who will store them securely in the child’s ‘concern’ file.
21.8 The concern file can be active or non-active in terms of monitoring i.e. a child is no longer LAC, subject to a child protection plan and this level of activity can be recorded on the front sheet as a start and end date. If future concerns then arise it can be re-activated and indicated as such on the front sheet and on the chronology as new information arises.

21.9 If the child moves to another school, the concern file will be securely sent or taken, as part of the admission/transition arrangements, to the DSL at the new establishment/school. There will be a timely liaison between each school DSL for Safeguarding to ensure a smooth and safe transition for the child.

22. Specific safeguarding issues

22.1 Staff must be aware of the wider, specific safeguarding issues, including behaviours associated with drug taking, alcohol abuse, truanting and sexting, all of which put children in danger. A longer list of such issues is in Part 1 of Keeping Children Safe in Education (2016), with links to further information about each issue, which staff must read and understand.

23. Children with sexually harmful behaviour

23.1 Children may be harmed by other children or young people. Staff will be aware of the harm caused by bullying and will use the school’s anti-bullying procedures where necessary. However, there will be occasions when a pupil’s behaviour warrants a response under child protection rather than anti-bullying procedures. In particular, research suggests that up to 40 per cent of child sexual abuse is committed by someone under the age of 18.

23.2 The management of children and young people with sexually harmful behaviour is complex and the school will work with other relevant agencies to maintain the safety of the whole school community. Young people who display such behaviour may be victims of abuse themselves and the child protection procedures will be followed for both victim and perpetrator.

23.3 Staff who become concerned about a pupil’s sexualised behaviour should speak to the Designated Safeguarding Lead as soon as possible.

24. Sexual exploitation of children

Sexual exploitation involves an individual or group of adults taking advantage of the vulnerability of an individual or groups of children or young people, and victims can be boys or girls. Children and young people are often unwittingly drawn into sexual exploitation through the offer of friendship and care, gifts, drugs and alcohol, and sometimes accommodation. Child sexual exploitation doesn’t always involve physical contact and can happen online. Sexual exploitation is a serious crime and can have a long-lasting adverse impact on a child’s physical and emotional health. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. It may also be linked to child trafficking. All staff are made aware of the indicators of sexual exploitation and all concerns are reported immediately to the Designated Safeguarding Lead.
25. **Extremism and Radicalisation**

25.1 At The Ursuline High School we fully consider radicalisation, extremism and exposure to extremist materials to be safeguarding issues that can lead to poor outcomes for our pupils. In line with the Prevent duty (July 2015), we will work to ensure that members of staff are fully engaged in being vigilant about radicalisation; and maintain an attitude that “it could happen” in the school. **School staff will be supported to understand when it is appropriate to make a referral to the Channel programme.**

25.2 Through accessing training, we will ensure that all our staff are fully aware of the threats, risks and vulnerabilities that are linked to radicalisation; are aware of the process of radicalisation and how this might be identified early on. **The DSL will undertake Prevent awareness training and will be able to provide advice and support to staff on protecting children from the risk of radicalisation. We will work alongside other professional bodies and agencies to ensure that our pupils are safe from harm.**

25.3 **We will assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology.**

25.4 School will not tolerate any prejudice, discrimination or extremist views, including derogatory language, displayed by pupils or staff who will always be challenged and where appropriate dealt with in line with our behaviour policy for learners and the Code of Conduct for staff.

25.6 We will closely follow any locally agreed procedures and agreed processes and criteria for safeguarding individuals who are vulnerable to extremism and radicalisation. As part of wider safeguarding responsibilities school staff will be alert to:

a) Disclosures by pupils of their exposure to the extremist actions, views or materials of others outside of college, such as in their homes or community groups, especially where learners have not actively sought these out.

b) Graffiti symbols, writing or art work promoting extremist messages or images

c) Pupils accessing extremist material online, including through social networking sites

d) Parental reports of changes in behaviour, friendship or actions and requests for assistance

e) Reports from police and local authority services of issues affecting pupils in the school or other education settings in the locality.

f) Learners voicing opinions drawn from extremist ideologies and narratives

g) Use of extremist or hate terms to exclude others or to incite violence

h) Intolerance of difference, whether secular or religious or, in line with our equalities policy, views based on, but not exclusive to, gender, disability, homophobia, race, colour or culture

i) Attempts to impose extremist views or practices on others

j) Anti-Western or Anti-British views

26. **Safer working practice**

**Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings (2009) indicates that there must be clear professional reason for all conduct of**
staff and volunteers. All adults working with children in school have read and signed The Ursuline High School School’s current Code of Conduct for safe practice.

27. **Female Genital Mutilation (FGM)**

27.1 School recognises the need for all staff to be alert to the possibility of a girl being at risk of FGM, or of having already suffered FGM. Staff will be alert to the range of potential indicators that a girl may be at risk of FGM.

27.2 If staff have a concern regarding a girl that might be at risk of FGM they must activate safeguarding procedures. They will personally report to the police cases where they discover that an act of FGM appears to have been carried out, in line with Section 5B of the Female Genital Mutilation Act 2003. Those failing to report such cases will face disciplinary sanctions. Staff should not be examining pupils. Information and guidance can be found within ‘Mandatory reporting of female genital mutilation procedural information’ (DfE, Oct 2015). Unless the teacher has good reason not to, they should still discuss any such case with the DSL and involve children’s social care as appropriate.

28. **‘Honour based’ violence**

28.1 School recognises the range of crimes which are encompassed within the definition of ‘honour-based’ violence, including FGM, forced marriage, and practices such as breast ironing. These are safeguarding issues and will be treated as such.

29. **Online Safety**

29.1 The Ursuline High School encourages children to use the Internet as much as is possible but at all times in a safe way. Mobile phones, computers and tablets are a source of fun, entertainment, communication and education and our pupils have regular use of these devices. School is aware that some adults and young people will use these technologies to harm children through hurtful or abusive communications; enticing children to engage in sexually harmful conversations; webcam photography or face-to-face meetings. The school’s online safety policy explains how we aim to keep pupils safe in school while promoting ICT appropriate skills.

29.2 The Ursuline High School has an unequivocal response to online bullying and sexting by pupils, via texts and emails. This will not be tolerated and will be treated as seriously as any other type of bullying. In the absence of a child protection concern online bullying will be managed through our anti-bullying and confiscation procedures.

29.3 If staff members discover instances of misuse, either by staff member, volunteer or child, the issue must be reported to the Headteacher without delay. The Headteacher has overall responsibility for Internet safety and will have access to all email addresses and passwords provided.

29.4 The Ursuline High School has put in place appropriate filters and monitoring systems (through the LGfL and e-forensics) to ensure children are safeguarded from potentially harmful and inappropriate online
material. These systems do not lead to unreasonable restrictions as to what children can be taught with regards to online teaching and safeguarding.

29.5 School has a separate policy on the use of mobile technology in the school, which should be read in conjunction with this policy.

30. Photography and Video imaging of children in School

30.1 We have taken a sensible and balanced approach that is based on parental consent to take pictures and video images that capture children's achievements, activities and promote success and wherever possible, take steps to ensure anonymity when in the use of images taken by School for these described purposes.

30.2 The Ursuline High School acknowledges that the majority of people who take or view photographs or videos of children do so for entirely innocent, understandable and acceptable reasons. Sadly, some people abuse children through taking or using images. To help protect pupils, we will implement the following safeguards:

a) seek their consent for photographs to be taken or published (for example, on our website or in newspapers or publications);
b) seek parental consent;
c) use only the pupil's first name with an image;
d) ensure pupils are appropriately dressed;
e) encourage pupils to tell us if they are worried about any photographs that are taken of them;
f) seek parents’ cooperation when taking images at school events to ensure that images of unrelated children are not taken without consent or posted to the Internet or other medium without consent of the parents of children involved;
g) have strict rules regarding use of mobile technology while on school premises.

30.3 Guidance for Parents taking Photographs and filming at School Productions

The Ursuline High School have a policy in place with regards to the taking, making and use of images and parents will have previously signed a consent form stating whether or not their child could be photographed.

If parents wish to take photos at a school production there is a strong possibility that other children will also be included within the picture.

At The Ursuline High School we are happy for parents and carers to take photos and video of events for personal use but we request that these images are not distributed or put online. This is to protect all members of the community.

The sharing of photographs and videos on social media is now commonplace but we must ensure we protect and safeguard all children and staff, including those who do not want to have their images
Please be aware that parents are not permitted to take photographs or to make a video recording for anything other than their own personal use.

Parents should be reminded that:

a) Once posted and shared online any image or video can be copied and will stay online forever.
b) Some children are at risk and MUST NOT have their image put online. Not all members of the community will know who they are.
c) Some people do not want their images online for personal or religious reasons.
d) Some children and staff may have a complex family background which means that sharing their image online can have unforeseen consequences.
e) Therefore in order to keep all members of the community safe we must all ‘Think before We Post’ Online.

