

South Bank Multi Academy Trust

Child Protection & Safeguarding Policy

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If a child is in immediate danger or is at risk of harm, a referral should be made to children's social care (01904 551900 or 01609 780780 out-of-hours) and/or the police (101 or 999) immediately. ANYONE CAN MAKE A REFERRAL. Where referrals are not made by the Designated Safeguarding Lead, the Designated Safeguarding Lead (DSL) should be informed as soon as possible that a referral has been made.

IF, AT ANY STAGE, A CHILD'S SITUATION DOES NOT APPEAR TO BE IMPROVING, ALERT THE DSL/CONTACT CHILDREN'S SOCIAL CARE TO PRESS FOR ACTION.

MILLTHORPE SCHOOL

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| <u>Multi-agency Level 2 Training completed on:</u> Pending | <u>Multi-agency Level 2 Training completed on:</u> Parts A&B completed 04/19 | <u>Multi-agency Level 2 Training completed on:</u> Expired. Refresher pending owing to COVID-19 |

List of who has completed certificated Safer Recruitment Training:

| | |
|--|-----------------------------------|
| <u>Staff:</u> Alex Collins Tim Gillbanks Gemma Greenhalgh Mary Simpson | <u>Governors:</u> Jane Terrett |
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1 WHAT SHOULD THIS POLICY ACHIEVE?

- 1.1 This policy will ensure that there is a consistent approach to Safeguarding and Child Protection across South Bank Multi Academy Trust (SBMAT) and it applies to all young people within the Trust under the age of 18.
- 1.2 **Safeguarding** is defined within 'Working Together to Safeguard Children [2018] and Keeping Children Safe in Education 2020 as:
- Protecting children from maltreatment;
 - Preventing impairment of children's mental and physical health or development;
 - Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
 - Taking action to enable all children to have the best life chances.
- 1.3 Staff must be aware of the wider, specific safeguarding issues, including behaviours associated with drug taking, alcohol abuse, truanting, sexting and child on child sexual violence all of which put children in danger. A longer list of issues is available in Part 1 and Part 5 of *Keeping Children Safe in Education (2020)*, with links to further information about each issue. Staff must read and understand Part 1 [and Part 5](#) of *Keeping Children Safe in Education (2020)*.
- 1.4 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 1. Specific safeguarding issues are addressed in Appendix 1A.
- 1.5 Safeguarding is not just about protecting children, learners and vulnerable adults from deliberate harm, neglect and failure to act. It relates to broader aspects of care and education, including:
- children's and learners' health and safety and well-being, including their mental health
 - meeting the needs of children who have special educational needs and/or disabilities
 - the use of reasonable force
 - meeting the needs of children and learners with medical conditions
 - providing first aid
 - educational visits
 - intimate care and emotional well-being
 - online safety and associated issues
 - appropriate arrangements to ensure children's and learners' security, taking into account the local context.

There is no legal definition of **child protection**, but professionals aim to identify those children who are at risk of serious harm. Child protection aims to keep children safe where

there is serious risk of harm. Serious risk of harm may arise from a single event or a series of concerns over time.

Often the phrases 'Child Protection' and 'Safeguarding' are used synonymously, but they are quite distinct. Safeguarding refers to all children, whilst Child Protection refers distinctly to children at risk of serious harm.

- 1.6 The Trust believes that the safety and well-being of its pupils is of the utmost importance and sets out to ensure that action will be taken to protect a child where that child is suffering harm or is likely to suffer harm. Trust staff are in a unique position that can allow them to identify safeguarding concerns at an early stage. They have a role beyond that of educating pupils or supporting the smooth running of the school, which extends to the care and basic human rights of each young person.

1.7 THIS POLICY SHOULD BE READ IN CONJUNCTION WITH ALL OTHER SCHOOL SAFEGUARDING POLICIES AND PROCEDURES (SEE APPENDIX 6)

2 WHAT ARE THE AIMS OF THIS POLICY?

2.1 The purpose of our Child Protection and Safeguarding Policy is to:

- Raise the awareness of all staff of the need to safeguard children and of their responsibilities in identifying concerns and reporting them as a matter of priority;
- Provide a framework to support staff in identifying concerns that a child may be suffering harm or abuse thereby enabling them to report those concerns without delay;
- Maintain an environment where children feel secure and are listened to and contribute to the establishment of a safe, resilient and robust ethos in the school and trust, built on mutual respect and shared values;
- Identify and protect the most vulnerable, identify individual needs where possible and developing plans to meet those needs;
- Ensure that each school has sufficient Designated Safeguarding Leads to enable one of them to be available or contactable at all times during the school day;
- Develop and promote effective working relationships with pupils, parents and with partner agencies;
- Provide a systematic means of monitoring children who are thought to be at risk of harm or who are subject to child protection plans;
- Provide structured procedures within each school which will be followed by all staff when there are concerns about a child;
- Ensure that all adults working with children in the trust have undergone appropriate checks as to their suitability to work with children in line with the Department of Education, the Disclosure & Barring Service and York City Council.
- Ensure that procedures are followed where an allegation is made against teachers and other staff in accordance with the Department for Education Keeping Children Safe in Education, Part 4, with the involvement of the Local Authority Designated

Officer (LADO), Safeguarding & Quality Assurance, Children's Social Care on 01904 551783 or e-mail lado@york.gcsx.gov.uk

3 WHO MANAGES THIS POLICY?

- 3.1 This policy is overseen on a day-to-day basis by each school's Designated Safeguarding Lead, who reports information as appropriate to each school's Headteacher. The role of the Designated Safeguarding Lead is to provide support to staff members to carry out their safeguarding duties and to liaise closely with other services such as Children's Social Care. This is explicit in his/her job description. At all times, SBMAT schools will seek to provide a consistent and proactive approach to Child Protection. Governing Boards and Headteachers will act with ultimate accountability. Headteachers will ensure this policy is followed by all members of staff and governors.
- 3.2 The Designated Safeguarding Lead will always be available during school hours to discuss any concerns, even when off-site. In the absence of the Designated Safeguarding Lead, his/her duties will be carried out by the Deputy Designated Safeguarding Lead, who will be trained to the same standard as the Designated Safeguarding Lead. Should neither be available, the Headteacher or any senior member of staff should undertake safeguarding duties in accordance with this policy. The absence of key personnel must never be a reason for concerns to go unreported. The Designated Safeguarding Lead will retain ultimate responsibility for safeguarding and child protection.
- 3.3 Any centralised SBMAT staff not assigned to an individual school will report any concerns to the Designated Safeguarding Lead of the school to which the concerns are related.

4 RATIONALE

- 4.1 The South Bank Multi Academy Trust recognises that children's welfare is of paramount importance. All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse. The Trust recognises that working in partnership with children and their parents, carers and other agencies, is essential for promoting children's welfare. This policy statement is intended to provide protection for the children and young people who attend schools within the Trust, or who are family members of those pupils. It provides staff and volunteers with guidance on the procedures they should adopt in the event that they suspect a child or young person may be experiencing, or be at risk of, harm. It applies to **all** members of staff, volunteers, governors, sessional workers, agency staff, pupils, or anyone working in or on behalf of the South Bank Multi Academy Trust.
- 4.2 We will seek to safeguard children and young people by:
 - Valuing, listening to and respecting them;
 - Seeking advice from the Children's Advice Team (Children's Front Door 01904 551900);
 - Recruiting staff and volunteers safely, ensuring all necessary checks are made;

- Sharing information about Safeguarding/Child Protection and good practice with children, parents, staff and volunteers;
- Sharing information about concerns with agencies who need to know, and involving parents and children appropriately;
- Leading or contributing to Family Early Help Assessments (FEHAs);
- Making referrals to and working with other agencies;
- Providing effective management for staff and volunteers through supervision, support and training.

5 DEFINITIONS

5.1 Abuse is a form of maltreatment of a child. Someone 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, adults, another child or children. There are **four categories of abuse**:

5.1.1 Physical Abuse

This is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning, 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. This situation is commonly described using terms such as fabricated or induced illness or Munchausen's Syndrome by proxy (see Appendix 1).

5.1.2 Emotional Abuse

This is 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 (see Appendix 1).

5.1.3 Sexual Abuse

This 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 (see Appendix 1).

5.1.4 Neglect

This 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 or shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);
- ensure access to appropriate medical care or treatment;
- respond to a child's basic emotional needs.
- For more information see Appendix 1

6 SPECIFIC SAFEGUARDING ISSUES

6.1 Abuse and safeguarding issues are rarely standalone events that can be covered by one definition or label. All staff, but especially the Designated Safeguarding Lead and deputy safeguarding lead should be aware that children can be at risk of abuse or exploitation outside of their families (extra-familial harms). In most cases, multiple issues will overlap with one another and could include more than one specific safeguarding issue, such as:

- truanting or a child missing from education;
- child missing from home or care;
- child sexual or criminal exploitation;
- bullying, including cyberbullying;
- domestic violence;
- alcohol and/or drug abuse;
- fabricated or induced illness;
- self-harm;
- involvement in radicalisation & extremism;
- relationship abuse;
- faith abuse;
- female genital mutilation (FGM);
- involvement in gangs or youth violence;
- gender-based violence/violence against women and girls;
- forced marriage;
- honour based violence;
- sexual preference violence
- hate;
- mental health issues
- trafficking
- peer on peer abuse

- racial based violence
- sexting;

6.2 The DfE recommends that expert and professional organisations are best placed to provide up-to-date guidance and practical support on such specific safeguarding issues e.g. at <http://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/>. Schools can also access broad government guidance at <https://www.gov.uk/topic/schools-colleges-childrens-services/safeguarding-children>.

6.3 **FGM**

If, in the course of his/her work in the profession, a teacher discovers that an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl under the age of 18, the teacher must report this and activate the school's safeguarding procedures – this matter must be reported to police or s/he will face disciplinary action. Pupils must not, however, be actively examined by school staff for signs of FGM.

6.4 **PREVENT**

Similarly, if in the course of his/her work in the profession, a teacher reasonably suspects that a child is at risk of radicalisation, a referral must be made to the 'Channel' programme and the school's safeguarding procedures for Preventing Radicalisation must be adhered to - further guidance can be found at:

<https://www.gov.uk/government/publications/channel-guidance>.

7 **HOW TO RESPOND TO SIGNS AND SUSPICIONS OF ABUSE: ROLES AND RESPONSIBILITIES**

7.1 The South Bank Multi Academy Trust recognises and accepts that teachers, along with other adults associated with each school, are well placed because of their unique position to observe children and note any emotional, behavioural or physical signs which may be suggestive of child abuse or concerns about their care (see Appendix 1A). DfE 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 and can be found at: <https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>

7.2 The Trust recognises that a relationship between teachers, pupils, parents and carers which fosters respect, confidence and trust can lead to the disclosure of abuse. Staff will attempt to preserve these relationships wherever possible, but each school acknowledges that the child's protection is always paramount.

7.3 The South Bank Multi Academy Trust is supported in all matters relating to Child Protection by the LA's Children's Advice Team, which offers advice, support and guidance regarding Child Protection matters.

