

The Saint Benedict Academy

Safeguarding Children Policy

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At the Saint Benedict Academy (SBA) we will build up a loving community with Christ at its centre, develop potential to the full and treat each other with dignity and justice.

In Safeguarding matters, the welfare of the child is paramount. We will seek to uphold the dignity of all involved and working for justice in all situations. “Jesus took aside a little child and set him by his side and then said to his disciples, ‘Anyone who welcomes this little child in my name welcomes me, for the least among you all, that is the one who is great ‘”

SBA strives to educate all of its pupils within an environment where the traditions of learning, respect and community are promoted. The overall aim of this policy is to safeguard and promote the welfare of the children in our care.

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1.0 Introduction

This document outlines the safeguarding and child protection policy of the Saint Benedict Academy (SBA). It applies to all adults, including volunteers working in or on behalf of the Academy.

Everyone working in, or for SBA, shares an objective to help keep children and young people safe by contributing to:

- Providing a safe environment for children and young people to learn in education settings, and;
- Identifying children and young people who are suffering or likely to suffer significant harm, and taking the appropriate action with the aim of making sure they are kept safe both at home and at SBA.

We will ensure that parents are aware of our safeguarding children policy by mentioning it in our prospectus and on our website when these are published. We will also make parents aware of it at initial meetings.

1.1 Aim of Policy

The aim of this policy is to outline how SBA will:

- create an environment where children and young people feel secure, have their viewpoints valued and are encouraged to talk and are listened to
- continue to develop awareness in all staff of the need for Safeguarding and their responsibilities in identifying abuse
- ensure that all staff are aware of the referral procedures within SBA
- provide a systematic means of monitoring all students who have been identified as ‘having protection needs’, whether or not they are on the Child Protection Plan or Child in Need.
- ensure that outside agencies are involved as appropriate
- provide information for parents outlining the procedures laid down by this policy
- ensure we practice safe recruitment in checking the suitability of staff and volunteers to work with children
- ensure children know that there are adults at SBA whom they can approach if they are worried.
- follow Safeguarding Children and Young People, which explains how, by law, trustees of charities working with children and other vulnerable groups must promote their welfare and protect them from harm.
- follow Safeguarding protocols set by Lancaster Safeguarding Children Board (LSCB)

This policy has also taken account the following documentation:

- i) HM Government, Working Together to Safeguard Children
- ii) Charity Commission, Safeguarding Children and Young People
- iii) HM Government, What to do if you’re worried a child is being abused (2015)
- iv) HM Government, Information sharing: Practitioners’ Guide (2015)
- v) HM Government, The Lead Professional: Practitioners’ Guide
- vi) Counter Terrorism and Security Act 2015 (Section 26
- vii) Keeping Children Safe in Education (2016)

1.2 Context

Safeguarding the welfare of children is more than purely child protection; it should permeate all activity and functions. This policy will support a range of other SBA policies, such as;

- Anti-bullying
- Behaviour Management
- Health and Safety
- Safer Recruitment
- Staff Discipline, Conduct and Grievance
- Reasonable Force and Restraint
- Data Protection

2.0 Safeguarding Roles and Responsibilities of Staff at SBA

All adults working in, or on behalf of SBA have a responsibility to safeguard and promote the welfare of children as identified in Keeping Children Safe in Education (Sept 2016). This includes a responsibility to be alert to possible abuse and to report/record all concerns to the identified staff with safeguarding responsibilities within the Academy.

Staff will receive safeguarding training so they are equipped with the knowledge and skills to keep children safe. We will engender the principle that safeguarding is 'everyone's responsibility'. All staff will undergo regular refresher training in safeguarding and designated staff will attend training in new procedures and best practice.