31. Allegations of abuse made against other children

31.1 School recognises that children are capable of abusing their peers. Staff will make clear through teaching and interaction with children that peer on peer abuse is never tolerated or passed off as ‘banter’ or ‘part of growing up’.

31.2 Peer on peer abuse can take many different forms, including sexting. Gender issues can be prevalent when dealing with peer on peer abuse, including girls being sexually touched/assaulted or boys being subject to initiation/hazing type violence. Guidance on dealing with sexting can be found in Appendix F.

31.3 Where there is an allegation of peer on peer abuse, this will always be taken seriously, investigated and dealt with within the context of the school’s behaviour management policy.

32. Prevention

With reference to our values and ethos, The Ursuline High School will:

a) include regular consultation with children e.g. through safety questionnaires and participation in anti-bullying activities;
b) ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty;
c) include the teaching of safeguarding across the curriculum, including PSHE opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help. In particular this will include online safety, anti-bullying work, transition support; prevention of radicalisation etc;
d) ensure all staff members are aware of school guidance for their use of mobile technology and 
have discussed safeguarding issues around the use of mobile technologies and their associated 
risks.

33.  **Safer recruitment**

33.1 The school operates safer recruitment practices, checking staff who work with children; taking 
proportionate decisions on whether to ask for any checks beyond what is required; and ensuring 
volunteers are appropriately supervised. The school has a separate recruitment and selection policy 
which should be read in conjunction with this policy.

33.2 The school has at least one person on any appointment panel who has undertaken safer recruitment 
training, including, where appropriate, a member of the governing body.
Appendix 1

Part One of ‘Keeping Children Safe in Education: Information for all School and College Staff (DFE, Sept 2016)

Part one: Safeguarding information for all staff

What school and college staff should know and do

A child centred and coordinated approach to safeguarding:
1. Schools and colleges and their staff form part of the wider safeguarding system for children. This system is based on the principle of providing help for families to stay together where it is safe for the children to do so, and looking at alternatives where it is not, whilst acting in the best interests of the child at all times. This system is described in statutory guidance Working together to safeguard children.

2. Safeguarding and promoting the welfare of children is everyone’s responsibility. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child.

3. No single professional can have a full picture of a child’s needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

4. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as: protecting children from maltreatment; preventing impairment of children’s health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

5. Children includes everyone under the age of 18.

The role of school and college staff
6. Everyone who comes into contact with children and their families has a role to play in safeguarding children. School and college staff are particularly important as they are in a position to identify concerns early and provide help for children, preventing concerns from escalating.

7. All school and college staff have a responsibility to provide a safe environment in which children can learn.

8. Each school and college should have a designated safeguarding lead who will provide support to staff members to carry out their safeguarding duties and who will liaise closely with other services such as children’s social care.

9. All school and college staff should identify children that may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child’s life, from the foundation years through to the teenage years. In the first instance staff should discuss early help requirements with the designated safeguarding lead. Staff may be required to support other agencies and professionals in an early help assessment.

10. Anyone who has a concern about a child’s welfare should ensure a referral is made to children’s social care. In the first instance staff should generally discuss any potential referral with the designated safeguarding lead, who in most instances (see para 18-23 for more information) would make any referral. Staff may be required to support social workers and other agencies following any referral.

11. Teachers, including headteachers, should safeguard children’s wellbeing and maintain public trust in the teaching profession as part of their professional duties.

What school and college staff need to know

- All staff members should be aware of systems within their school or college which support safeguarding and child protection. These systems should be explained to them as part of staff induction and revisited regularly, at appropriate intervals (at least annually), via training. This should include: the school’s or college’s overarching safeguarding policy; the child protection policy; the staff behaviour policy (sometimes called a code of conduct); and information on the role of the designated safeguarding lead.

- All staff should be aware of the early help process, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment. They should be aware of the
process for making referrals to children’s social care and for statutory assessments under the Children Act 1989 that may follow a referral, along with the role they might be expected to play in such assessments.

- Detailed information on early help can be found in Chapter 1 of Working together to safeguard children. The Teachers' Standards apply to: trainees working towards QTS; all teachers completing their statutory induction period (newly qualified teachers [NQTs]); and teachers in maintained schools, including maintained special schools, who are subject to the Education (School Teachers’ Appraisal) (England) Regulations 2012. Under the Children Act 1989, local authorities are required to provide services for children in need in their area for the purposes of safeguarding and promoting their welfare. Local authorities undertake assessments of the needs of individual children to determine which services to provide and what action to take. This can include: Section 17- A child in need is defined under section 17(10) of the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health or development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Section 47- If the local authority have reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm they have a duty to make enquires under section 47 to enable them to decide whether they should take any action to safeguard and promote the child’s welfare. This duty also applies if a child is subject to an emergency protection order (under section 44 of the Children Act 1989) or in police protective custody under section 46 of the Children Act 1989. Detailed information on statutory assessments can be found in Part 1 of Working together to safeguard children.

What school and college staff should look out for:
- All school and college staff members should be aware of the signs of abuse, neglect and specific safeguarding issues so that they are able to identify cases of children who may be in need of help or protection. Types of abuse and neglect, and specific safeguarding issues, are described in paragraphs 30-58 of this guidance.
- Departmental advice: What to do if you are worried a child is being abused- Advice for practitioners, provides more information on understanding and identifying abuse and neglect. Examples of potential signs of abuse and neglect are highlighted throughout the advice and will be particularly helpful for school and college staff. The NSPCC website also provides useful additional information.
- Staff members working with children are advised to maintain an attitude of ‘it could happen here’ where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the best interests of the child.
- Knowing what to look for is vital to the early identification of abuse, neglect and specific safeguarding issues. If staff members are unsure they should always speak to the designated safeguarding lead. In exceptional circumstances, such as in emergency or a genuine concern that appropriate action has not been taken, staff members should speak directly to children’s social care.
- What school and college staff should do if they have concerns about a child
  - If staff members have any concerns (as opposed to a child being in immediate danger - see para 23) about a child they should raise these with the school or college designated safeguarding lead. The designated safeguarding lead should usually help decide whether a referral to children’s social care, early help or other support is appropriate.
  - If a referral to children’s social care is appropriate in most instances the designated safeguarding lead should make it. However, anyone can make a referral and if for any reason a staff member thinks a referral is appropriate and one hasn’t been made they can and should consider making a referral themselves.
  - If after a referral the child’s situation does not appear to be improving the designated safeguarding lead (or the person that made the referral) should press for re-consideration to ensure their concerns have been addressed, and most importantly the child’s situation improves.
  - If early help is appropriate the designated safeguarding lead should support the teacher in liaising with other agencies and setting up an inter-agency assessment as appropriate.
  - If early help and or other support is appropriate the case should be kept under constant review and consideration given to a referral to children’s social care if the child’s situation doesn’t appear to be improving.
• If a child is in immediate danger or is at risk of harm a referral should be made to children’s social care and/or the police immediately. Anybody can make a referral.

• It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and Serious Case Reviews have repeatedly shown the dangers of failing to take effective action. Poor practice includes: failing to act on and refer the early signs of abuse and neglect, poor record keeping, failing to listen to the views of the child, failing to re-assess concerns when situations do not improve, sharing information too slowly and a lack of challenge to those who appear not to be taking action.6

• See page 10 for a flow chart setting out the process for staff when they have concerns about a child.

• What school and college staff should do if they have concerns about another staff member 26. If staff members have concerns about another staff member then this should be referred to the headteacher or principal. Where there are concerns about the headteacher or principal this should be referred to the chair of governors, chair of the management committee or proprietor of an independent school as appropriate. In the event of allegations of abuse being made against the headteacher and/or where the headteacher is also the sole proprietor of an independent school, allegations should be reported directly to the designated officer(s) at the local authority. Staff may consider discussing any concerns with the designated safeguarding lead and if appropriate make any referral via them. Full details can be found in Part 4 of this guidance.

• What school or college staff should do if they have concerns about safeguarding practices within the school or college All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or college’s safeguarding regime and that such concerns will be taken seriously by the senior leadership team.

• Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the school or college’s senior leadership team.

• Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them.7

Advice on whistleblowing
Actions when there are concerns about a child
(1) In cases which also involve an allegation of abuse against a staff member, see Part four of this guidance. (2) Early help means providing support as soon as a problem emerges at any point in a child’s life. Where a child would benefit from coordinated early help an early help inter-agency assessment should be arranged. Chapter one of Working together to safeguard children provides detailed guidance on the early help process. (3) Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. This can include section 17 assessments of children in need and section 47 assessment of children at risk of significant harm - full details in Chapter one of Working together to safeguard children. (4) This could include applying for an Emergency Protection Order (EPO).