7.4 In order to help **all staff** meet their responsibilities in relation to the protection of children:

- Each school will always follow DfE and CYC Safeguarding Children Partnership (CYC SCP) procedures (see Appendix 2);

- This policy statement and associated policy statements will be published on each school's website;
- All members of staff (teaching and non-teaching), governors, volunteers and pupils will read this policy statement;
- Newly appointed members of staff will be briefed about this safeguarding policy and procedures as part of their induction and asked to sign to say that they have read it;
- All members of staff (teaching and non-teaching) will read the Part 1 and Part 5 of the DfE's 2020 'Keeping Children Safe in Education for School and College Staff'. This can be found on-line at: <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>. Each school will ask staff to sign to say they have read and understood part 1 and Part 5 of 'Keeping Children Safe in Education for School and College Staff'.
- The Designated Safeguarding Lead, Deputy Safeguarding Lead and Nominated Safeguarding Governor will complete Level 2 Multi-Agency Safeguarding Training (Working Together 'A') every two years and will attend briefing/updates at least annually;
- The Trust currently uses Educare as their online training provider. As a minimum the Trust expects all members of staff to complete the following training:
 - 'Child Protection in Education' training should be undertaken as soon as possible upon appointment and every 3 years thereafter.
 - 'Prevent' training (*aimed at safeguarding vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves*) should be undertaken as soon as possible after appointment and every 3 years thereafter. Further free training may be accessed on-line at: <https://www.elearning.prevent.homeoffice.gov.uk/>;
 - 'Female Genital Mutilation' (FGM) training (*aimed at recognising and preventing FGM*) should be undertaken as soon as possible after appointment and every 3 years thereafter. Further free training may be accessed on-line at: <http://www.safeguardingchildren.co.uk/resources/female-genital-mutilation-recognising-preventing-fgm-free-online-training/>;
 - Educare's 'Child Protection Refresher' training should be undertaken in the intervening years (years 2 and 3). This training provides an annual update on KCSIE, safeguarding legislation/guidance changes, prevent and FGM.
- Schools have the discretion to increase the frequency of training and may require staff to complete full module training in safeguarding, prevent and/or FGM on an annual basis.

- Relevant members of staff and governors involved in the recruitment process will complete Safer Recruitment Training.
- Each school will keep up-to-date records of safeguarding training and copies of certificates.

8 HOW TO RESPOND TO SIGNS OR SUSPICIONS OF ABUSE; PROCEDURES FOR STAFF:

8.1 Any member of staff who:

- a) Suspects that a child is injured, marked or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play, or when the explanation given appears inconsistent with the injury;
- b) Notes behaviours or actions, which give rise to suspicions that a child may have suffered abuse, including worrying drawings or play;
- c) Is concerned that a child may be suffering from lack of care, ill treatment or emotional maltreatment;
- d) Has concerns that a child is presenting any signs or symptoms consistent with suspicion of child abuse or neglect; (see Appendix 1A)
- e) Notes significant changes in a child's presentation otherwise unexplained;
- f) Receives hints or a disclosure of abuse from the child, another pupil, parent or member of the public;
- g) Becomes aware that a person who has committed offences against children has moved into a household with children present or otherwise in a situation where that person may be posing a risk to children;

Must immediately report this to the Designated Safeguarding Lead (see Appendix 2)

9 HOW TO RESPOND TO A CHILD DISCLOSING ABUSE: PROCEDURES FOR STAFF

- 9.1 It is not the responsibility of teachers/care/support staff to investigate abuse or decide if abuse has taken place. Each school does, however, have a duty to act on any concerns and refer to the investigating agencies (CYC Safeguarding Children Partnership (CYC SCP) and the Police).
- 9.2 Always listen to and take seriously any disclosure of abuse. Keep questions to a minimum, only asking these to clarify information or to assist the child who is finding it difficult to talk. Any questions should be 'open' i.e. not have the answer embedded in the question e.g. 'Can you tell me what happened?' rather than 'Did x hit you?'
- 9.3 Do not interrogate the child. Do not make the child repeat it all to another person. The information needed from the child is only that which is sufficient to make a referral for further investigation, not for staff to decide the validity of the disclosure.
- 9.4 Try not to show signs of shock, horror or surprise.
- 9.5 Do not express your feelings or any judgements regarding the alleged abuser.

- 9.6 If a child confides in you and requests that the information is kept secret, it is important that you tell the child sensitively that you have a responsibility to refer the information to the Designated Safeguarding Lead in order to protect the child from further abuse. **ON NO ACCOUNT SHOULD THE CHILD BE PROMISED ABSOLUTE CONFIDENTIALITY.** This should be made clear before the child makes the disclosure, or at the earliest opportunity.
- 9.7 Reassure and support the child, as far as possible, that only those who 'need to know' in order to protect them will be told. Explain what will happen next and try to ensure that the child's wishes are taken into account when determining what action to take to protect them from harm.
- 9.8 Do not approach parents/carers at this stage. The Designated Safeguarding Lead will decide, based on the information, if and when parents/carers will be spoken to.
- 9.9 All concerns, discussions and decisions, and the reasoning behind those decision, must be recorded in writing.
- 9.10 Child protection information is **CONFIDENTIAL** and will be shared only on a 'need to know' basis as determined by the Designated Safeguarding Lead.

10 ACTION BY THE DESIGNATED SAFEGUARDING LEAD

- 10.1 The Designated Safeguarding Lead will decide what needs to happen next. The first consideration will be the need to address any urgent medical needs of the child.
- 10.2 The Designated Safeguarding Lead is entitled to make an enquiry as to whether the child is, or has been on, the subject of a Child Protection Plan (01904 551900).
- 10.3 The Designated Safeguarding Lead can consult with the LA's Children's Front Door Team (01904 551900) for support and advice about how to proceed.
- 10.4 The Designated Safeguarding Lead will decide, based on CYC SCP Guidelines and Procedures, and if necessary after consultation as above, whether to talk to parents. Good Child Protection practice rests within a climate of openness and honesty. Parents will in general and where possible be spoken to unless to do so may place the child at risk of significant harm, impede any police investigation or place the member of staff or others at risk. An inability to contact parents will not cause undue delay in making a referral. The Designated Safeguarding Lead must make any necessary Child Protection referral even if the parents disagree with such a decision. The Designated Safeguarding Lead will make it clear that they are following CYC SCP Guidelines and Procedures and acting on their statutory duty.
- 10.5 The Designated Safeguarding Lead will decide whether to make a formal referral in conjunction with the LA's Children's Advice Team. Verbal referrals will be followed up in writing using the standard referral form. This form is available electronically at <http://www.yor-ok.org.uk/> and should be returned to the LA's Children's Front Door by post or secure e-mail as detailed on the form.

- 10.6 In cases where a child is at immediate risk, there is clear physical evidence, or the child has made a clear disclosure, referral to the LA's Children's Front door Team (01904 551900) should be made immediately. If the above consultation process is not possible or cannot be completed within a very short timescale (because, for example, the Designated Safeguarding Lead is not available) then it is the responsibility of the teacher who gleaned the information to ensure that a speedy referral is made. Any member of staff is entitled to liaise/consult and to make a referral. If any person other than the Designated Safeguarding Lead makes a referral, s/he should inform the Designated Safeguarding Lead as soon as possible.
- 10.7 The Designated Safeguarding Lead may consider that whilst a Child Protection referral may not be appropriate, it would be appropriate to complete a Family Early Help Assessment (FEHA), guidance and forms for which are available electronically at <http://www.yor-ok.org.uk/>, or to make a referral for support to another service for example, the School Health Service; Primary Mental Health Worker for Child and Adolescent Mental Health; Education (Behaviour Support, Learning Support, Educational Psychologist) etc. This should only ever be done with the agreement of parents. However, failure to agree may, in some circumstances, be in itself a safeguarding concern.
- 10.8 If it is decided a referral should not be made, the Designated Safeguarding Lead should document any action taken and the reason(s) for the decision not to proceed further. Monitoring should be continued.
- 10.9 School staff will engage in inter-agency working in line with the DfE's statutory guidance 'Working Together to Safeguard Children', which can be found at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf
- [10.10 'When to call the Police' is guidance for schools from the National Police Chiefs' Council and may be useful for Designated Safeguarding Leads and deputies. This can be found at https://www.npcc.police.uk/documents/Children%20and%20Young%20people/When%20to%20call%20the%20police%20guidance%20for%20schools%20and%20colleges.pdf](https://www.npcc.police.uk/documents/Children%20and%20Young%20people/When%20to%20call%20the%20police%20guidance%20for%20schools%20and%20colleges.pdf)

11 ACTION FOLLOWING CHILD PROTECTION REFERRAL

- 11.1 The Designated Safeguarding Lead will make regular contact with Children's Social Care to provide any necessary information, to ensure that information is up to date and that there is clarity around the actions that both Children's Social Care and the school will take.
- 11.2 The Designated Safeguarding Lead or other appropriate member of staff will, wherever possible, contribute to any strategy discussion;
- 11.3 The Designated Safeguarding Lead or other appropriate member of staff will attend, contribute to, and provide a report for, any subsequent Child in Need meeting or Child Protection Conference. This will include expressing a professional view, based on the

information shared, as to whether the child or children who is/are the subject of the Conference should become the subject(s) of a Child Protection Plan on the grounds that they appear to be at risk of continuing significant harm.

- 11.4 If a child or children become the subject of a Child Protection Plan, the school will contribute to the Child Protection Plan, attend Core Group Meetings and Review Child Protection Case Conferences.
- 11.5 All reports written will, wherever possible, be shared with parents prior to meetings. If there is doubt regarding sharing certain information, this will be discussed with the LA's Children's Advice Team.
- 11.6 Where the Designated Safeguarding Lead disagrees with a decision made by Children's Social Care e.g. not to apply Child Protection Procedures or not to convene a Child Protection Case Conference, the matter will be discussed with the LA's Children's Advice Team and they will together agree how to proceed.
- 11.7 If information from Children's Social Care is not forthcoming following a referral, the Designated Safeguarding Lead should press for information.
- 11.8 If a member of staff has concerns about the safety or welfare of a child and feels these concerns have not been acted upon by the Designated Safeguarding Lead, it is the staff member's responsibility to take action. The concern should be raised with the Trust Principal in the first instance, however if the staff member still feels the concern has not been acted upon they should refer directly to Children's Social Care.

12 RECORDING AND MONITORING

- 12.1 Accurate records will be made as soon as practicable and will clearly distinguish between observation, fact, opinion and hypothesis. All records will be signed and dated, any information given be recorded verbatim where possible and note made of location and description of any injuries seen.
- 12.2 All Child Protection documents will be retained in a 'Child Protection' file, separate from the child's main file. This will be locked away and only accessible to the Designated Safeguarding Lead (*and his/her substitutes*). The Data Protection Act 2018 provides that Child Protection records be exempt from disclosure where this would not be in the best interests of the child. Records will be transferred to any future school/academy the child moves to, clearly marked: *Confidential - Child Protection - for the attention of the Designated Safeguarding Lead*.
- 12.3 The nominated Safeguarding Governor will liaise with the Designated Safeguarding Lead to monitor and evaluate progress in all matters related to Child Protection in each school.

13 PARTNERSHIP WITH PARENTS / CARERS

- 13.1 The South Bank Multi Academy Trust recognises that the protection of children should always be of paramount importance and consideration and that the primary focus in Child Protection should always be the child's safety and welfare. However, good Child Protection practice and outcomes rely on a positive, open, honest working partnership

with parents. We will ensure that all parents are treated with respect, dignity and courtesy. We will respect a parent's right to privacy and confidentiality unless they give permission for information to be shared or it is necessary to infringe on this in order to protect a child or children.

- 13.2 When a referral has been made without informing parents we will clearly explain that we have acted following consultation, and in line with our statutory responsibilities, this policy and CYC SCP Guidelines and Procedures.
- 13.3 We will make parents aware of this policy and guidance in our prospectus and on our website. We make it clear that we may, on occasion, need to make referrals without consultation with them. However, we will make every effort to maintain a positive working relationship with them whilst fulfilling our duties to protect a child or children. Parents will be made aware that they can access this policy on request.

14 SUPPORTING THE CHILD

- 14.1 The school recognises that a child who is abused or neglected may find it difficult to develop and maintain a sense of self-worth. We recognise that children may feel helpless and humiliated and may blame themselves for what has or is happening to them. School may provide a vital source of stability in the lives of children who have been abused or are at risk of harm. We recognise that the behaviour of a child in these circumstances may range from that which is perceived to be 'normal' to aggressive or withdrawn.