2.1 Roles and Responsibilities of Trustees

The Trustees will ensure the following:

- The Academy has an effective safeguarding policy in line with Safeguarding Children and Young People (July 2014) and procedures in place – and they are in accordance with locally agreed inter-agency procedures. When requested they will make sure it is available to parents.
- SBA is compliant with safe recruitment procedures and makes sure appropriate checks are carried out on staff and volunteers.
- There are procedures for dealing with allegations of abuse against staff and volunteers which are compliant with locally agreed inter-agency procedures.
- There is a senior member of SBA (the Designated Safeguarding Lead DSL) who is designated to take responsibility for dealing with safeguarding issues, monitoring safeguarding activity, providing advice and support to other staff, liaising with the Local Authority and working with other agencies.
- That staff attend safeguarding training, including refresher training appropriate to their roles.
- Any deficiencies or weaknesses in regard to safeguarding arrangements that are brought to their attention are addressed without delay.
- Policies and procedures are reviewed annually and provide information about them and how they have been discharged.

2.2 The Roles and Responsibilities of the Designated Safeguarding Lead (DSL)

The DSL is a member of staff who co-ordinates safeguarding and child protection arrangements at SBA. The role of the DSL includes training, knowledge and skills to a level of which enables them to:

- Recognise how to identify signs of abuse and when it is appropriate to make a referral.
- Have a working knowledge of how Lancaster Safeguarding Children Board (LSCB) operates, safeguarding children procedures, particularly the conduct of a child protection case conference; and are able to attend and contribute to these effectively when required to do so.
- Maintain an updated copy of, or link to the LSCB Procedures and other related local and national documents; and ensure that staff are able to access these.
- Organise staff training that will include organisational expectations of all staff as well as what is considered acceptable or not acceptable. Staff will receive information within school which supports Safeguarding, location of referral forms and safeguarding e mail address.
- Ensure everybody working in or on behalf of SBA has access to and understands SBA's safeguarding policy, especially new or part time staff.
- Ensure all staff have training covering safeguarding and are able to recognise and report any concerns as soon as they arise.
- Keep detailed accurate, secure written records of referrals and/or concerns.
- Attend any relevant or refresher training courses.
- Understand the referral process

Referrals, tracking and monitoring

- Refer cases of suspected abuse or allegations to the First Contact Team.
- Act as source of support, advice and expertise within SBA when deciding whether to make a referral by liaising with relevant agencies.
- Maintain an overview of all children where there are concerns i.e. children who have an Early Intervention, Child in Need plan, Child Protection plan, Looked After plan or there is a 'concerns file'.

2.3 Roles and Responsibilities of other Staff at SBA

- Undertake appropriate training to carry out responsibilities effectively.
- Have an understanding of how SBA safeguards and promotes the welfare of children, including SBA's safeguarding children policy, their role and responsibilities in this and how to report any concerns.
- Temporary staff and volunteers who work with children are made aware of SBA's arrangements for safeguarding children and their responsibilities.
- Know who the Designated Safeguarding Lead is.
- Raise any concerns with the DSL. If at any point there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Concerns about a child should be reported on 0300 123 6720 or out of hours 0300 123 6722 (8pm - 8am)
- Ensure that their child protection training is up to date.
- Be alert to the signs of abuse and their need to refer any concerns to the Designated Safeguarding Lead.
- Refer to the Trustees any concerns about another member of staff.

2.4 Key Safeguarding Contacts

Designated Safeguarding Lead	Charles Jordan safeguarding.sba@icksp.org.uk
Lancashire Care Connect	0300 123 6720 (8am - 5pm) 0300 123 6722 (5pm - 8am)
Prevent Team	101
NSPCC Helpline	help@nspcc.org.uk 0808 800 5000 Text 88858
NSPCC Whistleblowing Advice Line	0800 028 0285
UK Safer Internet Centre	helpine@saferinternet.org.uk 0844 381 4772
Police Anti-Terrorist Hot Line	0800 789 321

3.0 Safe Ethos and Culture

The Saint Benedict Academy adopts an open and accepting attitude towards children as part of our responsibility for pastoral care. Children, parents and staff will be free to talk about any concerns and will see SBA as a safe place when there are difficulties. Children's worries and fears will be taken seriously and children encouraged to seek help from staff.