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

• 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.

• 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.

• Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the
child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

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

- Neglect: the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

- Specific safeguarding issues 36. Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example information for schools and colleges can be found on the TES website and the NSPCC website.

Schools and colleges can also access broad government guidance on the issues listed below via the GOV.UK website:
  - child missing from education – and see page 13
  - child missing from home or care
  - child sexual exploitation (CSE) – and see page 14
  - bullying including cyberbullying
  - domestic violence
  - drugs
  - fabricated or induced illness
  - faith abuse
  - female genital mutilation (FGM) – and see page 15
  - forced marriage
  - gangs and youth violence
  - gender-based violence/violence against women and girls (VAWG)
  - mental health
  - private fostering
  - preventing radicalisation – and see page 16
  - sexting
  - teenage relationship abuse
  - trafficking
Appendix 2
Roles and Responsibilities

Designated Safeguarding Lead Role

We have a Designated Safeguarding Lead (DSL) who has received appropriate training and support for this role. This DSL is a senior member of the school leadership team. We also have a Deputy DSL who will provide additional support to ensure the responsibilities for child protection and safeguarding children are fully embedded within the school ethos and that specific duties are discharged. Our DSL will ensure there is a structured procedure within the school, which will be followed by all of the members of the school community in cases of suspected abuse.

Responsibilities of the Designated Safeguarding Lead (DSL)

Referrals, Tracking and Monitoring

The DSL will:

• Refer cases of suspected abuse to the local authority children's social care;
• Support staff who make referrals to local authority children's social care;
• Refer cases to the Channel programme where there is a radicalisation concern;
• Support staff who make referrals to the Channel programme;
• Refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service;
• Refer cases where a crime may have been committed to the Police;
• Liaise with the ‘case manager’ and designated officer(s) at the local authority for child protection concerns (all cases which concern a staff member);
• Liaise with the headteacher/principal (where the DSL role is not carried out by the headteacher) to inform him/her of any issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations. The DSL will ensure there is always cover for this role.
• Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies;
• Act as a source of support, advice and expertise for all staff;
• Maintain an overview of all children about whom there are concerns i.e subject to a child protection plan, Child in Need plan, a Looked After Child, or a child about whom there is a concerns file.
• Ensure when children leave the school, that their safeguarding/child protection file is discussed with the DSL at the new school, as soon as possible and that it is transferred separately to the main pupil file. This file will document all concerns as well as child protection and safeguarding concerns.
• Cooperate with any requests for information from the local authority, such as Child Protection training returns and self-evaluative forms for safeguarding and child protection, in compliance
with Section 11, Children Act 2004

**Training**
The Designated Safeguarding Lead and their deputy will undergo training (at least bi-annually) to provide them with the knowledge and skills required to carry out the role. In addition, their knowledge and skills will be refreshed at regular intervals, as appropriate to allow them to understand and keep up with any developments relevant to their role so they:

- Understand the assessment process for providing early help and intervention within Merton.
- Have a working knowledge of how the Merton Safeguarding Children Board operates, the how Merton conducts a child protection review conference, and be able to attend and contribute to these effectively when required to do so.
- Ensure each member of staff has access to, and understands this policy and its associated procedures, especially new or part-time staff Are alert to the specific needs of children in need, those with special educational needs and young carers.
- Ensure all staff receive induction training covering child protection and are able to recognise and report any concerns immediately they arise.
- Are able to keep detailed, accurate and secure written records of referrals/concerns.
- Obtain access to resources and attend any relevant or refresher training courses.
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.

The DSL and their deputy will undertake Prevent awareness training.

**Raising Awareness**
The Designated Safeguarding Lead will ensure the school’s safeguarding and child protection policies are known, understood and used appropriately:

- Ensure the school’s safeguarding and child protection policy is reviewed annually (as a minimum), and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this.
- Ensure the safeguarding and child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school in this.
- Link with the MSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Where children leave the school ensure their child protection file is transferred to the new school or college as soon as possible. This should be transferred separately from the main pupil file, ensuring secure transit and confirmation of receipt should be obtained.

**Roles and Responsibilities of the Headteacher**
The headteacher of the school will ensure that:

- The policies and procedures adopted by the governing body are fully implemented, and followed by all staff.
- Sufficient resources and time are allocated to enable the Designated Safeguarding Lead and other staff to discharge their responsibilities, including taking part in strategy discussions and inter-agency meetings, and contributing to the assessment of children.
- All staff and volunteers feel able to raise concerns about poor or unsafe practice with regard to children, and that such concerns are addressed sensitively and effectively in a timely manner in accordance with agreed whistle-blowing policies.
The Headteacher will ensure all staff have access to and read:-
- The safeguarding policy;
- the staff behaviour/conduct policy,
- DfE Keeping Children Safe in Education guidance March 2015, Part one, as a minimum.

Roles and Responsibilities of our Governing Body
The governing body is collectively responsible for ensuring that safeguarding arrangements are fully embedded within the school’s ethos and reflected in the school’s day to day safeguarding practices by:
- Ensuring that the school has effective policies and procedures in place in accordance with this policy, and monitor the school’s compliance with them.
- Ensuring there is an individual member of the governing body to:
  - champion safeguarding and child protection issues within the school;
  - provide support and challenge to the DSL and Headteacher;
  - provide information and reports to the governing body;
  - have an overview of the Safeguarding and Child Protection and all related policies, ensuring this is updated annually and in line with latest statutory and local authority guidance;
  - ensure that all staff undertake appropriate child protection training that is updated regularly;
  - audit safeguarding measures annually alongside the Designated Safeguarding Lead and the Headteacher and report back to the full governing body.

It will not be appropriate for that person to take the lead in dealing with allegations of abuse made against the Headteacher. That is more properly the role of the chair of governors or, in the absence of a chair, the vice chair.
- Ensuring the governing body is collectively responsible for the school’s safeguarding arrangements. All members of the governing body will undertake training about child protection to ensure they have the knowledge and information needed to perform their functions and understand their responsibilities.
- Ensuring the head teacher and all other staff who work with children, undertake training which is kept up-to-date by refresher training at two yearly intervals.
- Ensuring the temporary staff and volunteers who work with children are made aware of the school’s arrangements for child protection and their responsibilities.
- Exercising their disciplinary functions in respect of allegations against a member of staff or as a consequence of dealing with a complaint.

Other Staff’s Responsibilities
It is the responsibility of all other members of staff to:
- be aware of the contents of this policy, the staff behaviour policy/staff code of conduct, and other relevant policies
- read and understand Part 1 of Keeping Children Safe in Education (2016)
- ensure that all safeguarding concerns, both minor and serious, are reported to the Designated Safeguarding Lead (DSL) as soon as reasonably possible. The DSL may have other information regarding a child, young person or their family of which other staff may not be aware. Minor
concerns may take on greater significance within the wider context of knowledge of a child or family that the DSL may have.

Any member of staff can refer a child concern.
Appendix 3

Identifying Concerns

All members of staff, volunteers and governors will know how to respond to a pupil who discloses abuse, or where others raise concerns about them and will be familiar with procedures to be followed.

If a student chooses to tell a member of staff about alleged abuse, there are a number of actions that staff will undertake to support the child:

- The key facts will be established in language that the student understands and the student’s words will be used in clarifying/expanding what has been said.
- No promises will be made to the student eg to keep secrets.
- Staff will stay calm and be available to listen.
- Staff will actively listen with the utmost care to what the student is saying.
- Question normally without pressurising and only using open questions.
  - Leading questions should be avoided as much as possible.
  - Questioning should not be extensive.
- Staff will not put words in the student’s mouth but note the main points carefully.
- A full written record will be kept by the staff duly signed and dated, including the time the conversation with the child took place, outline what was said, comment on the student’s body language, etc.
- It is not appropriate for staff to make students write statements about abuse that may have happened to them.
- Staff will reassure the student and let them know that they were right to inform them and inform the child that this information will now have to be passed on.
- The Designated Safeguarding Lead will be immediately informed, unless the disclosure has been made to them.
Appendix 4
Indicators of Abuse
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.