We aim to support all children in our schools by:

- Encouraging a sense of self-worth and assertiveness whilst not condoning bullying and aggression. Bullying in itself may result in the threshold of significant harm being met and we take seriously our responsibility to challenge bullying behaviours in accordance with our anti-bullying policy;
 - Promoting a caring and safe environment within the school and
 - Providing opportunities through the Foundation Stage and PHSE curriculum for children to learn strategies to protect themselves, ask for help and support and gain confidence in standing up for their rights and valuing and respecting others.
 - Working in partnership with other services involved in safeguarding children and notifying Children's Social Care as soon as there are significant concerns about a child
- 14.2 In circumstances where a child protection referral has been made children will be given a proper explanation, appropriate to their age and understanding, of what action is being taken on their behalf and why. We will provide a secure, caring, supportive and protective relationship for children.
- 14.3 The Designated Safeguarding Lead will decide which members of staff "need to know" and how much they "need to know" in order to support and protect a child or children. This will take into account the acute difficulty and embarrassment many children have knowing that members of staff are aware of their situation. Central to the decision will be the need to

protect a child whilst maintaining, wherever possible, privacy and dignity and the right to confidentiality.

15 CHILD PROTECTION IN THE CURRICULUM

15.1 South Bank Multi Academy Trust is committed to raising pupils' awareness that they have a right to not be treated or touched in a way that makes them unhappy or hurt, that sometimes they may not feel able to stop an adult or peer doing something that they do not like, and that there are people in and out of the school who will listen to them and take steps to protect them from harm. Age appropriate materials are utilised in Sex and Relationship Education, Personal, Social and Health Education, Citizenship Education, Internet Safety Education etc. in order to help children to understand safeguarding issues, and the law. Childline (0800 1111) contact information is prominently displayed in the school.

16 SAFEGUARDS FOR PUPILS AND STAFF (including safer recruitment)

- 16.1 The Trust will follow DfE and LA guidance regarding safeguarding children and safer recruitment. It notes its responsibility to ensure that the Disclosure and Barring Service is provided with relevant information so that individuals who pose a threat to children can be identified and barred from working with them. Pre-appointment checks are undertaken for all appointments, including salaried teacher trainees, and offers of appointment will be conditional until satisfactory clearance is received.
- 16.2 Written references are requested and checked to ensure information is not contradictory or incomplete.
- 16.3 Volunteers undertaking regulated activity will be subject to enhanced DBS and barred list checks. A supervised volunteer who regularly teaches or looks after children is not in regulated activity. Nevertheless, risk assessments will be undertaken to decide whether or not an enhanced DBS check is required. Volunteers who engage in regulated activity will still receive regular and reasonable supervision.
- 16.4 A Single Central Record of recruitment and vetting checks covering all adults who have regular contact with children is maintained at each school and includes details of: identity checks; barred list checks; enhanced DBS checks; prohibition from teaching checks; checks of professional qualifications; checks to determine the individual's right to work in the UK; additional checks for those who have lived or worked outside of the UK.
- 16.5 At least one member of any recruitment panel will have completed 'Safer Recruitment' training. Recruitment processes will make clear the school's commitment to safeguarding and promoting the welfare of children and will adhere to the DfE's flowchart (See Appendix 3). This will include ensuring that all staff, governors and volunteers are subject to enhanced Disclosure and Barring Service and barred lists check if they are to engage in or transfer to regulated activity. Staff, governors and volunteers who will be in frequent contact with children, but who will not be engaging in regulated activity, will still require an

enhanced DBS check (no barred list check). Staff, trainees, volunteers and contracted persons who have not been checked in this manner will not be allowed unsupervised access to children.

- 16.6 A person who is prohibited from teaching by a Prohibition Order will not, in any circumstances, be appointed or allowed to work in the school. Candidates to be employed as teachers will be checked against the Teacher Services System to ensure they are not subject to a prohibition order. This can be found at: <https://www.gov.uk/guidance/teacher-status-checks-information-for-employers>.
- 16.7 All new appointments to regulated activity will have their employment history, identity, right to work in the UK, qualifications and mental and physical fitness to carry out their work verified in line with DfE statutory guidance contained in 'Keeping Children Safe in Education 2020'.
- 16.8 Each School will obtain written notification from any agency or third-party organisation that they use, including ITT providers, that the organisation has carried out appropriate safeguarding checks.
- 16.9 Contractors engaging in regulated activity will require an enhanced DBS certificate. The identity of contractors will be checked on arrival and they will be asked to sign the following declaration:
“Child Protection – contractors should not work in areas where children are present, unless with the express permission of the Headteacher and only then under the supervision of a member of school staff. Contractors should discourage children from entering into conversations and must NEVER be alone with a child or group of children”
- 16.10 School staff will use their professional judgement to determine whether a visitor, such as a pupil's parents and relatives, need to be escorted or supervised.
Regulated activity includes:
a) teaching, training, instructing, caring for (see (c) below) or supervising children if the person is unsupervised, or providing advice or guidance on well-being, or driving a vehicle only for children,
b) work for a limited range of establishments (known as 'specified places', which include schools and colleges), with the opportunity for contact with children, but not including work done by supervised volunteers;
Work under (a) or (b) is regulated activity only if done regularly. Some activities are always regulated activities, regardless of their frequency or whether they are supervised or not. This includes:
c) relevant personal care, or health care provided by or provided under the supervision of a health care professional: personal care includes helping a child, for reasons of age, illness or disability, with eating or drinking, or in connection with toileting, washing, bathing and dressing; health care means care for children provided by, or under the direction or supervision of, a regulated health care professional.

- 16.11 The primary schools will ask staff and volunteers to declare if they may be disqualified under the Childcare Act 2006 and Disqualification Regulations 2009. Where disqualification is indicated, such a person will be suspended or redeployed and informed that they must apply to OFSTED for a waiver within 14 days. Records of checks will be maintained.
- 16.12 School staff will always act professionally and conduct any relationships or communications with children in a professional manner (*see the Trust's 'Staff Code of Conduct'*).
- 16.13 School staff will not be put in a position which renders them particularly vulnerable to false allegations of abuse. Any concerns that, for whatever reason, a member of staff may be vulnerable will be shared with the Designated Safeguarding Lead who will make appropriate arrangements to reduce/eradicate this risk. The decisions made will be recorded and include the reasons for them. If the risk relates to a particular child, a copy will be retained on that child's file. Parents, where appropriate, will be informed.
- 16.14 All staff and volunteers should feel able to raise concerns about poor or unsafe practice with regard to children (*using the Trust's 'Whistleblowing Policy', or by contacting the NSPCC's Whistleblowing Helpline on 0800 028 0285*). Anyone who has concerns that the behaviour of another member of the school staff is or may be abusive to children must immediately inform the Headteacher. If these concerns relate to the Headteacher, the nominated Safeguarding Governor must be informed.
- 16.15 The school will follow DfE guidance on information sharing (see Appendix 5).
- 16.16 The school's policy on physical restraint relates to this policy. Where a 'restraint' appears to have been conducted in a manner which could constitute abuse, these procedures will be followed.
- 16.17 Children are capable of abusing their peers and this can occur between two children of any sex. It can also occur through a group of children abusing a single child or group. It could, for example, include sexual violence (*including rape, assault by penetration and sexual assault*); sexual harassment (*including sexual comments/'jokes', physical behaviour and displaying sexual images*); online sexual harassment (*including sharing images, threats/coercion and inappropriate comments*) and initiation/hazing type violence. Abuse is abuse and should never be tolerated or passed off as "banter" or "part of growing up". A child under 16 years can **never** consent to any sexual activity. Victims should not be made to feel that they are creating a problem when reporting sexual abuse and harassment. Where **abuse by children** is either suspected or becomes known, the Designated Safeguarding Lead will consult with LA's Children's Front door (01904 551900) in order to secure appropriate arrangements for the safety, protection and support of victims and alleged perpetrators and will make Child Protection or Police referrals where appropriate. A risk assessment will also be carried out and arrangements to separate the victim(s) and alleged perpetrator(s) will be considered. The Designated Safeguarding Lead will follow the advice set out in 'Sexual Violence and Sexual

Harassment between Children in Schools and Colleges (DfE December 2017), where abuse or harassment is reported. This can be found here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/667862/Sexual_Harassment_and_Sexual_Violence_-_Advice.pdf

Note: If inappropriate images have been shared on-line, the Internet Watch Foundation may be able to support their removal (<https://www.iwf.org.uk/>).

- 16.18 Each school within the Trust has robust policies in place to support children's rights and their good behaviour and discipline. Bullying and racism are not tolerated. Policies for Behaviour and Discipline, Anti-Bullying and Equalities set out how each school seeks to prevent incidents and how they are dealt with if they occur. Where peer on peer abuse has been perpetrated, each school will deal with the perpetrator(s) in line with these policies.
- 16.19 Each school has made appropriate arrangements for ensuring the safe use of the Internet through an Internet Safety Policy. Each school has appropriate filters and monitoring systems in place to prevent children accessing potentially harmful and inappropriate material, including extremist material. The Trust 'Staff Code of Conduct' together with each school's Staff Handbooks on the Use of Images of Children set out how we safeguard children's privacy and seek to prevent the inappropriate use of photographic images.
- 16.20 It is the responsibility of each school placing students on work experience to ensure that they are suitable for the placement in question. Barred list checks are required for people who supervise children on work experience and the school will ask for assurances that this has been undertaken. Work experience providers may decide to request DBS checks for over 16's.
- 16.21 Each school has a range of other policies and documents covering general safety issues and risk assessment, including Health and Safety, Fire Safety, Educational Visits, etc. (see Appendix 6).

17 ALLEGATIONS OF ABUSE MADE AGAINST A MEMBER OF STAFF (INCLUDING SUPPLY STAFF AND VOLUNTEERS)

(See also Appendix 4)

- 17.1 All children will be listened to and taken seriously whenever they make an allegation of a Child Protection nature, irrespective of the person they are making the allegation about. We acknowledge that this is particularly difficult when the subject of the allegation is a colleague and/or friend. On no account, however, should the person listening to the allegation offer an alternative explanation or blame the child. Members of staff should report concerns about other members of staff to the Headteacher.
- 17.2 Allegations may indicate that a person is unsuitable to work with children. If it is reported that a person has behaved in a way that has, or may have, harmed a child or possibly

committed a criminal offence against or related to a child, DfE, CYC SCP Guidelines and Procedures and guidance from the Trust's HR providers must always be followed.

- 17.3 Incidents that occur outside of school and involve transferable risk should also be reported. These incidents may or may not involve children, but could impact on the individuals suitability to work with children eg domestic abuse or assault on an adult.
- 17.4 It is acknowledged that any allegation made may be malicious, unsubstantiated or false. We also acknowledge that education staff may on occasion be abusive to children. It is essential for both the child and members of staff that allegations are investigated properly in order that children are protected and that any member of staff who has been falsely accused can be proven innocent. Disciplinary action and/or referral to the police may be considered for cases of unsubstantiated or malicious allegations.
- 17.5 Where an allegation is made against a supply teacher, the school will take the lead in the investigation. Although the school is not the employer of the supply teacher they have a duty to ensure allegations are dealt with properly and are best placed to collect facts and liaise with the Local Authority Designated Officer (LADO)
- 17.6 In the event that an allegation is made against the Headteacher, the matter should be reported to the Chair of Governors, whose role it is to ensure that the agreed procedure is followed. S/he will proceed as the Headteacher would normally, as detailed below.
- 17.7 The person who has received an allegation or witnessed an event will immediately inform the Headteacher, who will take steps to secure the immediate safety needs of the child or children and seek any urgent medical attention required. The member of staff will not be approached at this stage unless necessary to address the immediate safety of children.
- 17.8 All allegations and concerns must be reported to the LADO within the same working day on 01904 551783 for advice. Full guidance on the procedure which must be followed can be found at: <http://www.saferchildrenyork.org.uk/allegations-against-childcare-professionals-and-volunteers.htm>
- Allegations of abuse made against teachers who are no longer teaching must be reported to the police.
- NB: LADO contact details can be found in Appendix 7.
- 17.9 The accused person must be informed about the allegation and likely course of action as soon as possible/appropriate after consultation with the LADO. S/he must be given the opportunity to answer allegations and make representations about them. Suspension will only be utilised when all other options have been considered and deemed unsuitable. It should only be used where there is a risk of harm or there is the possibility of dismissal due to the seriousness of the allegation. Written confirmation must be sent within one working day. If suspension occurs, the reasons for this and why alternatives were rejected must be recorded. In some cases independent investigation may be required. Police involvement does not make suspension mandatory. Accused individuals should be advised to contact their Trade Union or an appropriate colleague for support, as well as being given information about welfare counselling. The Headteacher will inform the Chair

of Governors of any allegation against a member of staff, following the guidance of the Trust's HR providers, DfE and CYC SCP Guidelines and Procedures. S/he will name a representative to inform the subject of the accusation of progress on the case. DBS, prohibition, disqualification and barred list checks will be repeated if necessary. The school will comply with its duty to share information with other agencies where this is relevant to an allegation of abuse, unless the police are involved, in which case consent will be required from the individuals involved. The school will aim to resolve all allegations of abuse cases within 12 months. In cases where it is immediately clear that an allegation is unfounded, cases will be resolved within one week. Where a person who has been suspended can return to work upon the conclusion of a case, the Headteacher will facilitate this transition.