SBA will therefore ensure that;

- An ethos where children feel secure and are encouraged to talk and are listened to, taken seriously and responded to appropriately is established and maintained.
- Children know that there are adults at SBA whom they can approach if they are worried or have difficulties and SBA has well developed listening systems.
- There is a clear written statement of the standards of behaviour and the boundaries of appropriate behaviour expected of staff and pupils that is understood and endorsed by all.
- Positive and safe behaviour is encouraged among children.
- Effective working relationships are established with parents and colleagues from partner agencies.
- Being aware that the personal and family history, circumstances and lifestyles can lead to an increased risk of neglect and or abuse for those children.
- Staff are appropriately trained in safeguarding according to their roles and responsibilities, have regular opportunities for safeguarding briefings and records are kept of all training undertaken.
- Safe recruitment procedures are used to make sure that all appropriate checks are carried out on staff (and volunteers) who work with children.

3.1 Vulnerable Children

We recognise that some children will be at increased risk of neglect and or abuse. Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion, communication issues. We are also aware that there can be reluctance on the part of some parents/carers to accept that abuse happens, or who have a high level of tolerance in respect of neglect.

3.2 Working with parents and carers

We recognise the importance of working with together with parents/carers to educate as well as safeguard and promote the welfare of children.

The Saint Benedict Academy will ensure that;

- We work with parents positively, openly and honestly.
- Parents are encouraged to discuss their issues or concerns about the safety and welfare of children, and they will be listened to and taken seriously.
- Up to date and accurate information is kept about pupils i.e. names and contact persons with whom the child normally lives, those with parental responsibility, emergency contact details, if different from the above those authorised to collect the child from Academy, name and contact details of GP, any relevant court orders, Child Protection Plans or any other factors which may impact on the safety and welfare of the child.
- Information about pupils given to us by children themselves, their parents or carers or by other agencies will remain confidential. Staff will be given relevant information on a 'need to know' basis in order to support the child.
- It is made clear to parents and carers that SBA has a duty to share information when there are any safeguarding concerns. Also that there is a duty to keep records which relate to safeguarding work by SBA, or partner agencies. These will be kept securely, kept apart from the main pupil record and only accessible to key members of staff.
- Where we have reason to be concerned about the welfare of a child we will always seek to discuss this with the child's parents or carers first, however there may be occasions where we are not able to do this.

4.0 Types of Abuse

4.1 Child Abuse

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by infiltrating harm, or by failing to act to prevent harm. They may be abused by an adult or adults, or another child or children. There are four types of child abuse as defined in 'Keeping Children Safe in Education' (May 2016) as follows:

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.

Most children will collect cuts and bruises and injuries, and these should always be interpreted in the context of the child's medical and social history, developmental stage and the explanation given. Most accidental bruises are seen over bony parts of the body, e.g. elbows, knees, shins, and are often on the front of the body. Some children, however, will have bruising that is more than likely inflicted rather than accidental. Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible on the 'soft' parts of the body where accidental injuries are unlikely, e.g. cheeks, abdomen, back and buttocks. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern.

The physical signs of abuse may include:

- unexplained bruising, marks or injuries on any part of the body
- multiple bruises – in clusters, often on the upper arm, outside of the thigh
- cigarette burns
- human bite marks
- broken bones
- scalds, with upward splash marks
- multiple burns with a clearly demarcated edge
- fear of parents being approached for an explanation
- flinching when approached or touched
- reluctance to get changed, for example in hot weather
- depression

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

Emotional abuse can be difficult to identify as there are often no outward physical signs. Changes in behaviour which can indicate emotional abuse include:

- neurotic behaviour e.g. sulking, hair twisting, rocking
- being unable to play
- fear of making mistakes
- sudden speech disorders
- self-harm
- fear of parent being approached regarding their behaviour

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 or 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

Indications of sexual abuse may be physical or from the child's behaviour. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

- pain or itching in the genital area
- bruising or bleeding near genital area
- sexually transmitted disease
- stomach pains
- discomfort when walking or sitting down
- pregnancy

Changes in behaviour which can also indicate sexual abuse include:

- sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares
- sexual knowledge which is beyond their age, or developmental level; sexual drawings or languages
- eating problems such as overeating or anorexia
- self-harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money
- acting in a sexually explicit way towards adults

Neglect

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

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

It can be difficult to recognise neglect, however, its effects can be long term and damaging for children. The physical signs of neglect may include:

- being constantly dirty or 'smelly'
- constant hunger, sometimes stealing food from other children
- losing weight, or being constantly underweight
- inappropriate or dirty clothing

Neglect may be indicated by changes in behaviour which may include:

- mentioning being left alone or unsupervised
- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments

4.2 Peer on Peer abuse

SBA has an established ethos of respect, friendship, courtesy and kindness and clear expectations and consequences for unacceptable behaviour, together with visible staff presence.