<table>
<thead>
<tr>
<th>Indicators in the Child</th>
<th>Indicators in the Parent</th>
<th>Indicators in Family/Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bruises – shape, grouping, site, repeat or multiple</td>
<td>• Parent with injuries that may suggest domestic violence</td>
<td>• Marginalised or isolated by the community</td>
</tr>
<tr>
<td>• Bite marks – site and size</td>
<td>• Not seeking medical help/unexplained delay in seeking treatment</td>
<td>• History of mental heath, alcohol or drug misuse or domestic violence</td>
</tr>
<tr>
<td>• Burns and Scalds – shape, definition, size, depth, scars</td>
<td>• Evasive or aggressive towards child or others</td>
<td>• History of unexplained death, illness or multiple surgery in parents and/or siblings of</td>
</tr>
<tr>
<td>• Fractures- delay in seeking medical attention, old fractures,</td>
<td>• Refusal or reluctance to discuss injuries or mention previous injuries</td>
<td>• the family</td>
</tr>
<tr>
<td>• Injuries not typical of accidental injury</td>
<td>• Delay in seeking treatment</td>
<td>• Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault</td>
</tr>
<tr>
<td>• Fabricated or induced illness</td>
<td>• Given explanation inconsistent with injury</td>
<td>or a culture of physical chastisement.</td>
</tr>
<tr>
<td>• Improbable or conflicting explanations for injuries</td>
<td>• Over chastisement of child / aggressive towards child or others</td>
<td></td>
</tr>
<tr>
<td>• Repeated or multiple in injuries</td>
<td>• Absent without good reason when their child is presented for treatment</td>
<td></td>
</tr>
<tr>
<td>• Admission of punishment which appears excessive</td>
<td>• Disinterested or undisturbed by accident or injury</td>
<td></td>
</tr>
<tr>
<td>• Fear of parents being contacted and fear of returning home</td>
<td>• Unauthorised attempts to administer medication</td>
<td></td>
</tr>
<tr>
<td>• Withdrawal from physical contact</td>
<td>• Tries to draw the child into their own illness.</td>
<td></td>
</tr>
<tr>
<td>• Aggression towards others</td>
<td>• Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault</td>
<td></td>
</tr>
<tr>
<td>• Frequently absent from school</td>
<td>• May appear unusually concerned about the results of investigations which may indicate physical illness in the child</td>
<td></td>
</tr>
</tbody>
</table>

Emotional/behavioural presentation

| • Refusal to discuss injuries | • Absent without good reason when their child is presented for treatment | • Wider parenting difficulties may (or may not) be associated with this form of abuse. |
| • Admission of punishment which appears excessive | • Disinterested or undisturbed by accident or injury | • Parent/carer has convictions for violent crimes. |
| • Fear of parents being contacted and fear of returning home | • Unauthorised attempts to administer medication | |
| • Withdrawal from physical contact | • Tries to draw the child into their own illness. | |
| • Arms and legs kept covered in hot weather | • Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault | |
| • Fear of medical help | • May appear unusually concerned about the results of investigations which may indicate physical illness in the child | |
| • Aggression towards others | • Wider parenting difficulties may (or may not) be associated with this form of abuse. | |
| • Frequently absent from school | • Parent/carer has convictions for violent crimes. | |
Notes on Physical Abuse

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

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

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

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

There are grounds for concern if:

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

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

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

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

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

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

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

**Bite Marks**
Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

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

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

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

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

*Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.*

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

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</tr>
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<tbody>
<tr>
<td>• Developmental delay</td>
<td>• Domestic abuse</td>
<td>• Lack of support from family or social network.</td>
</tr>
<tr>
<td>• Abnormal attachment e.g. anxious, indiscriminate or no attachment</td>
<td>• Mental health; drug or alcohol difficulties</td>
<td>• Marginalised or isolated by the community.</td>
</tr>
<tr>
<td>• Aggressive behaviour towards others</td>
<td>• Abnormal attachment to child e.g. overly anxious or disinterest in the child</td>
<td>• History of mental heath, alcohol or drug misuse or domestic violence.</td>
</tr>
<tr>
<td>• Child scapegoated within the family</td>
<td>• Scapegoats one child in the family</td>
<td>• History of unexplained death, illness or multiple surgery in parents and/or siblings of the family</td>
</tr>
<tr>
<td>• Frozen watchfulness, particularly in pre-school children</td>
<td>• Cold or unresponsive to the child’s needs</td>
<td>• Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.</td>
</tr>
<tr>
<td>• Low self esteem and lack of confidence</td>
<td>• Imposes inappropriate expectations on the child e.g. prevents the child’s developmental exploration or learning, or normal social interaction through overprotection.</td>
<td></td>
</tr>
<tr>
<td>• Withdrawn or seen as a 'loner' - difficulty relating to others</td>
<td>• Overly critical of the child</td>
<td></td>
</tr>
<tr>
<td>• Over-reaction to mistakes</td>
<td>• Never allowing anyone else to undertake the child’s care</td>
<td></td>
</tr>
<tr>
<td>• Inappropriate emotional responses to painful situations</td>
<td>• History of abuse or mental health problems</td>
<td></td>
</tr>
<tr>
<td>• Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)</td>
<td>• Wider parenting difficulties may (or may not) be associated with this form of abuse.</td>
<td></td>
</tr>
</tbody>
</table>
NEGLECT

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

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

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

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

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<th>Indicators in Family/Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical presentation</strong></td>
<td>• Dirty, unkempt presentation</td>
<td>• History of neglect in the family</td>
</tr>
<tr>
<td>• Failure to thrive/ underweight or small stature</td>
<td>• Inadequately clothed</td>
<td>• Family marginalised or isolated by the community.</td>
</tr>
<tr>
<td>• Frequent hunger</td>
<td>• Inadequate social skills and poor socialisation</td>
<td>• Family has history of mental health, alcohol or drug misuse or domestic violence.</td>
</tr>
<tr>
<td>• Dirty, unkempt condition</td>
<td>• Abnormal attachment to the child e.g. anxious</td>
<td>• History of unexplained death, illness or multiple surgery in parents and/or siblings of the family</td>
</tr>
<tr>
<td>• clothing in a poor state of repair or inadequate</td>
<td>• Low self esteem and lack of confidence</td>
<td>• Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.</td>
</tr>
<tr>
<td>• Swollen limbs with sores that are slow to heal, usually associated with cold injury</td>
<td>• Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene</td>
<td>• Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals</td>
</tr>
<tr>
<td>• Abnormal voracious appetite</td>
<td>• Failure to meet the child’s health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy</td>
<td>• Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating</td>
</tr>
<tr>
<td>• Dry, sparse hair</td>
<td>• Child left with adults who are intoxicated or violent</td>
<td>• Lack of opportunities for child to play and learn</td>
</tr>
<tr>
<td>• Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice</td>
<td>• Child abandoned or left alone for excessive periods</td>
<td>• Disturbed peer relationships</td>
</tr>
<tr>
<td>• Untreated medical problems</td>
<td>• Wider parenting difficulties, may (or may not) be associated with this form of abuse</td>
<td>• Self harming behavior</td>
</tr>
<tr>
<td>• Frequent accidents or injuries</td>
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</table>

<table>
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<tr>
<td>• History of unexplained death, illness or multiple surgery in parents and/or siblings of the family</td>
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<tr>
<td>• Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.</td>
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<td>• Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals</td>
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<td>• Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating</td>
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<tr>
<td>• Lack of opportunities for child to play and learn</td>
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</tbody>
</table>
SEXUAL ABUSE

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

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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<thead>
<tr>
<th>Indicators in the Child</th>
<th>Indicators in the Parent</th>
<th>Indicators in Family/Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical presentation</td>
<td>• Comments made by the parent/carer about the child.</td>
<td>• Marginalised or isolated by the community.</td>
</tr>
<tr>
<td>• Pain, bleeding, bruising or itching in genital and/or anal area</td>
<td>• Lack of sexual boundaries</td>
<td>• History of mental health, alcohol or drug misuse or domestic violence.</td>
</tr>
<tr>
<td>• Recurrent pain on passing urine or faeces / Blood on underclothes</td>
<td>• Wider parenting difficulties or vulnerabilities</td>
<td>• History of unexplained death, illness or multiple surgery in parents and/or siblings of the family</td>
</tr>
<tr>
<td>• Sexually transmitted infections</td>
<td>• Grooming behaviour</td>
<td>• Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.</td>
</tr>
<tr>
<td>• Pregnancy in a younger girl where there is secrecy about identity of the father</td>
<td>• Parent is a sex offender</td>
<td>• Family member is a sex offender.</td>
</tr>
<tr>
<td>• Physical symptoms such as injuries/bruises to the genital or anal area, buttocks, abdomen and thighs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Presence of semen on vagina, anus, external genitalia or clothing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional/behavioural presentation</td>
<td>• Makes a disclosure.</td>
<td></td>
</tr>
<tr>
<td>• Exhibits sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit</td>
<td>• Exhibits sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit</td>
<td></td>
</tr>
<tr>
<td>• Inexplicable changes in behaviour, such as becoming aggressive or withdrawn</td>
<td>• Inexplicable changes in behaviour, such as becoming aggressive or withdrawn</td>
<td></td>
</tr>
<tr>
<td>• Self-harm - eating disorders, self-mutilation and suicide attempts</td>
<td>• Self-harm - eating disorders, self-mutilation and suicide attempts</td>
<td></td>
</tr>
<tr>
<td>• Poor self-image, self-harm, self-hatred</td>
<td>• Poor self-image, self-harm, self-hatred</td>
<td></td>
</tr>
<tr>
<td>• Reluctant to undress for PE</td>
<td>• Reluctant to undress for PE</td>
<td></td>
</tr>
<tr>
<td>• Running away from home</td>
<td>• Running away from home</td>
<td></td>
</tr>
<tr>
<td>• Poor attention / concentration</td>
<td>• Poor attention / concentration</td>
<td></td>
</tr>
<tr>
<td>• Sudden changes in school work habits, becomes truant</td>
<td>• Sudden changes in school work habits, becomes truant</td>
<td></td>
</tr>
<tr>
<td>• Withdrawal, isolation or excessive worrying or depression</td>
<td>• Withdrawal, isolation or excessive worrying or depression</td>
<td></td>
</tr>
<tr>
<td>• Inappropriate sexualised conduct</td>
<td>• Inappropriate sexualised conduct</td>
<td></td>
</tr>
<tr>
<td>• Sexually exploited or indiscriminate choice of sexual partners</td>
<td>• Sexually exploited or indiscriminate choice of sexual partners</td>
<td></td>
</tr>
<tr>
<td>• Wetting or other regressive behaviours e.g. thumb sucking</td>
<td>• Wetting or other regressive behaviours e.g. thumb sucking</td>
<td></td>
</tr>
<tr>
<td>• Draws sexually explicit pictures</td>
<td>• Draws sexually explicit pictures</td>
<td></td>
</tr>
</tbody>
</table>