- 17.10 Every effort should be made to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered. The school will inform the parents/carers of any child/children involved in an allegation of abuse, as soon as possible, unless the police or children's services need to be involved. Parents and carers will be made aware of the requirement to maintain confidentiality regarding any allegations whilst investigations are ongoing. A comprehensive and clear summary of any allegation against staff will be kept on file, unless the allegation is found to have been malicious, in which case it will be removed from personnel records. Records should be retained at least until the accused has reached normal pension age, or for a period of 10 years from the date of the allegation if that is longer. Where an allegation is proven to be false, unsubstantiated or malicious, it will not be included in any future references.
- 17.11 The school will adhere to its legal duties to report persons of concern and resignations/dismissals due to safeguarding concerns to the DBS and will not allow such individuals to continue to carry out any form of regulated activity. Guidance on referrals can be found at <https://www.gov.uk/government/collections/dbs-referrals-guidance--2#barring-and-referral-guidance>. 'Settlement agreements' will not, under any circumstance, be offered to accused staff members in exchange for the school not pursuing disciplinary action or not meeting its legal duty to refer the staff member to the DBS. Any substantiated case upon will be reviewed upon conclusion, with a view to improving the school's procedures and practice.

18 SUPPORTING STAFF

- 18.1 We recognise that child protection is a difficult and sometimes upsetting subject for those who work with children. Working with a child who has suffered harm or is at risk of harm may be stressful and distressing. We are committed to supporting such staff by providing opportunities for them to talk through their experiences and anxieties with the Designated Safeguarding Lead to seek further support as appropriate. All staff and volunteers should feel able to raise concerns about poor or unsafe practice, such concerns will be addressed sensitively and effectively in accordance with agreed whistle blowing

procedures. A copy of 'What to do if you're Worried a Child is Being Abused 2015' should be made available to every member of staff. The NSPCC whistle-blowing helpline can be used to anonymously raise concerns on 0800 028 0285.

18.2 We believe that working within a school that has clear child protection policies and procedures also helps to support staff in carrying out their duties and responsibilities effectively.

18.3 If you have concerns about a colleague

Staff who are concerned about the conduct of a colleague towards a child 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. Staff must remember that the welfare of the child is paramount. The school's whistleblowing policy enables staff to raise concerns or allegations in confidence and for a sensitive enquiry to take place and the NSPCC encourages staff to use their **whistle-blowing helpline 0800 028 0285**.

18.4 All concerns of poor practice or possible child abuse by colleagues should be reported to the headteacher. Complaints about the headteacher should be reported to the chair of governors.

18.5 Staff may also report their concerns directly to children's social care or the police if they believe reporting directly is necessary to secure action.

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally on 0800 028 0285 (line is open 8 am – 8 pm Monday to Friday and email help@nspcc.org.uk).

19 ROLE OF GOVERNORS

19.1 Governing Boards are accountable for ensuring that their establishment has effective policies and procedures in place in accordance with the most recent DfE guidance and for monitoring the school's compliance with them. Each Local Governing Board within the Trust (or one of its delegated committees) will ensure that they verify the following annually:

- there is a Designated Safeguarding Lead who is a member of the senior leadership team;
- there is a nominated Governor for Safeguarding and Child Protection;
- the nominated Governor should access the health & safety and safeguarding Trust sub-committee meetings to ensure they remain up to date and share good practice.
- safeguarding policy and procedures are in place and working well and that staff are given the opportunity to contribute to policy development based on their safeguarding experiences e.g. through feedback to staff governors;
- safeguarding is taught as part of a broad and balanced curriculum;

- the school operates safe recruitment procedures and carries out appropriate checks, including verifying that section 128 directions (these will be flagged in a DBS check) which prohibit or restrict a person from taking part in the management of the school, including as an employee, trustee, member or governor have been carried out;
- the school has procedures for dealing with allegations of abuse against staff/supply staff/volunteers that comply with LA/DfE guidance;
- the number of children in the school on Child Protection Plans (not to include names or details);
- that training needs at all levels within the school are being met and maintained;
- what safeguarding training has been undertaken within the previous 12 months;
- that this policy is being followed and implemented.

19.2 Additionally, governors will undertake their responsibilities in relation to allegations against staff and any disciplinary procedures. They should also undertake training to support them in the discharge of their duties and remedy without delay any deficiencies or weaknesses in regard to Safeguarding and Child Protection arrangements.

20 RESTRAINT AND REASONABLE FORCE

20.1 Section 93 of the Education and Inspections Act 2006 gives school staff (including support staff, non-teaching staff and voluntary staff) the legal power to use force.

Reasonable force can be used in many situations:

1. To prevent pupils from hurting themselves or others, from damaging property or from causing disorder.
2. To control pupils or to restrain them.
3. The decision on whether or not to physically intervene is down to the professional judgement of the staff member concerned and should always depend on the individual circumstances.

This includes occasions when the pupil is not on school premises e.g. on school visits. Section 45 of the Violent Crime Reduction Act 2006 gives Headteachers and authorised staff the right to search pupils for weapons without their consent, where they have reasonable cause to suspect they are carrying a weapon. If resistance is expected schools MUST call the Police. Further guidance is in the Department for Education's Guidance, 'Use of Reasonable Force - Advice for Headteachers, Staff and Governing Bodies': <https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools>.

20.2 Guidance should be given to staff on appropriate behaviour including the use of physical restraint. Further guidance to staff can be found in the school's behaviour management policy. There should be a rigorous recording system and procedures in school. Parents/carers should be informed when restraint has been used and protocols agreed with parents/carers if use of restraint is thought likely. It is good practice for the member of

staff with responsibility for child protection to check the record and to give the member of staff involved in the incident a copy.

Pupils displaying extreme behaviour in relation to a learning disability, autistic spectrum disorders, behavioural, emotional and social difficulties or pupils with severe behavioural difficulties should be handled according to the 'Guidance on the Use of Restrictive Physical Interventions for Pupils with Severe Behavioural Difficulties'

https://dera.ioe.ac.uk/15433/1/guidance%20on%20the%20use%20of%20restrictive%20physical%20interventions%20for%20pupils%20with%20severe%20behavioural%20difficulties_2003.pdf

20.3 S548 Education Act 1996 states that the use of force as a punishment is unlawful.

21 CHILDREN WITH ADDITIONAL NEEDS AND/OR DISABILITIES

21.1 We recognise that children with special educational needs or disabilities are more vulnerable to abuse. The risks to disabled children may be increased by their need for practical assistance and physical dependency including intimate care, which may be delivered by a number of different carers, by possible communication difficulties and lack of access to strategies to keep themselves safe or by the increased risk that they may be socially isolated.

21.2 Additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- Children with special educational needs and disabilities can be disproportionately impacted by things like bullying – without outwardly showing any signs; and
- Communication barriers and difficulties in overcoming these barriers

21.3 Further information on safeguarding disabled children is available in the government guidance 'Safeguarding Disabled Children, Practice Guidance'.

Staff working with children in any capacity, must be particularly aware of and sensitive to how the effects of abuse or harm may present, and be able to notice any changes in behaviour or presentation that might indicate a concern. Staff should have a detailed knowledge of pupils' individual care needs as well as their academic needs and consider these when working with them and their families. Concerns should be shared immediately with the Designated Safeguarding Lead or in their absence, one of the Deputy Designated Safeguarding Leads.

21.4 The staff in school will have important information about individual children's presentation, their levels of understanding and how best to communicate with them.

All staff working with children with special educational needs or disabilities will receive appropriate training to enable them to meet the needs of these children appropriately and to recognise and report any concerns.

21.5 When working with children with disabilities, staff must be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child;
- Not getting enough help with feeding leading to malnourishment;
- Poor toileting arrangements;
- Lack of stimulation;
- Unjustified and/or excessive use of restraint;
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing;
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment, for example callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances;
- Inappropriate invasive procedures.

21.6 Arrangements for pupils requiring intimate care are detailed in each school's Medical Needs Policy/Personal Care Policy.

22 LOOKED AFTER CHILDREN

22.1 The term 'Looked After Children' (LAC) refers to children who are in the care of the LA. In addition, children and young people may live away from home for other reasons, including Private Fostering. This group of children should be afforded the same essential safeguards against abuse as their peers. Practice needs to be framed on an understanding that there may be additional risks and vulnerabilities for children living away from home. Each school has a Designated Teacher for LAC, who records the details of each child's Social Worker, oversees their Personal Education Plans and overall well-being and liaises with the LA's Virtual School (<http://www.yor-ok.org.uk/workforce2014/Virtual%20School/virtualschool>) to discuss how LAC funding is best used.

23. CHILDREN WHO GO MISSING

23.1 The school will notify the LA whenever a child is removed from the admissions register using the LA's 'Pupil Movement' form, which is sent to CME@york.gov.uk. If a child who is on a Child Protection Plan 'goes missing' or is significantly absent, the designated teacher will immediately inform Children's Social Care. When other children go missing or change school/academy and information is not available regarding the receiving school/academy, the school will immediately inform the School Services Team (01904 551554) and/or the LA's Children's Front Door (01904 551900), who will take appropriate action to trace the child. If a child fails to attend school regularly, or has been absent for a continuous period of 10 days or more without authorisation, the LA will be notified.

24. PRIVATE FOSTERING

24.1 Privately fostered children (up to age 16 or 18 if disabled) are cared for by someone other than a parent or close relative (e.g. step-parents, siblings, siblings of a parent and grandparents) for 28 days or more. School staff have a statutory duty to make a referral to the Children's Social Care (01904 551900) if, in relation to a child up to the age of sixteen, where:

- They become aware of a private fostering arrangement which is not likely to be notified to the local authority
- They have doubts about whether a child's carers are actually their parents, and there is evidence to support these doubts, which may or may not include concerns about the child's welfare

24.2 Further information about private fostering arrangements can be found at

<https://www.gov.uk/government/publications/national-minimum-standards-for-private-fostering>

25. EXTENDED SCHOOLS AND OFFSITE ACTIVITIES

25.1 The Governing Body of each school is responsible for controlling the use of school premises both during and outside school hours.

25.2 Where services are provided directly under the supervision and management of the school, the school's child protection policy and procedures will apply.

25.3 Where activities and services are provided separately, the Governing Body will seek assurances that the body concerned has appropriate safeguarding and child protection policies and procedures in place and that there are agreed arrangements to liaise with the school on these matters where appropriate. Evidence of appropriate policies and procedures must be provided to the Governing Body.