Any allegation of peer on peer abuse must be referred to the Designated Safeguarding Lead, and advice and guidance will be sought from Children's Social Care where necessary. Where it is clear a crime has been committed, or there is a risk of crime being committed, the Police will be contacted. SBA will respond to unacceptable behaviour to prevent reoccurrence and work with external agencies where appropriate. For example, if a student's behaviour negatively impacts on the safety and welfare of others then safeguards will be put in place to promote the well-being of the students affected.

4.3 Child Sexual Exploitation

Child sexual exploitation (CSE) is a form of abuse. It occurs when an individual or group takes advantage of imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants and/or (b) for financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child Sexual Exploitation does not always involve physical contact, it can occur through the use of technology. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs or groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of violence, coercion, intimidation or enticement, and includes unwanted pressure from peers to have sex, sexual bullying including online bullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Boys and young men and girls and young women can be victims of CSE. Key indicators of children being sexually exploited may include:

- going missing for periods of time or regularly coming home late
- regularly missing education or not taking part in education
- displaying inappropriate sexualised behaviour
- receiving unexplained gift or gifts from unknown sources
- associating with other young people involved in exploitation
- having multiple phones
- mood swings or changes in emotional wellbeing
- seen at strange meeting places (hotels or known places of concern)
- having older boyfriends/girlfriends who are believed to be a risk to children
- self-harming/drug or alcohol misuse
- physical injuries (e.g. bruising suggestive of sexual assault)
- secretive behaviour

Staff should also be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as such.

There are three main types of child sexual exploitation:

- **Inappropriate relationships** – Usually involves just one abuser who has inappropriate power – physical, emotional or financial – or control over a young person. The young person may believe they have a genuine friendship or loving relationship with their abuser.
- **Boyfriend/Girlfriend** – Abuser grooms the victim by striking up a normal relationship with them, giving them gifts and meeting in cafes or shopping centres. A seemingly consensual relationship develops but later turns abusive. Victims may be required to attend parties and sleep with multiple men and threatened with violence if they try to seek help.
- **Organised exploitation and trafficking** – Victims are trafficked through criminal networks, often between towns or cities, and forced or coerced into sex with multiple men. They may also be used to recruit new victims. This serious organised activity can involve the buying and selling of young people.

How can I get help or find out more?

Anyone with concerns about child sexual exploitation can contact police on 101. In an emergency always dial 999.

Operation Deter (Preston, Chorley, South Ribble, West Lancs): 01772 209 122

4.4 Sexting

Sexting is inappropriate and unsafe behaviour which threatens the social, emotional and/or physical safety of students. Although sexting is typically voluntary at first, it raises many serious legal and social concerns, especially when the images are spread beyond the control of the sender. Sexting can result in humiliation, bullying and harassment of students. SBA has a responsibility to prevent sexting and the dissemination of inappropriate or offensive material. The term ‘sexting’ is derived from texting and refers to the sending of sexually provocative material (including photos, videos and sexually explicit text) from modern communication devices or applications, such as mobile phones, tablets, email, social networking sites and instant messaging services.

Implementation

All staff members are required to notify the DSL immediately upon becoming aware that sexting by a student is likely to have occurred. The allegation will first be investigated by the Designated Safeguarding Lead and the parents of all students involved will be contacted.

Staff members are not permitted to forward, copy or print any sexting images, however, if the nature of the sexting is deemed to be of a serious nature, the Police will be contacted and the sexting will be reported.

4.5 Female Genital Mutilation

Female Genital Mutilation (FGM) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.