• Comments made by the parent/carer about the child.
• Lack of sexual boundaries
• Wider parenting difficulties or vulnerabilities
• Grooming behaviour
• Parent is a sex offender
Appendix 5

Dealing with concerns or disclosures regarding a child or young person

1. If you are concerned a pupil has been subjected to Female Genital Mutilation (FGM) you must report this directly and immediately to the police, in person. Also inform your DSL.

You have a concern about a child / young person’s wellbeing, based on:

   a) Something the child / young person / parent has told you
   b) Something you have noticed about the child’s behaviour, health, or appearance
   c) Something another professional said or did

Even if you think your concern is minor, the Designated Safeguarding Lead (DSL) may have more information that, together with what you know, represents a more serious worry about a child. It is never your decision alone how to respond to concerns - but it is always your responsibility to share concerns, no matter how small.

2. Decide whether you need to find out more by asking the child / young person, or their parent to clarify your concerns, being careful to use open questions: beginning with words like: how, why, where, when, who?

3. Let the child / young person / parent know what you plan to do next if you have heard a disclosure of abuse or you are talking with them about your concerns. Do not promise to keep what s/he tells you secret. You may say for example, “I am worried about your bruise and I need to tell Miss Jones so that she can help us think about how to keep you safe”

4. Inform the DSL immediately. If the DSL is not available, inform their Deputy. If neither is available, speak to the Headteacher/Principal or other member of the Senior Leadership Team. If there is no other member of staff available, you must make the referral yourself. Anyone can make a referral, but where you make a referral without reference to the Designated Safeguarding Lead first, they must be informed as soon as possible.

5. Make a written record as soon as possible after the event, noting:

   a) Name of child
   b) Date, time and place
   c) Who else was present
   d) What was said / What happened / What you noticed speech, behaviour, mood, drawings, games
or appearance

e) If child or parent spoke, record their words rather than your interpretation

f) Analysis of what you observed and why it is a cause for concern

6. **The DSL may take advice** from the Multi-Agency safeguarding Hub (MASH)/First Response Team (020 8545 4226/4227) or other Children Social Care Team supporting schools safeguarding, such as the Vulnerable Children Team (020 8545 3374).

7. **The DSL makes the referral** to the MASH service. The referral will note all previous intervention by the school with the child, any relevant history relating to the child, their siblings or the family. It is not the role of the DSL or other staff in school to investigate or attempt to resolve a safeguarding/child protection concern.

8. **The DSL shares information** with other relevant professionals, recording reasons for sharing information and ensuring that they are aware of what action the other professionals will take as a result of information shared.

9. **The DSL informs parent that they have made a CP referral**, if the parent does not already know, and if there is no reason not to let them know. There are a number of scenarios where the MASH/First Response Team may suggest a delay in informing the parent where informing the parent might put the child at further risk or in order to prevent the child being harmed or intimidated (and retracting their disclosure). Such scenarios may be in cases of suspected sexual abuse or cases of suspected Fabricated or Induced Illness by proxy.

10. **The DSL remains in close communication** with other professionals around the child / young person and with the family, in order to share any updates about the child / young person.

11. **If a child protection investigation is pursued**, the DSL and other key school staff will:

   a) Work closely and collaboratively with all professionals involved in the investigation, to keep the child / young person safe

   b) Attend a child protection conference when invited and provide updated information about the child

   c) Attend any subsequent child protection review conferences.

   d) Attend core group meetings and take an active role in the implementation of the protection plan.
Appendix 6

Confidentiality

We recognise that all matters relating to child protection are confidential; however, a member of staff must never guarantee confidentiality to a pupil.

Where there is a child protection concern it will be passed immediately to the Designated Safeguarding Lead and/or to Children’s Social Care.

The head teacher or Designated Senior Person will disclose personal information about a pupil to other members of staff, including the level of involvement of other agencies, only on a ‘need to know’ basis.

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
Appendix 7

Records and Monitoring

Any concerns about a child will be recorded in writing within 24 hours. All records will provide a factual and evidence based account and there will be accurate recording of any actions. Records will be signed, dated and, where appropriate, witnessed.

At no time should an individual teacher/member of staff or school be asked to or consider taking photographic evidence of any injuries or marks to a child’s person, this type of behaviour could lead to the staff member being taken into managing allegations against staff procedures. The body map below should be used in accordance with recording guidance. Any concerns should be reported and recorded without delay to the appropriate safeguarding services, e.g MASH or the child’s social worker if already an open case to social care.

A chronology will be kept in the main school file prior to the commencement of a concern file. Staff, particularly pastoral staff, will record any minor concerns on the chronology and will take responsibility for alerting the designated person should the number of concerns rise or, in their professional judgement, become significant.

At the point at which a concern file (see below) is commenced then the chronology can be transferred to the concern file.

Safeguarding, child protection and welfare concerns will be recorded and kept in a separate secure file known as a ‘concern’ file (formerly referred to as a child protection file), which will be securely stored and away from the main pupil file. The main pupil file should have a red C in the top right hand corner to denote a separate file exists (or a similar and consistent coding).

Files will be available for external scrutiny for example by a regulatory agency or because of a serious case review or audit.
**Why recording is important**

Our staff will be encouraged to understand why it is important that recording is comprehensive and accurate and what the messages are from serious case reviews are in terms of recording and sharing information.

**The concerns file**

The establishment of a ‘concern’ file, which is separate from the child’s main school file, is an important principle in terms of storing and collating information about children which relates to either a child protection or safeguarding concern or an accumulation of concerns about a child’s welfare which are outside of the usual range of concerns which relate to ordinary life events. It needs to be borne in mind that what constitutes a ‘concern’ for one child may not be a ‘concern’ for another and the particular child’s circumstances and needs will differ ie a child subject to a child protection plan, looked after child, Child in Need may be looked at differently to a child recently bereaved, parental health issues etc. Professional judgement will therefore be an important factor when making this decision and will need clear links between pastoral staff and designated safeguarding leads in school (named designated person).

A ‘concern’ or ‘confidential’ file should be commenced in the event of:

- A referral to MASH/Children’s Social Care.
- A number of minor concerns on the child’s main school file.
- Any child open to social care.

It is suggested that within a child’s ‘concern’ file there is:

- A front sheet.
- A chronology.
- A record of concern in more detail and body map, where appropriate.
- A record of concerns and issues shared by others.
The school will keep written records of concern about children even where there is no need to refer the matter to MASH/Children’s Social Care (or similar) immediately but these records will be kept within the separate concerns file.

Records will be kept up to date and reviewed regularly by the Designated Safeguarding Lead to evidence and support actions taken by staff in discharging their safeguarding arrangements. Original notes will be retained (but clearly identified as such) as this is a contemporaneous account; they may be important in any criminal proceedings arising from current or historical allegations of abuse or neglect.

The concern file can be active or non-active in terms of monitoring ie a child is no longer LAC, subject to a child protection plan or CASA and this level of activity can be recorded on the front sheet as a start and end date. If future concerns then arise it can be re-activated and indicated as such on the front sheet and on the chronology as new information arises.

If the child moves to another school, the concern file will be sent or taken, as part of the admission/transition arrangements, to the Designated Safeguarding Lead at the new establishment/school. There will be a timely liaison between each school Designated Safeguarding Lead to ensure a smooth and safe transition for the child.