25.4 The Governing Body will only work with providers that can demonstrate that they have effective child protection policies and procedures in place, provide appropriate training and that the vetting arrangements for their staff are compatible with those of York City Council and government guidance. The Governing Body will enter into a formal letting contract with the provider once these conditions are met but reserve the right to withdraw permission for any letting at any time.

25.5 All off-site activities are subject to a risk assessment to satisfy health and safety and safeguarding requirements. Where activities are provided by and managed by the school, their own child protection policy and procedures apply.

25.6 When our pupils attend off-site activities, including day and residential visits and work-related activities, the Headteacher will check that effective child protection arrangements are in place.

26 WORK EXPERIENCE

26.1 Each school has detailed procedures to safeguard pupils undertaking work experience, including arrangements for checking people who provide placements and supervise pupils on work experience which are in accordance with the guidance in Keeping Children Safe in Education.

27 HOST FAMILIES

27.1 Each school may make arrangements for pupils to stay with a host family during a foreign exchange trip or sports tour. In such circumstances each school follows the guidance in Keeping Children Safe in Education 2020, Annex E, to ensure that hosting arrangements are as safe as possible.

27.2 Some overseas pupils may reside with host families during school term time and we will work with the local authority to check that such arrangements are safe and suitable.

28 FAMILY EARLY HELP ASSESSMENT - FEHA (PREVIOUSLY CAF)

28.1 School staff will identify children who may benefit from early help in order to provide support as soon as a problem emerges, discuss with the Designated Safeguarding Lead and support other agencies and professionals in an early help assessment including acting as the lead professional in undertaking an early help assessment.

28.2 The Designated Safeguarding Lead will support the member of staff in liaising with other agencies and setting up an inter-agency assessment as appropriate. The Family Early Help Assessment is designed to be used when:

- There are concerns about how well a child or young person is progressing (e.g. concerns about their health, development, welfare, behaviour, progress in learning or any other aspect of their wellbeing)
- a child or young person, or their parent/carer, raises a concern
- a child's or young person's needs are unclear

28.3 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 is not improving.

28.4 If a child or young person reveals they are at risk, school staff should follow child protection procedures immediately.

28.5 School staff work with social care, the police, health services and other services to promote the welfare of children and protect them from harm, including a coordinated offer of early help and allow access for local authority staff to conduct or consider conducting Section 17 or Section 47 assessments.

29 PERSONNEL CHANGES

29.1 Any change to personnel undertaking the roles of Designated Safeguarding Lead or nominated Safeguarding Governor will be reported to LA's Children's Front Door (01904 551900) in order that LA records can be updated.

30 OFSTED INSPECTION

30.1 If an OFSTED Inspection comment suggests that the school should address any matters regarding Child Protection, this will be communicated to the LA's Children's Front Door (01904 551900), which will offer any necessary advice, guidance or training. The school will also report any positive comments or practice in order that this can be shared to promote good practice in all schools.

31 DECLARATION RECORD

31.1 Each school should be able to demonstrate compliance with 'Keeping Children Safe in Education 2020' in that there is a requirement for all schools to ensure that staff have read and understood Part 1 and part 5 of the document. They should keep a record where each member of staff has signed to say "I have read, understood and will comply with the school's Safeguarding and Child Protection Policy and the Part 1 and Part 5 of the DfE's 'Keeping Children Safe in Education for School and College Staff'.

32 REMOTE EDUCATION AND SAFE WORKING

32.1 Staff should:

- adhere to their establishment's policy
- be fully dressed
- ensure that a senior member of staff is aware that the online lesson / meeting is taking place and for what purpose
- avoid one to one situations – request that a parent is present in the room for the duration, or ask a colleague or member of SLT to join the session
- only record a lesson or online meeting with a pupil where this has been agreed with the head teacher or other senior staff, and the pupil and their parent/carer have given explicit written consent to do so
- be able to justify images of pupils in their possession

Staff should not:

- contact pupils outside the operating times defined by senior leaders
- take or record images of pupils for their personal use
- record virtual lessons or meetings using personal equipment (unless agreed and risk assessed by senior staff)
- engage online while children are in a state of undress or semi-undress

APPENDIX 1 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.

| Indicators in the Child | Indicators in the Parent | Indicators in Family/Environmental |
|--|---|--|
| <ul style="list-style-type: none"> • Bruises – shape, grouping, site, repeat or multiple • Bite marks – site and size • Burns and Scalds – shape, definition, size, depth, scars • Fractures- delay in seeking medical attention, old fractures, • Injuries not typical of accidental injury • Fabricated or induced illness • Improbable or conflicting explanations for injuries • Repeated or multiple in injuries • Admission of punishment which appears excessive • Fear of parents being contacted and fear of returning home • Withdrawal from physical contact • Aggression towards others • Frequently absent from school <p>Emotional/behavioral presentation</p> <ul style="list-style-type: none"> • Refusal to discuss injuries • Admission of punishment which appears excessive • Fear of parents being contacted and fear of returning home • Withdrawal from physical contact • Arms and legs kept covered in hot weather • Fear of medical help • Aggression towards others • Frequently absent from school • An explanation which is inconsistent with an injury • Several different explanations provided for an injury | <ul style="list-style-type: none"> • Parent with injuries that may suggest domestic violence • Not seeking medical help/unexplained delay in seeking treatment • Evasive or aggressive towards child or others • Refusal or reluctance to discuss injuries or mention previous injuries • Delay in seeking treatment • Given explanation inconsistent with injury • Over chastisement of child / aggressive towards child or others • Absent without good reason when their child is presented for treatment • Disinterested or undisturbed by accident or injury • Unauthorised attempts to administer medication • Tries to draw the child into their own illness. • Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault • May appear unusually concerned about the results of investigations which may indicate physical illness in the child • Wider parenting difficulties may (or may not) be associated with this form of abuse. • Parent/carers has convictions for violent crimes. | <ul style="list-style-type: none"> • Marginalised or isolated by the community • History of mental health, alcohol or drug misuse or domestic violence • History of unexplained death, illness or multiple surgery in parents and/or siblings of <ul style="list-style-type: none"> • the family • Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement. |

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 hemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

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

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

There are grounds for concern if:

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

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

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

Mouth Injuries

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

Poisoning

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

Fabricated or Induced Illness

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

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

Bite Marks

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

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

Burns and Scalds

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

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

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

Scars

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

EMOTIONAL 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 online bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

| Indicators in the Child | Indicators in the Parent | Indicators in Family/Environmental |
|---|---|---|
| <ul style="list-style-type: none"> • Developmental delay • Abnormal attachment e.g. anxious, indiscriminate or no attachment • Aggressive behaviour towards others • Child scapegoated within the family • Frozen watchfulness, particularly in pre-school children • Low self-esteem and lack of confidence • Withdrawn or seen as a 'loner' - difficulty relating to others • Over-reaction to mistakes • Inappropriate emotional responses to painful situations • Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking) • Self-harm • Fear of parents being contacted • Extremes of passivity or aggression • Drug/solvent abuse • Chronic running away • Compulsive stealing • Low self-esteem • 'don't care' attitude • Social isolation – does not join in and has few friends • Depression, withdrawal • Behavioral problems e.g. aggression, attention seeking, hyperactivity, poor attention • Low self-esteem, lack of confidence, fearful, distressed, anxious • Poor peer relationships including withdrawn or isolated behavior. | <ul style="list-style-type: none"> • Domestic abuse • Mental health; drug or alcohol difficulties • Abnormal attachment to child e.g. overly anxious or disinterest in the child • Scapegoats one child in the family • Cold or unresponsive to the child's needs • Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection. • Overly critical of the child • Never allowing anyone else to undertake the child's care • History of abuse or mental health problems • Wider parenting difficulties may (or may not) be associated with this form of abuse. | <ul style="list-style-type: none"> • Lack of support from family or social network. • Marginalised or isolated by the community. • History of mental health, alcohol or drug misuse or domestic violence. • History of unexplained death, illness or multiple surgery in parents and/or siblings of the family • Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement. |

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
 - protect a child from physical and emotional harm or danger;
 - ensure adequate supervision (including the use of inadequate care-givers); or
 - ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

| Indicators in the Child | Indicators in the Parent | Indicators in Family/Environmental |
|---|--|---|
| <p>Physical</p> <ul style="list-style-type: none"> • Failure to thrive/ underweight or small stature • Frequent hunger • Dirty, unkempt condition • clothing in a poor state of repair or inadequate • Swollen limbs with sores that are slow to heal, usually associated with cold injury • Abnormal voracious appetite • Dry, sparse hair • Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice • Untreated medical problems • Frequent accidents or injuries <p>Development</p> <ul style="list-style-type: none"> • General delay, especially speech and language delay • Inadequate social skills and poor socialization <p>Emotional/behavioural</p> <ul style="list-style-type: none"> • Attachment disorders • Absence of normal social responsiveness • Indiscriminate behaviour in relationships with adults • Emotionally needy • Compulsive stealing • Constant tiredness • Frequently absent or late at school • Poor self esteem • Destructive tendencies • Thrives away from home • Disturbed peer relationships • Self-harming behavior | <ul style="list-style-type: none"> • Dirty, unkempt presentation • Inadequately clothed • Inadequate social skills and poor socialisation • Abnormal attachment to the child .e.g. anxious • Low self-esteem and lack of confidence • Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene • Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy • Child left with adults who are intoxicated or violent • Child abandoned or left alone for excessive periods • Wider parenting difficulties, may (or may not) be associated with this form of abuse | <ul style="list-style-type: none"> • History of neglect in the family • Family marginalised or isolated by the community. • Family has history of mental health, alcohol or drug misuse or domestic violence. • History of unexplained death, illness or multiple surgery in parents and/or siblings of the family • Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement. • Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals • Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating • Lack of opportunities for child to play and learn |

SEXUAL ABUSE

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

| Indicators in the Child | Indicators in the Parent | Indicators in Family/Environmental |
|---|--|---|
| <p>Physical</p> <ul style="list-style-type: none"> • Pain, bleeding, bruising or itching in genital and /or anal area • Recurrent pain on passing urine or faeces / Blood on underclothes • Sexually transmitted infections • Pregnancy in a younger girl where there is secrecy about identity of the father • Physical symptoms such as injuries/bruises to the genital or anal area, buttocks, abdomen and thighs • presence of semen on vagina, anus, external genitalia or clothing <p>Emotional/behavioural</p> <ul style="list-style-type: none"> • Makes a disclosure. • Exhibits sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit • Inexplicable changes in behaviour, such as becoming aggressive or withdrawn • Self-harm - eating disorders, self-mutilation and suicide attempts • Poor self-image, self-harm, self-hatred • Reluctant to undress for PE • Running away from home • Poor attention / concentration • Sudden changes in school work habits, becomes truant • Withdrawal, isolation or excessive worrying or depression • Inappropriate sexualised conduct • Sexually exploited or indiscriminate choice of sexual partners • Wetting or other regressive behaviours e.g. thumb sucking • Draws sexually explicit pictures | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Marginalised or isolated by the community. • History of mental health, alcohol or drug misuse or domestic violence. • History of unexplained death, illness or multiple surgery in parents and/or siblings of the family • Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement. • Family member is a sex offender. |

APPENDIX 1A SPECIFIC SAFEGUARDING ISSUES

BULLYING, INCLUDING ONLINE BULLYING

Children can abuse children and all staff should be aware safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but not limited to:

- Bullying
- Cyberbullying
- Gender based violence
- Sexual assaults
- Sexting

The school will use the searching, screening and confiscation advice provided by the Department for Education and the Child Exploitation Online Protection Centre guidance on sexting.

While bullying between children is not a separate category of abuse and neglect, it is a very serious issue that can cause considerable anxiety and distress. At its most serious level, bullying can have a disastrous effect on a child's wellbeing and in very rare cases has been a feature in the suicide of some young people.