FGM typically takes place between birth and around 15 years old, however, it is believed that the majority of cases happen between the ages of 5 and 8.

Risk factors for FGM include;

- low level of integration into UK society
- mother or a sister who has undergone FGM

- visiting female elders from the country of origin
- being taken on a long holiday to the country of origin
- talk about a 'special' procedure to become a woman

FGM may be likely if there is a visiting female elder, there is talk of a special procedure or celebration to become a woman, or parents wish to take their daughter out of the Academy to visit an 'at risk' country (especially before the summer holidays), or parents who wish to withdraw their children from learning about FGM.

Indications that FGM may have already taken place may include;

- difficulty walking, sitting or standing and may even look uncomfortable
- spending longer than normal in the bathroom or toilet due to difficulties urinating
- spending long periods of time away from the classroom during the day with bladder or menstrual problems
- frequent urinary, menstrual or stomach problems
- prolonged or repeated absences from Academy, especially with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return
- reluctance to undergo normal medical examinations
- confiding in a professional without being explicit about the problem due to embarrassment or fear
- talking about pain or discomfort between her legs

The Serious Crime Act 2015 sets out a duty on professionals (including teachers) to personally notify the Police when they discover that FGM appears to have been carried out on a girl under 18, and discuss any such cases with the Designated Safeguarding Lead and children's social care. This will usually come from a disclosure. The duty does not apply in relation to at risk or suspected cases. Under no circumstances should SBA staff physically examine students.

4.6 Preventing Radicalisation

Where staff are concerned that children and young people are developing extremist views or show signs of becoming radicalised, they should discuss this with the Designated Safeguarding Lead.

Recognising Extremism

Early indicators of radicalisation or extremism may include:

- showing sympathy for extremist causes
- glorifying violence, especially to other faiths or cultures
- making remarks or comments about being at extremist events or rallies
- evidence of possessing illegal or extremist literature
- advocating messages similar to illegal organisations or other extremist groups
- graffiti, art work or writing that displays extremist themes
- attempts to impose extremist views or practices on others
- verbalising anti-Western or anti-British views
- advocating violence towards others

Interventions with individuals who have been highlighted as a concern may include:

- increased adult support, supervision and encouragement
- signposting to positive activities in and out of SBA
- counselling
- links with relevant voluntary or religious organisations for theological/education programmes
- Open discussion and debate of issues and the law in a supportive environment
- Rewarding positive behaviour
- Pastoral support

5.0 Taking Action on Safeguarding Concerns

Key points to remember for taking action are;

- In an emergency take the action necessary to help the child, for example, call 999.
- Report concern (including children missing from education) to Designated Safeguarding Lead as soon as possible and by the end of the day at the latest.
- If the DSL is not around and you have concerns about the safety and welfare of a child you can contact the LSCB on 0300 123 6720, or between 8.00pm - 8.00am on 0300 123 6722
- Do not start your own investigation.
- Share information on a need-to-know basis only – do not discuss the issue with colleagues, friends or family.
- Complete a record of the concerns (see Appendix 3).
- Seek support for yourself if you are distressed.

5.1 If information is disclosed to you of Abuse or Radicalisation

It takes a lot of courage for a child, parent, carer or other significant adult to disclose that they are worried or have concerns. They may feel ashamed, the abuser may have threatened them if they tell, they may have lost all trust in adults, or they may believe, or have been told, that the abuse is their own fault.

If a child or adult talks to you about any risks to a child's safety or wellbeing you will need to let them know that you have a professional duty to pass the information on, you are not allowed to keep secrets. The point at which you do this is a matter for professional judgement. If you jump in immediately the child or adult may think that you do not want to listen, if you leave it till the very end of the conversation, they may feel that you have misled them into revealing more than they would have otherwise.

During your conversation with the child or adult:

- Allow them to speak freely, listen to what is being said without interruption and without asking leading questions.
- Keep questions to a minimum and of an open nature i.e. 'can you tell me what happened?' rather than 'did x hit you?'
- Remain calm and do not over react – the child or adult may stop talking if they feel they are upsetting you.