**Recording Practice**

Timely and accurate recording will take place when there are any issues regarding a child.

A recording of each and every episode/incident/concern/activity regarding that child, including telephone calls to other professionals, needs to be recorded on the chronology kept within the confidential file for that child. This will include any contact from other agencies who may wish to discuss concerns relating to a child. Actions will be agreed and roles and responsibility of each agency will be clarified and outcomes recorded. The chronology will be brief and log activity; the full recording will be on the record of concern. *NB There are templates attached as guidance which include a file front sheet, chronology, record of concern and a body map.*
More detailed recording on the record of concern will be signed and dated and include an analysis, taking account of the holistic needs of the child, and any historical information held on the child’s file. Support and advice will be sought from social care whenever necessary. In this way a picture can emerge and this will assist in promoting an evidence based assessment and determining any action(s) that needs to be taken. This may include no further action, whether an CASA should be undertaken, or whether a referral should be made to MASH/Children’s Social in line with agreed processes.

Such robust practice across child protection and in safeguarding and promoting the welfare of children will assist the school in the early identification of any concerns which may prevent future harm.

The Designated Safeguarding Lead will have a systematic means of monitoring children known or thought to be at risk of harm (through the concern file and through an ongoing dialogue with pastoral staff). They will ensure that we contribute to assessments of need and support multi-agency plans for those children.
Appendix 8

INFORMATION/FRONT SHEET

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
<th>Class/Form:</th>
<th>Ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Home Address:</th>
<th>Telephone:</th>
<th>Email:</th>
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</table>

Status of file and dates:

<table>
<thead>
<tr>
<th>OPEN</th>
<th>CLOSED</th>
<th>TRANSFER</th>
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<tbody>
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</tbody>
</table>

Any other child protection records held in school relating to this child/child closely connected to him/her?

YES/NO  WHO?

Members of household

<table>
<thead>
<tr>
<th>Name</th>
<th>Age/DOB</th>
<th>Relationship to child</th>
<th>Home work</th>
<th>Contact No</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Significant Others (relatives, carers, friends, child minders, etc)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to child</th>
<th>Address</th>
<th>Tel No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
### Other Agency Involvement

<table>
<thead>
<tr>
<th>Name of officer/person</th>
<th>Role and Agency</th>
<th>Status of Child ie CASA/CPP/LAC/CiN</th>
<th>Tel No</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Complete for all incidents of concern including where a ‘logging the concern’ sheet has not been completed. If one has been completed then add a note to this chronology to cross reference (significant information may also be added).

<table>
<thead>
<tr>
<th>Name:</th>
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</table>

<table>
<thead>
<tr>
<th>DOB:</th>
<th>Form:</th>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Information/Details of concerns or contact</th>
<th>Print Name and Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>
Appendix 10:
Template Recording Form for Safeguarding Concerns

Staff, volunteers and regular visitors who have a safeguarding concern about a child in school are required to complete this form and pass it to the Designated Safeguarding Lead.

<table>
<thead>
<tr>
<th>Full name of child</th>
<th>Date of Birth</th>
<th>Tutor/Form group</th>
<th>Your name and position in School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Nature of concern/disclosure**

Please include where you were when the child made a disclosure, what you saw, who else was there, what did the child say or do and what you said.

<table>
<thead>
<tr>
<th>Was there an injury?</th>
<th>Yes / No (circle answer)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Did you see it?</strong></td>
<td>Yes / No (circle answer)</td>
</tr>
<tr>
<td><em>(See body map guidance in Appendix 12)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Describe the injury:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Have you filled in a body plan to show where the injury is and its approximate size?</strong> Attach body map.</td>
<td>Yes / No (circle answer)</td>
</tr>
<tr>
<td><strong>Was anyone else with you? If yes, state name &amp; role/position?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Has this happened before? If yes, did you report the previous incident?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Who are you passing this</strong></td>
<td>Name:</td>
</tr>
<tr>
<td>information to?</td>
<td>Role:</td>
</tr>
<tr>
<td>----------------</td>
<td>------</td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Time:</td>
<td></td>
</tr>
</tbody>
</table>

Your signature:          Date:

<table>
<thead>
<tr>
<th>Action taken by the Designated Safeguarding Lead:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Referred? State where &amp; outcome of referral</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parents informed? If, no, state reason.</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Feedback given to child? If no, give reason.</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Feedback to other person. If yes, state who and reason.</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FURTHER ACTION AGREED:</th>
<th></th>
</tr>
</thead>
</table>
# Appendix 11

Logging concerns/information shared by others external to the school (Pass to Designated Lead)

<table>
<thead>
<tr>
<th>Pupil’s Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**FORM:**

<table>
<thead>
<tr>
<th>Date and Time of Incident:</th>
<th>Date and Time of receipt of information:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

*Via letter / telephone etc?*

<table>
<thead>
<tr>
<th>Recipient (and role) of information:</th>
</tr>
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<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of caller/provider of information:</th>
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<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Organisation/agency/role:</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Contact details (telephone number/address/e-mail)</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Relationship to the child/family:</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Information received:</th>
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**Actions/Recommendations for the school:**

<p>| |</p>
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<table>
<thead>
<tr>
<th>Outcome:</th>
</tr>
</thead>
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<td></td>
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<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Signature:</td>
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</table>

<table>
<thead>
<tr>
<th>Date and time completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counter Signed by Designated Lead</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Date and time:</td>
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</tbody>
</table>
Appendix 12

Body Map Guidance for Schools

Body Maps should be used to document and illustrate visible signs of harm and physical injuries. Always use a black pen (never a pencil) and do not use correction fluid or any other eraser. Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

*At no time should an individual teacher/member of staff or school be asked to or consider taking photographic evidence of any injuries or marks to a child’s person, this type of behaviour could lead to the staff member being taken into managing allegations procedures, the body map below should be used in accordance with recording guidance. Any concerns should be reported and recorded without delay to the appropriate safeguarding services, eg MASH or the child’s social worker if already an open case to social care.

When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:

- Exact site of injury on the body, e.g. upper outer arm/left cheek.
- Size of injury - in appropriate centimetres or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child’s body shape changed/are they holding themselves differently?

Importantly the date and time of the recording must be stated as well as the name and designation of the person making the record. Add any further comments as required.

Ensure First Aid is provided where required and record
A copy of the body map should be kept on the child’s concern/confidential file.
BODYMAP

(This must be completed at time of observation)

Names for Child: ___________________________ Date of Birth: ___________________________

Name of Worker: ___________________________ Agency: ___________________________

Date and time of observation: ___________________________
Name of Child: ___________________________  Date of observation: ____________

R  TOP  L  R  BOTTOM  L

R

INNER

OUTER

Printed Name and Signature of worker: ___________________________

Date: ____________

Time: ____________

Role of Worker: ___________________________________________________

Other information: ___________________________________________________
<table>
<thead>
<tr>
<th>Name of Child</th>
<th>DOB</th>
<th>Form</th>
<th>Home Address</th>
<th>Parents/carer contact details</th>
<th>Name of Social worker and contact details</th>
<th>Other Agencies</th>
<th>Type of Plan CP/CIN/LAC/CASA</th>
<th>Dates of Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunny Day</td>
<td>01/01/2009</td>
<td></td>
<td>9 Summer Street SW19 XXX Tel:</td>
<td>Ms Rainy Day Mr Stormy Day Mobile No.</td>
<td>Ken Support – 0208 000000 Mind Reader – Ed Psych - 020 8xxxx Treat Ment - GP</td>
<td>CP Plan (neglect)</td>
<td>ICPC 01/09/2014 RCPC 01/12/2015 Core group Mtgs 11/09/2014 2.30pm at school. 21/10/2014 at Social Care Office</td>
<td></td>
</tr>
</tbody>
</table>
All allegations against an adult who works with children must be reported to the Designated Senior Person for safeguarding in school who will then progress the referral to the LADO.

**POLICE**
- Police Investigation
- Criminal Conviction

**EDUCATION**
- Senior Officer
- Designated Safeguarding Lead
  - Section 47 Investigation / Social Work Enquiry
  - Social Work Intervention

**HUMAN RESOURCES**
- Senior Officer
- HUMAN RESOURCES
  - Suspension
  - Investigation
  - Disciplinary Hearing

**STRATEGY MEETING**
- Immediate Action to safeguard child/ren

**OUTCOME**
- No Further Action
- Dismissal
- Other Disciplinary Sanction
- Referral to Disclosure & Barring Service (DBS)

**Disciplinary Hearing**
- Other Disciplinary Sanction
- Referral to Disclosure & Barring Service (DBS)

**Children’s Social Care MASH Referral**
- Immediate Action to safeguard child/ren

Refer to Police if a criminal offence has been committed.
Appendix 15

Click Clever Click Safe code. Zip It! Block It! Flag It!