All incidences of bullying, including cyber-bullying and prejudice based bullying should be reported and will be managed through our anti-bullying procedures. All pupils and parents receive a copy of the procedures on joining the school and the subject of bullying is addressed at regular intervals in PSHE education. If the bullying is particularly serious, or the tackling bullying procedures are deemed to be ineffective, the headteacher and the Designated Safeguarding Lead will consider implementing child protection procedures. School leaders and all staff who work directly with children should read Annex A of Keeping Children Safe in Education, 2020, which contains additional information about specific forms of abuse.

RADICALISATION - THE PREVENT DUTY

From 1st July 2015 all schools are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, to have "***due regard to the need to prevent people from being drawn into terrorism***", known as the Prevent duty. The school recognises that protecting children from the risk of radicalisation is part of the school's wider safeguarding duties and is similar in nature to protecting children from other harms, whether these come from within their family or are the product of outside influences. The school has regard to the statutory Revised Prevent Duty Guidance, specifically paragraphs 57-76 of the guidance, concerned specifically with schools.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance_England_Wales_V2-Interactive.pdf

The school ensures that pupils are safe from terrorist and extremist material when accessing the internet in school, including by establishing appropriate levels of filtering and

will ensure that “over blocking” does not lead to unreasonable restrictions as to what children can be taught with regards to online teaching and safeguarding.

The school is committed to building pupils’ resilience to radicalisation by providing a safe environment for debating controversial issues and helping them to understand how they can influence and participate in decision-making. Our school will promote the spiritual, moral, social and cultural development of pupils and fundamental shared values through PHSE and encourages pupils to develop positive character traits such as resilience, determination, self-esteem and confidence.

Where a member of staff has a concern about a particular pupil they should follow normal safeguarding procedures, discussing with the Designated Safeguarding Lead and where necessary with children’s social care. The Department of Education has a dedicated telephone line 020 7340 7264 and email counter.extremism@education.gsi.gov.uk available for staff and governors to raise concerns directly about extremism. These contact details are not for emergency situations, normal emergency procedures should be followed if a child is at immediate risk of harm.

Numerous factors can contribute to and influence the range of behaviours that are defined as violent extremism, but most young people do not become involved in extremist action. For this reason, the appropriate interventions in any particular case may not have any specific connection to the threat of radicalisation, for example they may address mental health, relationship or drug/alcohol issues.

TRAFFICKED AND EXPLOITED CHILDREN

A trafficked child is coerced or deceived by the adult who brings them into the country. Trafficked children are denied their human rights and are forced into exploitation e.g. domestic servitude, forced marriage, criminal activity, begging, benefit fraud, acting as a drug mule, sweatshop or restaurant work. Children may appear to submit willingly through fear for themselves or their family, because their parents have agreed to the situation or because of bribes. Recognition of trafficked and exploited children will normally rely on a combination of general signs of abuse and neglect and issues concerned with the child’s immigration status. These children may not be in possession of their own travel documents, be excessively afraid of being deported, be in possession of false papers, being cared for by an adult who is not their parent, presenting with a history of missing links and unexplained moves. School staff should make a referral to Children’s Social Care if they suspect a child has been trafficked. Further information is available in ‘Safeguarding Children who may have been Trafficked’.

<https://www.gov.uk/government/publications/safeguarding-children-who-may-have-been-trafficked-practice-guidance>”

HARMFUL TRADITIONAL PRACTICES

The school recognises the abuse that children can be subject to as a result of harmful traditional practices. These can be based on tradition, culture, custom and practice, religion and/or superstition and can include abuse linked to a belief in spirit possession, breast ironing and force-feeding as well as forced marriage, female genital mutilation, so called honour-based violence and honour murders.

Staff recognise that these practices can have a detrimental effect on the physical, mental and emotional health of the child and can involve bias against groups of children, particularly girls and children with disabilities. Many involve physical abuse and pain, leading in some cases intentionally, to death or serious injury. Others involve mental abuse.

If a member of staff suspects a child may be at risk of abuse through a harmful traditional practice, they should follow usual child protection procedures by alerting the Designated Safeguarding Lead promptly.

Further guidance is available on the safeguarding board website

<http://www.islingtonscb.org.uk/key-practice-guidance/Pages/Harmful-Practices.aspx>

CHILD SEXUAL EXPLOITATION

The fact that a young person is 16 or 17 years old and has reached the legal age of consent should not be taken to mean that they are no longer at risk of sexual exploitation. These young people are defined as children under the [Children Act 1989](#) and [2004](#), and they can still suffer significant harm as a result of sexual exploitation. Their right to support and protection from harm should not, therefore, be ignored or downgraded by services because they are over the age of 16, or are no longer in mainstream education.

The key indicators of child sexual exploitation can include:

- going missing for periods of time or regularly coming home late;
- regularly missing school or education or not taking part in education;
- appearing with unexplained gifts or new possessions;
- associating with other young people involved in exploitation;
- having older boyfriends or girlfriends;
- suffering from sexually transmitted infections;
- mood swings or changes in emotional wellbeing;
- drug and alcohol misuse; and
- displaying inappropriate sexualised behaviour.

Staff are aware that victims of sexual exploitation often do not recognise themselves as such.

As trafficking is closely related to child sexual exploitation, there is further guidance

“Safeguarding Children and Young People from Sexual Exploitation:

<https://www.gov.uk/government/publications/safeguarding-children-and-young-people-from-sexual-exploitation-supplementary-guidance>

Child sexual exploitation is a form of child abuse. Essentially it involves children and young people receiving something – for example accommodation, drugs, gifts or affection – as a result of them performing sexual activities, or having others perform sexual activities on them. It can occur without physical contact, when children are groomed to post sexual images of themselves on the internet. The three broad categories are:

- (1) inappropriate relationships
- (2) ‘boyfriend’ model of exploitation and peer exploitation; and
- (3) organised/networked sexual exploitation or trafficking.

Although inter agency working and information sharing are vital in identifying and tackling all forms of abuse, it is clear they are especially important to identify and prevent child sexual exploitation.

If staff suspect a child has been sexually exploited or is at risk of sexual exploitation they must share the information with the Designated Safeguarding Lead/headteacher without delay. The DfE’s guidance “What to do if you suspect a child is being sexually exploited” is here

[What to do if you suspect a child is being sexually exploited - Publications - GOV.UK](#)

CHILD CRIMINAL EXPLOITATION: COUNTY LINES

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. The key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism should be considered, more information can be found at <http://www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre/national-referral-mechanism>

Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence
- can be perpetrated by individuals or groups, males or females, and young people or adults
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be, the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

MENTAL HEALTH

Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Only appropriately trained professionals should

attempt to make a diagnosis of a mental health problem, however, staff are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education. Staff that have a mental health concern about a child that is also a safeguarding concern, should act in line with this policy. Further information can be found in the 'Mental health and behaviour in schools' guidance

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

SERIOUS VIOLENCE

The following indicators may signal that a child is at risk from, or is involved with serious violent crime. These indicators include, but are not limited to:

- Increased absence from school
- A change in friendships
- New relationships with older individuals or groups
- A significant decline in academic performance
- Signs of self-harm
- A significant change in wellbeing
- Signs of assault
- Unexplained injuries
- Unexplained gifts or new possessions

The following could increase a child's vulnerability to becoming involved in serious violent crime. These risk factors include but are not limited to:

- A history of committing offences
- Substance abuse
- Anti-social behaviour
- Truancy
- Peers involved in crime and/or anti-social behaviour

UPSKIRTING

Under the Voyeurism (Offences) Act 2019, it is an offence to operate equipment and to record an image beneath a person's clothing without consent and with the intention of observing, or enabling another person to observe, the victim's genitals or buttocks (whether exposed or covered with underwear), in circumstances where their genitals or buttocks or underwear would not otherwise be visible for a specified purpose.

A "specified purpose" is namely:

- Obtaining sexual gratification (either for themselves or for the person they are enabling to view the victim's genitals, buttocks or underwear).
- To humiliate, distress or alarm the victim.

“Operating equipment” includes enabling, or securing, activation by another person without that person's knowledge e.g. motion activated camera.

Anyone of any gender, can be a victim.

CHILDREN WITH SEXUALLY HARMFUL BEHAVIOUR

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 child's behaviour warrants a response under child protection rather than anti-bullying procedures. Research indicates that up to 30% of child sexual abuse is committed by someone under the age of 16.

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

The Designated Safeguarding Lead is aware of the Brook Traffic light tool to assist them in identifying and responding appropriately to sexual behaviours within school. The tool uses a traffic light system to categorise the sexual behaviours of children and young people and is designed to help professionals

- Make decisions about safeguarding children and young people
- Assess and respond appropriately to sexual behaviour in children and young people
- Understand healthy sexual development and distinguish it from harmful behaviour

FORCED MARRIAGE/HONOUR VIOLENCE/KILLINGS

It is an offence to force someone to marry against their will - section 74 of the Serious Crime Act 2015. This includes:

- Taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)
- Breaching a Forced Marriage Protection Order is also a criminal offence
- The civil remedy of obtaining a Forced Marriage Protection Order through the family courts will continue to exist alongside the new criminal offence, so victims can choose how they wish to be assisted.

Guidance on dealing with concerns regarding forced marriage is contained in the Multi Agency Practice Guidelines 'Handling Cases of Forced Marriage'

<https://www.gov.uk/government/publications/handling-cases-of-forced-marriage-multi-agency-practice-guidelines-english>

A 'forced' marriage is distinct from a consensual 'arranged' marriage because it is without the valid consent of both parties and duress is a factor. A child who is forced into marriage is at risk of significant harm through physical, sexual and emotional abuse. Information about a forced marriage may come from the child themselves, of the child's peer group, a relative or member of the child's local community or from another professional. Forced marriage may also become apparent when other family issues are addressed, e.g. domestic violence, self-harm, child abuse or neglect, family/young person conflict, a child absent from school or a missing child/runaway. Forced marriage may involve the child being taken out of the country for the ceremony, is likely to involve non-consensual/under-age sex and refusal to go through with a forced marriage has often been linked to 'honour killing' or violence.

Honour based violence is an ancient cultural tradition that encourages violence towards family members who are considered to have dishonoured their family. It is rooted in domestic violence and is often a conspiracy of family members and associates meaning victims are a risk from their parents and families.

School staff should respond to suspicions of a forced marriage or honour based violence by making a referral to the Children's Services Front Door on 01904 551900 and if the risk is acute, call the police on 999. School staff should not treat any allegations of forced marriage or honour-based violence as a domestic issue and send the child back to the family home. It is not unusual for families to deny that forced marriage is intended, and once aware of professional concern, they may move the child and bring forward both travel arrangements and the marriage. **For this reason, staff should not approach the family or family friends, or attempt to mediate between the child and family, as this will alert them to agency involvement.**

Further information and advice can be obtained from the Forced Marriage Unit

<https://www.gov.uk/stop-forced-marriage> [0207 008 0151] and the Karma Nirvana Honour Network Helpline 0800 5999 247

FEMALE GENITAL MUTILATION

It is illegal in the UK to subject a child to female genital mutilation (FGM) or to take a child abroad to undergo the procedure – Female Genital Mutilation Act 2003

Despite the harm it causes, FGM practising communities consider it normal to protect their cultural identity. The age at which girls are subject to FGM varies greatly from shortly after birth to any time up to adulthood. School staff should be alert to the following indicators:

- Difficulty walking, sitting or standing and may even look uncomfortable
- Spending longer than normal in the toilet due to difficulties urinating

- Long periods of time away from a classroom during the day with bladder or menstrual problems.
- Frequent urinary, menstrual or stomach problems.
- There may be prolonged or repeated absences from school or college.
- A prolonged absence from school or college with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.
- A girl may be particularly reluctant to undergo normal medical examinations.
- A girl may confide in a professional.
- A girl may ask for help, but may not be explicit about the problem due to embarrassment or fear.
- A girl may talk about pain or discomfort between her legs.
- Staff may become aware of a student because she appears anxious, depressed and emotionally withdrawn. They may be presented with a sudden decline in her performance, aspirations or motivation.