- Give reassuring nods or words of comfort – ‘I’m so sorry this has happened’, ‘I want to help’, ‘This isn’t your fault’, ‘You are doing the right thing in talking to me’.
- Do not be afraid of silences – remember how hard this must be for the child or adult.
- Under no circumstances ask investigative questions – such as how many times this has happened, whether it happens to siblings too, or what do other family members think about all this.
- At an appropriate time tell the child or adult that in order to help them you must pass the information on.
- Do not automatically offer any physical touch as comfort; it may be anything but comforting to a child who has been abused.
- Avoid admonishing the child or adult for not disclosing earlier. Saying ‘I do wish you had told me about this when it started’ or ‘I can’t believe what I’m hearing’ may be your way of being supportive but the child or parent may interpret it that they have done something wrong.
- Tell the child or adult what will happen next. The child or adult may agree to go with you to see the Designated Safeguarding Lead. Otherwise let them know that someone will come to see or contact them before the end of the day.
- Report verbally or by Email to the Designated Safeguarding Lead or the safeguarding team.
- Write up your conversation as soon as possible and hand it to the Designated Safeguarding Lead.
- Seek support if you feel distressed.

If following your conversation, you remain concerned about a child, you should always discuss your concerns with the Designated Safeguarding Lead.

Staff must immediately inform the Designated Safeguarding Lead if there is:

- Any suspicion 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.
- Any explanation given which appears inconsistent or suspicious.
- Any behaviours which give rise to suspicions that a child may have suffered harm.
- Any concerns that a child may be suffering from inadequate care, ill treatment, or emotional maltreatment.
- Any significant changes in a child’s presentation, including non-attendance.
- Any hint or disclosure of abuse about or by a child / young person.
- Any concerns regarding person(s) who may pose a risk to children e.g. living in a household with children present.
- Information which indicates that the child is living with someone who does not have parental responsibility for them (private fostering).

5.2 Role of the Designated Safeguarding Lead following identification of concerns

The Designated Safeguarding Lead (DSL) will;

- Assess any urgent medical needs of the child.
- Consider whether the child has suffered or is likely to suffer significant harm.
- Check whether the child is currently subject to a Child Protection Plan or has previously been subject to a plan, has an Early Intervention or is open to a Multi-Agency Team (MAT) and/or subject to a Child in Need Plan.

- Confirm whether any previous concerns have been raised by staff.
- Consider whether the matter should be discussed with the child's parents or carers or whether to do so may put the child at a further risk of harm (see below).
- If unsure that a child protection referral should be made, seek advice from Children's Social Care.

5.3 Notifying parents

SBA will normally seek to discuss any concerns about a child with their parents. This must be handled sensitively and the DSL will make contact with the parent in the event of a concern, suspicion or disclosure. However, if SBA believes that notifying parents could increase the risk to the child or exacerbate the problem, then advice will first be sought from Children's Social Care.

5.4 Referral to Children's Social Care

The DSL will make a referral to Children's Social Care First Contact Team if it is believed that a child is suffering or is at risk of suffering significant harm. If a referral to Social Care is not considered appropriate, consideration should be made to what support the child and family need.

5.5 Action following referral

The DSL or other appropriate member of staff will:

- Maintain contact with the allocated Social Worker.
- Contribute to the Strategy discussion and/or the Strategy meeting.
- Provide a report for, attend and contribute to any Initial and Review Child Protection Conference.
- Share the content of this report with the parent and if appropriate the child, prior to the meeting.

5.6 Confidentiality and sharing information

The following code of practice will be followed:

Remember that GDPR is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

Be open and honest with the person (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.

Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, it shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

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.

Staff should only discuss concerns with the Designated Safeguarding Lead, Senior Teacher or the Chairman of the Trustees (depending on who is the subject of the concern). That person will then decide who else needs to have the information and they will disseminate it on a ‘need-to-know’ basis.

Wherever possible consent will be sought to share information however where there are safeguarding concerns about a child, information will be shared with the appropriate organisations such as Children's Social Care. In most cases concerns will be discussed with parents and carers prior to the referral taking place unless by doing so would increase risk.