Teaching your children how to use the internet safely is just as important as teaching them how to cross the road using the Green Cross rules. So when your youngsters are online, whether alone or with you by their side, it's also as crucial to explain to them why they should stick to the Click Clever Click Safe code. Launched in 2010 for Safer Internet Day, the code features three simple and memorable actions to remember.

ZIP IT means keeping their personal stuff private and thinking about what they say or do online.

BLOCK IT reminds them to block people who send them nasty messages and not to open any links and attachments they receive by email or through social networks if they're not 100 per cent sure they're safe.

FLAG IT is the final piece of advice. It stands for flagging up to a parent, guardian, teacher or someone in authority anything that upsets them while they are online or if someone asks them to meet up in the real world.

Following these three simple statements will not only keep your child safe, it will also help ensure your computer is safe from viruses, spam and malware that could steal your identity, money from your bank account or delete precious photos and videos stored on your hard drive.

Three quarters of young people say they couldn’t live without the internet with a quarter admitting it would be the first place they turn for advice on alcohol, drugs, sex, finance and health.

Those findings by YouthNet prove just how the web is an increasing daily part of a young person's life. But with nearly a fifth of those youngsters who have accessed the internet coming across something harmful or inappropriate (Staying Safe Survey, 2009) the need for a simple set of actions is obvious.

That's where Click Clever Click Safe comes in. It is designed for both parents and children with useful advice for each. Here are some of the key bits to remember.
Advice for adults

Zip it
- People may not be who they say they are online so ensure children realise that adults do pretend to be children in chatrooms and on instant messaging systems.
- Set privacy controls to restrict access by strangers to your child’s social network account. Remember, they should not be on Facebook unless they are over 13.
- Be aware that even the smallest piece of personal information placed online could be used to identify them.

Block it
- Use filters, parental controls and security settings on mobile phones and games consoles as well as on your computer.
- Set preferences on search engines to prevent them looking for inappropriate material. This can block the use of certain keywords.
- Sit with your child and make sure they know how to delete emails, or remove people from instant messengers.

Flag it
Encourage your children to talk to a trusted adult if they don’t feel they want to discuss a problem encountered online with you. Remind them never to meet anyone in the offline world that they have met online without you going with them. Make them aware of the ClickCEOP buttons placed on the likes of Facebook and Windows Live Messenger. This allows them to report inappropriate sexual behavior towards them directly to the authorities.

Advice for children

Zip it
- Never tell people online what school you go to, your home address or place stuff like your email details or mobile phone number on social network profiles.
- Use a nickname in chatrooms and for instant messaging instead of your real name.
- Don’t give out your passwords, even to friends, to prevent yourself becoming a victim of cyber bullying.
Block it

- Always delete emails from people you don't know and never open attachments or click on links unless you can be 100 per cent sure what they are. They could hide a virus.
- Learn how to block and delete anyone you come into contact with who makes you feel scared, worried, uncomfortable or just doesn’t seem right.

Flag it

- If you don’t feel you can talk to your parents about something encountered online, then speak to a teacher, adult relative or a friend’s parent. Or call free to Childline on 0800 1111.
- Never meet anyone you only know in the online world. Just because they say they are a child or teenager, it doesn’t mean they are.
- Don’t be afraid to report someone who upsets you online. See www.ceop.police.uk/ for more advice.

Source: Talk Talk http://www.talktalk.co.uk/security/zip-it-block-it-flag-it.html

The Click Clever, Click Safe code – information for young people


The internet is a great way to see more, learn more and have lots of fun. To help you enjoy it safely, you should follow the 'Click Clever, Click Safe' code. It's just three simple things to remember that can help keep you safe when you visit your favourite websites.

Protect your own safety

The ‘Click Clever Click Safe’ code is a list of three simple things to remember when you're online:
Zip it
When you’re online, always keep your personal stuff private and think about what you say and do. Remember that people online may not be who they say they are. Online friends are still strangers, even if you have been talking to them for a long time.

Don’t share personal information online. This includes:
- your full name
- photos
- addresses
- school information
- telephone numbers
- places you like to spend time

Make sure you have set your privacy settings to restrict access to personal information. When you use chat rooms or instant messenger, use a nickname instead of your real name. To stop people accessing your online accounts, always keep your passwords secret and change them regularly.

Block it
Think about blocking people who send you nasty messages, and don’t open unknown links and attachments. Always delete emails from people you don’t know, and don’t open attachments from people you don’t know. They might be nasty or contain a virus that can stop your computer working. If someone is mean or sends nasty messages online, block them.

Flag it
If you see that anything upsets online or if someone asks to meet up with you, flag it up with someone you trust. If you are worried or unhappy about anything you see online, tell a parent or an adult you trust and they can help you. If you want to talk to someone else, you can call –
- Childline 0800 1111

If a friend you have made online asks to meet you in the offline world, talk to your parents or a trusted adult about it. You should never meet up with someone you have met online without an adult going with you because it is dangerous. If someone you know is being nasty to someone online, speak to a parent or trusted adult about it.
Source: www.nidirect.gov.uk
Appendix 16

Sexting (Youth produced sexual imagery): Responding to Incidents

The UKCCIS Education Group has produced advice for schools and colleges on responding to incidents of ‘sexting.’ This advice is non-statutory and should be read alongside the Department for Education’s Keeping Children Safe in Education statutory guidance and non-statutory Searching, Screening and Confiscation advice for schools.

The law
Making, possessing and distributing any imagery of someone under 18 which is ‘indecent’ is illegal. This includes imagery of yourself if you are under 18.


Specifically:
• It is an offence to possess, distribute, show and make indecent images of children.
• The Sexual Offences Act 2003 (England and Wales) defines a child, for the purposes of indecent images, as anyone under the age of 18. For the purposes of this advice ‘youth’ refers to anyone under the age of 18.
• Children under 13 are given extra protection from sexual abuse under the Sexual Offences Act 2003. This law makes it clear that sexual activity with a child under 13 is never acceptable, and that children of this age can never legally give consent to engage in sexual activity. This applies to children who have not yet reached their 13th birthday i.e. children who are aged 12 and under.

The latest guidance states “We should not, however, unnecessarily criminalise children. Children with a criminal record face stigma and discrimination in accessing education, training, employment, travel and housing and these obstacles can follow a child into adulthood” and “Often, young people need education, support or safeguarding, not criminalisation.” P10

For clarity, this advice introduces the term Youth Produced Sexual Imagery

• ‘Youth produced’ includes young people sharing images that they, or another young person, have created of themselves.
• ‘Sexual’ is clearer than ‘indecent.’ A judgement of whether something is ‘decent’ is both a value judgement and dependent on context.
• ‘Imagery’ covers both still photos and moving.

In some cases children under 13 (and indeed older) may create youth produced sexual imagery as a result of age appropriate curiosity or risk-taking behaviour or simply due to naivety rather than any sexual intent. This is likely to be the behaviour more commonly identified within primary schools. Some common examples could include sending pictures of their genitals to their friends as a dare or taking a photo of another child whilst getting changed for PE. Within this context it is unlikely that police or social care involvement is required or proportionate but DSLs will need to use their professional judgement to consider the specific context and the children involved.

DSLs must ensure that they are familiar with and follow MSCB policies for recognising and responding to harmful behaviours and/or underage sexual activity when dealing with children under 13 who may
have been involved in creating or sharing youth produced sexual imagery. This is essential to ensure that children involved or identified are safeguarded and are not unnecessarily criminalised or labelled.

Schools response to incidents of this type should be proportionate and, under certain circumstances, they may respond to incidents without involving the police.

When an incident involving youth produced sexual imagery comes to a school or college’s attention:  
- The incident should be referred to the DSL as soon as possible.  
- The DSL should hold an initial review meeting with appropriate school staff.  
- There should be subsequent interviews with the young people involved (if appropriate).  
- Parents should be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the young person at risk of harm.  
- At any point in the process if there is a concern a young person has been harmed or is at risk of harm a referral should be made to children’s social care and/or the police immediately.

All members of staff (including non-teaching staff) should be made aware of how to recognise and refer any disclosures of incidents involving youth produced sexual imagery. This should be covered within staff training.