Any information or concern that a child is at immediate risk of or has undergone FGM will result in a child protection referral to the Front Door Service on 01904 551900. Staff should be alert to the need to act quickly and not to mediate with or alert parents to professionals' concerns.

Teachers in this school have a legal duty which requires them to report 'known' cases of FGM in under 18s which they identify in the course of their work, to the Police.

The duty applies to all regulated professionals (as defined in section 5B(2)(a), (11) and (12) of the 2003 Act) working within health or social care, and teachers. Guidance is available in 'Safeguarding Children from Female Genital Mutilation

<https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm>

Guidelines for schools are contained in Chapter 9 of 'Female Genital Mutilation, Multi agency Practice Guidelines'

<http://media.education.gov.uk/assets/files/pdf/f/fgm%20guidance.pdf>

Female genital mutilation is a form of child abuse common to some African, Asian and Middle Eastern communities in the UK. This illegal and life-threatening initiation ritual leaves victim in agony and with physical and psychological problems that can continue into adulthood. Carried out in secret and often without anaesthetic, it involves the partial or total removal of the external female genital organs.

So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubts staff should speak to the Designated Safeguarding Lead. Professionals in all agencies, and individuals and groups in relevant communities,

need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV

Talking about FGM can be difficult and upsetting. School staff may wish to speak with their line manager or Designated Safeguarding Lead if they are affected by what they have heard.

DOMESTIC VIOLENCE

Domestic violence is:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

- This definition, which is not a legal definition, includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

The harm caused to children can be significant – through emotional and physical abuse and/or neglect. From 2002 the definition of significant harm was amended to include “the harm that children suffer by seeing or hearing the ill-treatment of another, particularly in the home”. Therefore, if staff are aware that a child is witnessing or hearing domestic violence, they should inform the Designated Safeguarding Lead, who should in turn refer the matter to the Front Door on 01904 551900.

Operation Encompass is a police and education early information sharing partnership, enabling schools to offer immediate support for children and young people experiencing domestic abuse. Information is shared by the police with a school's Designated Safeguarding Lead prior to the start of the next school day after officers have attended a domestic abuse incident. The school is then able to provide appropriate support, dependent upon the needs and wishes of the child.

YOUNG CARERS

In many families, children contribute to family care and well-being as part of normal family life. A young carer is a child who is responsible for caring on a regular basis for an adult or a sibling who has illness or disability. Caring responsibilities can significantly impact upon a child's health and development.

The school will refer to York Carer's centre on 01904 715490 or e-mail enquiries@yorkcarerscentre.co.uk if they suspect a child has caring responsibilities and/or seek advice:

- Email: enquiries@yorkcarerscentre.co.uk
- Telephone: 01904 715490
- Address: York Carer's centre, 17 Priory Street, York, YO1 6ET.

Government guidance is contained in 'Improving Support for Young Carers'

<https://www.gov.uk/government/publications/improving-support-for-young-carers-family-focused-approaches>

YOUNG RUNAWAYS

Statutory guidance for children who run away and go missing from home or care is available at:

<https://www.gov.uk/government/publications/children-who-run-away-or-go-missing-from-home-or-care>

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307867/Statutory_Guidance_-_Missing_from_care_3_.pdf

A Young Runaway's Action Plan is also available

<https://dera.ioe.ac.uk/8414/1/YoungRunawaysActionPlan.pdf> The school recognises that repeatedly going missing should not be viewed as a normal pattern of behaviour. For example, repeat episodes of a child going missing can indicate sexual exploitation.

Some young people are pushed away from their home by factors that make an environment difficult to live in, such as problems at home, difficult relationships, family breakdown and maltreatment or abuse, problems at school including bullying and personal problems including mental health issues. Other young people are pulled away to be near friends and family or following grooming by adults for sexual exploitation or trafficking.

The school will educate young people about the dangers of running away as appropriate, and encourage them to seek support rather than run away; some children run away because they feel there is no other option. Children and young people need to know where they can access help if they are thinking of running away and what alternatives are open to them. As a school, we are well placed to advise young people about the dangers of running away and to point them to available support. If school staff become aware of a young runaway, they should ensure they inform the Designated Safeguarding Lead who will alert the school's Police Liaison Officer and parents/carers.

PEER ON PEER ABUSE

Education settings are an important part of the inter-agency framework not only in terms of evaluating and referring concerns to Children's Services and the Police, but also in the assessment and management of risk that the child or young person may pose to themselves and others in the education setting.

If one child or young person causes harm to another, this should not necessarily be dealt with as abuse. When considering whether behaviour is abusive, it is important to consider:

- Whether there is a large difference in power (for example age, size, ability, development) between the young people concerned; or
- whether the perpetrator has repeatedly tried to harm one or more other children; or
- whether there are concerns about the intention of the alleged perpetrator.

Age of consent

In England and Wales the age of consent to engage in any form of contact sexual activity is 16 for both men and women. The age of consent is the same regardless of the gender identity or sexual orientation of a person; and whether the activity is between people of the same or different sex. Differing ages of consent in a person's country of origin, or cultural practices does not override his legislation.

It is an offence for anyone to engage in sexual activity with a person under the age of 16. However, Home Office guidance is clear that there is no intention to prosecute teenagers under the age of 16 where both mutually agree and where they are of a similar age. It is also an offence for a person aged 18 or over to engage in sexual activity with a person under the age of 18 if the older person holds a position of trust (for example a teacher or social worker) as such sexual activity is an abuse of the position of trust.

[The Sexual Offences Act 2003](#) provides specific legal protection for **children aged 13 and under; they cannot legally give their consent to engage in any form of sexual activity**; perpetrators face a maximum sentence of life imprisonment for rape, assault by penetration, and causing or inciting a child to engage in sexual activity.

The law also gives extra protection to young people who are 16 to 17 years old. It is illegal to:

- take, show or distribute indecent photographs
- pay for or arrange sexual services
- for a person in a position of trust (for example, teachers, care workers) to engage in sexual activity with anyone under the age of 18

FABRICATED OR INDUCED ILLNESS

There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

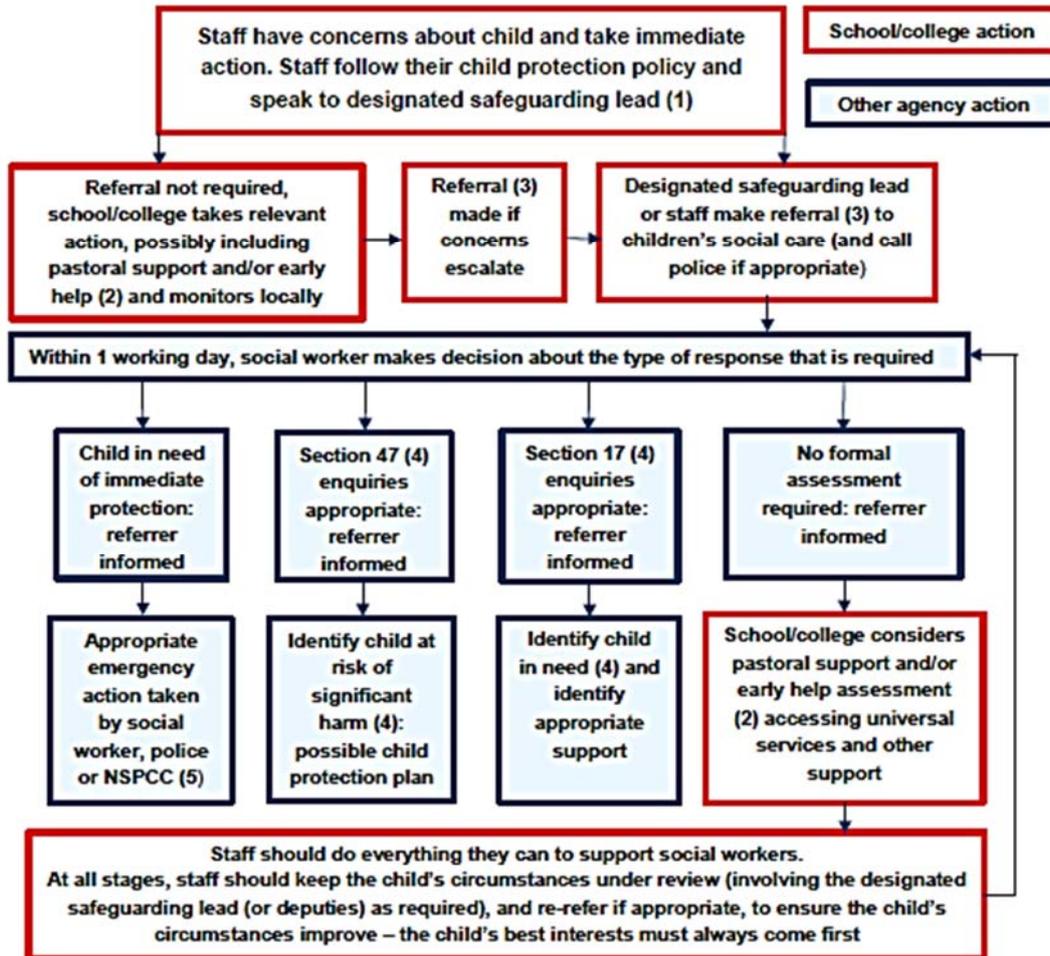
- fabrication of signs and symptoms. This may include fabrication of past medical history, signs and symptoms and falsification of hospital charts and records and specimens of bodily fluid. This may also include falsification of letters and documents.
- Induction of illness by a variety of means.

For more information: <https://www.gov.uk/government/publications/safeguarding-children-in-whom-illness-is-fabricated-or-induced>

APPENDIX 2:

DfE 'Keeping Children Safe In Education' 2020 Referral Flowchart

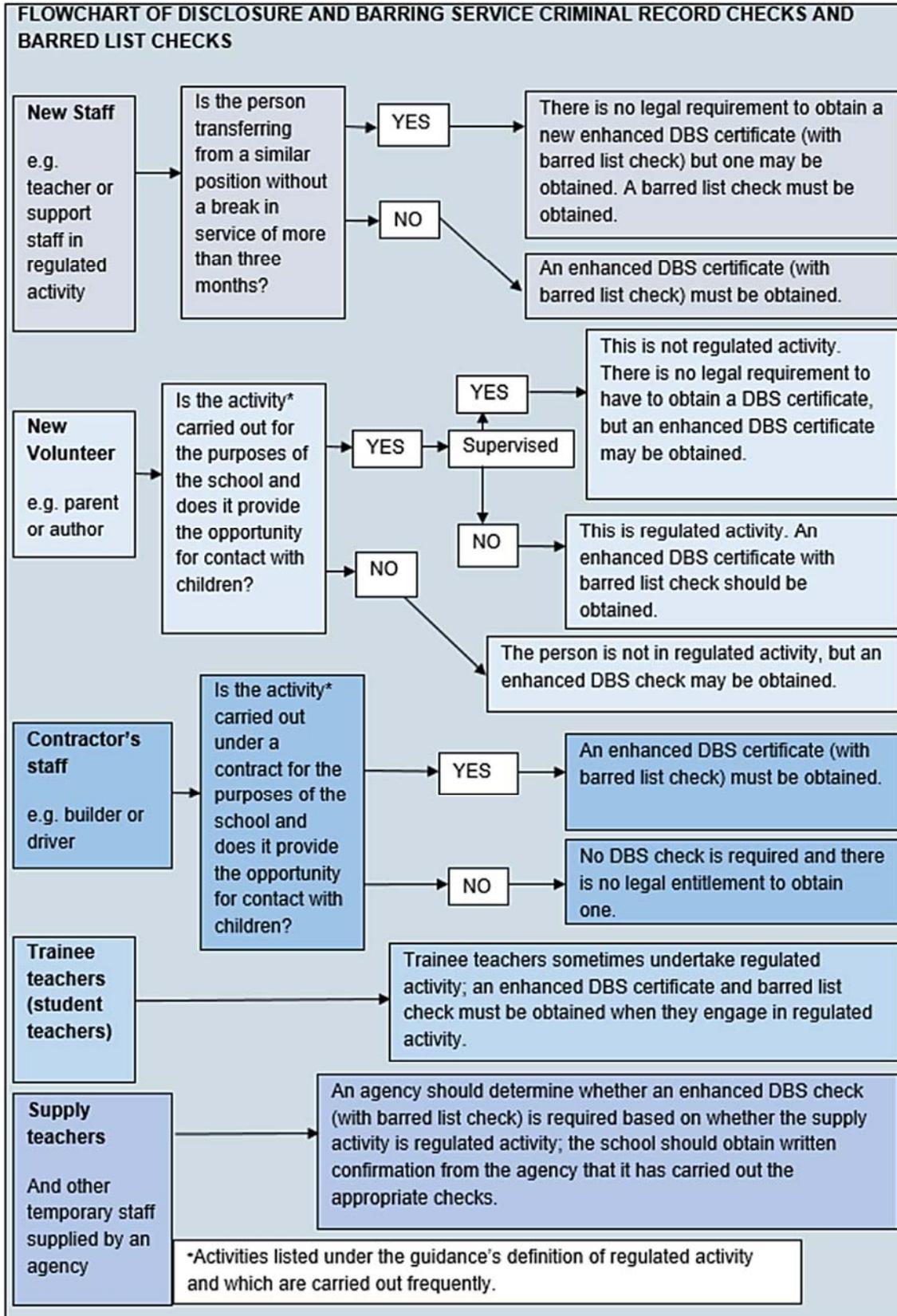
Actions where there are concerns about a child