**Initial review meeting**

The initial review meeting should consider the initial evidence and aim to establish:  
- Whether there is an immediate risk to a young person or young people  
- If a referral should be made to the police and/or children’s social care  
- If it is necessary to view the imagery in order to safeguard the young person – in most cases, imagery should not be viewed  
- What further information is required to decide on the best response  
- Whether the imagery has been shared widely and via what services and/or platforms. This may be unknown.  
- Whether immediate action should be taken to delete or remove images from devices or online services  
- Any relevant facts about the young people involved which would influence risk assessment  
  - If there is a need to contact another school, college, setting or individual  
- Whether to contact parents or carers of the pupils involved - in most cases parents should be involved

An immediate referral to police and/or children’s social care should be made if at this initial stage:  
1. The incident involves an adult  
2. There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example, owing to special educational needs)  
3. What you know about the imagery suggests the content depicts sexual acts which are unusual for the young person’s developmental stage, or are violent  
4. The imagery involves sexual acts and any pupil in the imagery is under 13  
5. You have reason to believe a young person is at immediate risk of harm owing to the sharing of the imagery, for example, the young person is presenting as suicidal or self-harming

If none of the above apply then a school may decide to respond to the incident without involving the police or children's social care (a school can choose to escalate the incident at any time if further information/concerns come to light).
The decision should be made by the DSL with input from the Headteacher and input from other members of staff if appropriate. The decision should be recorded.

Assessing the risks
The circumstances of incidents can vary widely. If at the initial review stage a decision has been made not to refer to police and/or children’s social care, the DSL should conduct a further review (including an interview with the young people involved) to establish the facts and assess the risks.

- When assessing the risks the following should be considered:
- Why was the imagery shared? Was the young person coerced or put under pressure to produce the imagery?
- Who has shared the imagery? Where has the imagery been shared? Was it shared and received with the knowledge of the pupil in the imagery?
- Are there any adults involved in the sharing of the imagery?
- What is the impact on the young people involved?
- Do the young people involved have additional vulnerabilities?
- Does the young person understand consent?
- Has the young person taken part in this kind of activity before?

DSLs should always use their professional judgement in conjunction with their colleagues to assess incidents.

Informing parents (or carers)
Parents (or carers) should be informed and involved in the process at an early stage unless informing the parent will put the young person at risk of harm. Any decision not to inform the parents would generally be made in conjunction with other services such as children’s social care and/or the police, who would take the lead in deciding when the parents should be informed.

DSLs may work with the young people involved to decide on the best approach for informing parents. In some cases DSLs may work to support the young people to inform their parents themselves.

Reporting incidents to the police
If it is necessary to refer to the police, contact should be made through existing arrangements. This may be through a safer schools officer, a PCSO, local neighbourhood police or by dialling 101. Once a report is made to the police, the report has to be recorded and the police will conduct an investigation. This may include seizure of devices and interviews with the young people involved.

Securing and handing over devices to the police
If any devices need to be seized and passed onto the police then the device(s) should be confiscated and the police should be called - In line with Searching, Screening and Confiscation advice. The device should be turned off and placed under lock and key until the police are able to come and retrieve it.

Searching devices, viewing and deleting imagery

Viewing the imagery
Adults should not view youth produced sexual imagery unless there is good and clear reason to do so. Wherever possible responses to incidents should be based on what DSLs have been told about the content of the imagery. Imagery should never be viewed if the act of viewing will cause significant distress or harm to the pupil.

If a decision is made to view imagery, the DSL would need to be satisfied that viewing:
• is the only way to make a decision about whether to involve other agencies (i.e. it is not possible to establish the facts from the young people involved)
• is necessary to report the image to a website, app or suitable reporting agency to have it taken down, or to support the young person or parent in making a report
• is unavoidable because a young person has presented an image directly to a staff member or the imagery has been found on a school device or network

If it is necessary to view the imagery then the DSL should:
• Never copy, print or share the imagery; this is illegal
• Discuss the decision with the headteacher
• Ensure viewing is undertaken by the DSL or another member of the safeguarding team with delegated authority from the headteacher
• Ensure viewing takes place with another member of staff present in the room, ideally the Headteacher or a member of the senior leadership team. This staff member does not need to view the images.
• Wherever possible ensure viewing takes place on school or college premises, ideally in the Headteacher or a member of the senior leadership team’s office.
• Ensure wherever possible that images are viewed by a staff member of the same sex as the young person in the imagery
• Record the viewing of the imagery in the school’s safeguarding records including who was present, why the image was viewed and any subsequent actions. Ensure this is signed and dated and meets the wider standards set out by Ofsted for recording safeguarding incidents

Viewing youth produced sexual imagery can be distressing for both young people and adults and appropriate emotional support may be required.

Deletion of images
If the school has decided that other agencies do not need to be involved, then consideration should be given to deleting imagery from devices and online services to limit any further sharing of the imagery.

It is recommended that in most cases young people are asked to delete imagery and to confirm that they have deleted the imagery. Young people should be given a deadline for deletion across all devices, online storage or social media sites. Young people may need support to report images to social media services.

Interviewing and talking to the young person/people involved
Once a school has assessed a young person as not at immediate risk, it may be necessary to have a conversation with them and decide the best course of action.

When discussing the sharing of youth produced sexual imagery, it is important that the DSL:

• Recognises the pressures that young people can be under to take part in sharing such imagery and, if relevant, supports the young person’s parents to understand the wider issues and motivations around this.
• Remains solution-focused and avoids questions such as ‘why have you done this?’ as this may prevent the young person from talking about what has happened.
• Reassures the young person that they are not alone and the school or college will do everything that they can to help and support them.
• Helps the young person to understand what has happened by discussing the wider pressures
that they may face and the motivations of the person that sent on the imagery.

- Discusses issues of consent and trust within healthy relationships. Explain that it is not ok for someone to make them feel uncomfortable, to pressure them into doing things that they don’t want to do, or to show them things that they are unhappy about. Let them know that they can speak to the DSL if this ever happens.

The purpose of the conversation is to:

Identify, without looking, what the image contains and whether anyone else has been involved.
Find out who has seen or shared the image and how further distribution can be prevented.

**Recording incidents**

All incidents relating to youth produced sexual imagery need to be recorded in school or college. This includes incidents that have been referred to external agencies and those that have not.

Ofsted highlight that when inspecting schools in relation to safeguarding they look for the following:

- Are records up to date and complete?
- Do records demonstrate both effective identification and management of the risk of harm?
- Do records demonstrate sound decision-making, appropriate responses to concerns and evidence of relevant referrals made in a timely manner?
- Do they indicate that appropriate action is taken in response to concerns and allegations in a timely manner?
- Do they show evidence of tenacity in following up concerns with relevant agencies?
- Do they provide evidence of effective partnership working and sharing of information?
- Is there evidence of attendance at or contribution to inter-agency meetings and conferences?
- Is there clarity about the school’s policy relating to the sharing of information internally, safe keeping of records, and transfer when a pupil leaves the school?

In cases that relate to youth produced sexual imagery it is important that schools reflect all of the areas above when they are recording incidents.

In addition, where schools do not refer incidents out to police or children’s social care they should record their reason for doing so and ensure that this is signed off by the headteacher.

**Reporting youth produced sexual imagery online**

Young people may need help and support with the removal of imagery from devices and social media, especially if they are distressed. Most online service providers offer a reporting function for account holders and some offer a public reporting function to enable a third party to make a report on behalf of the young person.

**EDUCATING YOUNG PEOPLE**

Keeping Children Safe in Education statutory guidance states that schools ‘should ensure children are taught about safeguarding, including online, through teaching and learning opportunities’.

In line with this, schools should provide young people with opportunities to learn about the issue of youth produced sexual imagery.

Learning about youth produced sexual imagery cannot be taught in isolation. Learning should be
located within a developmental PSHE education programme, as well as in the school’s computing programme where it should reflect the requirements of the National Curriculum programme of study for computing. Teaching should also reflect the principles articulated in ‘Key principles of effective prevention education’ - produced by the PSHE Association on behalf of NCA-CEOP. This can be downloaded from https://www.pshe-association.org.uk/curriculum-and-resources/resources/key-principles-effective-prevention-education

Schools should consider:

- What specific learning is provided in the curriculum about youth produced sexual imagery? This focuses on factual information and will include:
  - what it is
  - how it is most likely to be encountered
  - the consequences of requesting, forwarding or providing such images, including when it is and is not abusive
  - issues of legality
  - the risk of damage to peoples’ feelings and reputation

- What specific learning is provided to ensure children and young people have the strategies and skills required to manage:
  - specific requests or pressure to provide (or forward) such images
  - the receipt of such images

It is important that children and young people understand their school’s policy towards youth produced sexual imagery. The content of this policy and the protocols the school will follow in the event of an incident can be explored as part of this learning.

- What underpinning protective learning is being provided by the school’s planned PSHE education programme and wider curriculum? This will include work on:
  - communication
  - understanding healthy relationships including trust
  - understanding and respecting the concept of genuine consent
  - understanding our rights (especially our collective right to be safe and to feel safe)
  - recognising abusive and coercive language and behaviours
  - accepting our responsibilities (especially our responsibility to respect others trust and protect their right to be physically, emotionally and reputationally safe)
  - Without this underpinning learning, specific learning about sexting may have limited impact.