- (1) In cases which also involve a concern or 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 co-ordinated 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) Referrals should follow the process set out in the local threshold document and local protocol for assessment. Chapter one of [Working Together to Safeguard Children](#).
- (4) 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. Children in need may be assessed under section 17 of the Children Act 1989. Under section 47 of the Children Act 1989, where a local authority has reasonable cause to suspect that a child is suffering or likely to suffer significant harm, it has a duty to make enquiries to decide whether to take action to safeguard or promote the child's welfare. Full details are in Chapter one of [Working Together to Safeguard Children](#).
- (5) This could include applying for an Emergency Protection Order (EPO).

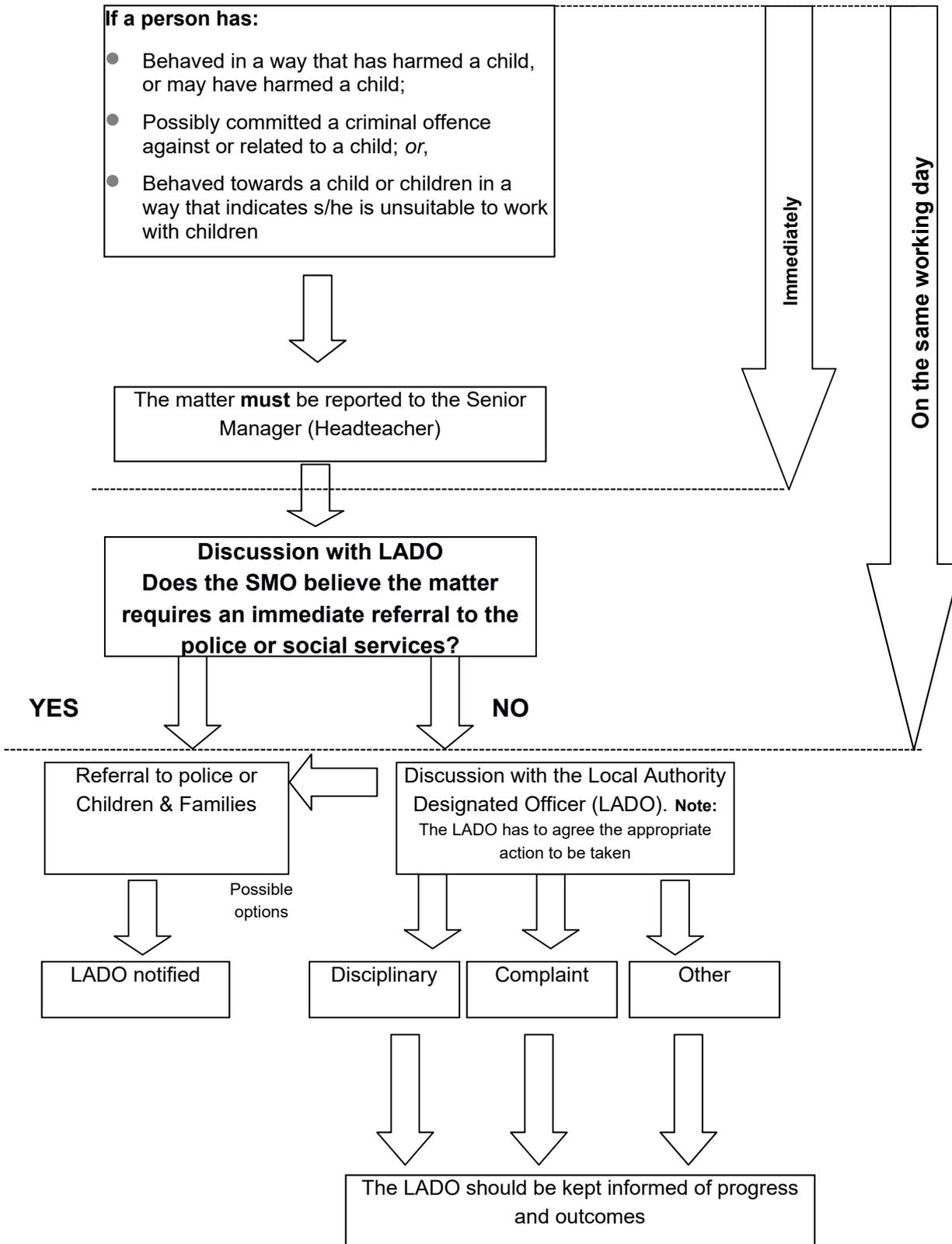
APPENDIX 3:

DfE 'Keeping Children Safe In Education' 2020 DBS Flowchart



APPENDIX 4:

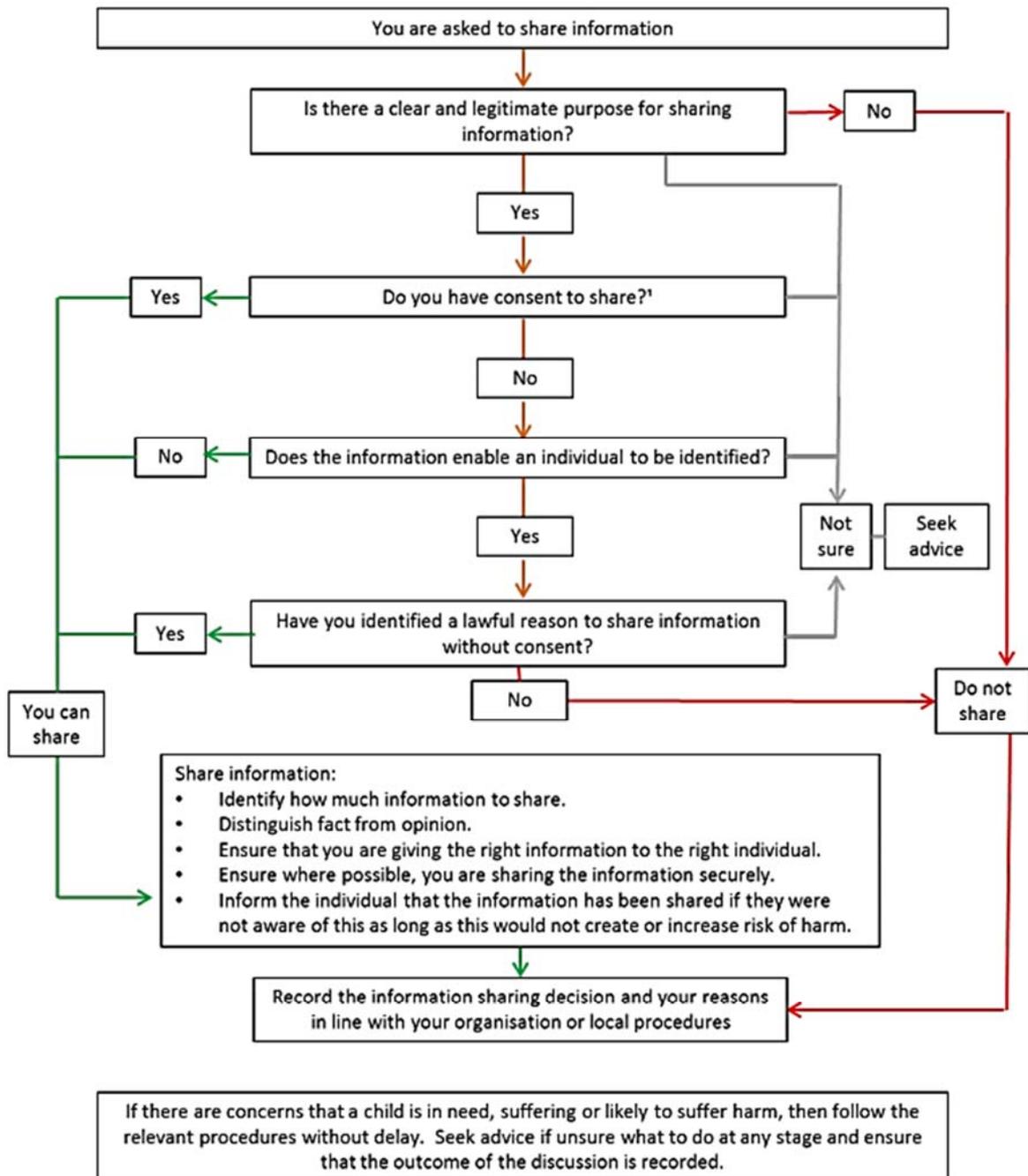
Staff Facing Allegations Of Abuse Procedural Flowchart



APPENDIX 5:

DfE 'Information Sharing' Route Map & Golden Rules 2018

Flowchart of when and how to share information



1. Consent must be unambiguous, freely given and may be withdrawn at any time

APPENDIX 5 (CONTINUED)

The seven golden rules to sharing information

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 information that is sensitive and personal should be treated as 'special category personal data'. You may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.
8. Further details on sharing information can be found in:

- Working Together to Safeguard children
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers.
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
- The Information Commissioner’s Office (ICO)
<https://ico.org.uk/for-organisations/business/>
- Data protection toolkit for schools
<https://www.gov.uk/government/publications/data-protection-toolkit-for-schools>

APPENDIX 6: OTHER RELEVANT POLICIES AND PROCEDURES

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|--|---|
| <ul style="list-style-type: none"> • Trust Staff Code of Conduct • Trust Whistleblowing Policy • Trust Safer Recruitment Policy • Staff Handbooks • Internet Safety Policy • Health Policy • PSHCE Policy • Physical Restraint Policy • Behaviour Policy • Anti-Bullying Policy • Equalities Policy | <ul style="list-style-type: none"> • Guidance on the use of photographs • Guidance for Volunteers and Students • Health & Safety Policy • Fire Safety Procedures • Educational Visits Policy • Pupil Safety and Wellbeing procedures • Risk Assessments • Medical Needs Policy • First Aid Policy • Social Media Policy • Confidentiality Policy |
|--|---|

APPENDIX 7: LADO CONTACT DETAILS

If you wish to make an allegation or you have a concern about a professional working with children, young or vulnerable people, a referral should be sent to the Local Authority Designated Officer using the **LADO Referral Form**, giving as much detail as possible.

Completed LADO Referral Forms should be emailed using secure mail (e.g. gcsx, pnn, cjsm, nhs.net, etc.) to lado@york.gcsx.gov.uk

If you do not have secure email please contact 01904 551783 to make your referral or to seek advice.