Records of concerns documentation and other written information will be stored in a locked facility and any electronic information will be password protected and only made available to relevant individuals. Safeguarding information will be stored separately from the child’s SBA file and the SBA file will be ‘tagged’ to indicate that separate information is held.

6.0 Photography and Images

The vast majority of people who take or view photographs or videos of children do so for entirely innocent, understandable and acceptable reasons. Sadly, some people abuse children through taking or using images, so we must ensure that we have some safeguards in place.

To protect students we will:

- Seek their consent for photographs to be taken or published (for example, on our website or in newspapers or publications)
- Seek parental consent
- Use only the students first name with an image
- Ensure students are appropriately dressed

Parents, carers or relatives may only take still or video images of students in the Academy or Academy organised activities with the prior consent of the Academy. If parents do not wish their children to be photographed or filmed and express this view in writing, their rights will be respected.

7.0 Safer Recruitment and Selection of Academy Staff

- A DBS enhanced disclosure with barred lists check will be made for **all** new appointments to SBA, whether paid or voluntary, if they are working unsupervised with children.

- Other staff who do not have unsupervised contact with children will be checked at the appropriate level
- A single central record will be kept, detailing checks carried out on staff.
- Identity checks will be carried out on all appointments before the appointment is made.
- We will follow the 3-step procedure for checking the 'Right to Work' of all new staff
 1. Obtain employees original identity documents (From the list of acceptable documents)
 2. Check them in the presence of the employee
 3. Keep a copy of the document

8.0 Allegations against teachers and other staff (including volunteers)

It is essential that any allegation against a teacher or other member of staff, or volunteer is dealt with quickly, in a fair and consistent way that provides effective protection for the child and at the same time supports the person who is subject to the allegation.

Where an allegation is made against a teacher or member of staff (including volunteers) that they have:

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

8.1 Initial actions following an allegation

- The person who has received an allegation, or witnessed an event will immediately inform the DSL and make a record which will include time, date, place of incident, persons present, what was witnessed, what was said etc. this should then be signed and dated (see Appendix 3).
- In the event the allegation is against the DSL, the matter will be reported to the Chairman of the Trustees
- The DSL, in consultation with the Senior Teacher, where appropriate will take steps to secure the immediate safety of children and urgent medical needs.
- The member of staff will not be approached at this stage unless it is necessary to address the immediate safety of children.
- The DSL may need to clarify any information regarding the allegation; no person will be interviewed at this stage.

Some allegations will be so serious as to require immediate intervention by Children's Social Care and/or police.

- The DSL, or Chairman of Trustees should immediately discuss the allegation with the Local Authority Designated Officer (LADO). This discussion will consider the nature, content and context of the allegation and agree a course of action.
- The DSL or Senior Teacher will inform the Chairman of Trustees of any allegation.
- Consideration will be given throughout to the support and information needs of pupils, parents and staff.

8.2 Staff who are the subject of an allegation

When an allegation is made against a member of staff, set procedures must be followed. It is rare for a child to make an entirely false or malicious allegation, although misunderstandings and misinterpretations of events can and do happen. A child may also make an allegation against an innocent party because they are too afraid to name the real perpetrator. We must accept that some adults do pose a serious risk to children's welfare and safety and we must act on every allegation made. Staff who are the subject of an allegation have the right to have their case dealt with fairly, quickly and consistently and to be kept informed of its progress. Suspension is not mandatory, nor is it automatic but, in some cases, staff may be suspended where this is deemed to be the best way to ensure that children are protected. All historical allegations will be referred to the Police.

9.0 MONITORING AND RECORD KEEPING

All incidents should, ideally, be written up within the hour (see appendix 2). Legally they must be recorded within 24 hours. Written notes must be attached if made separately, the report must be signed with the name printed and designation. A body map is available to record any physical harm (see appendix 7). When recording bruises/injuries the report should describe the shape, colour and size.

It is essential that accurate records be made where there are concerns about the welfare of the young person. These records should then be kept, by the DSL in secure, confidential files, which are separate from the young person's academy record, in a locked cabinet.

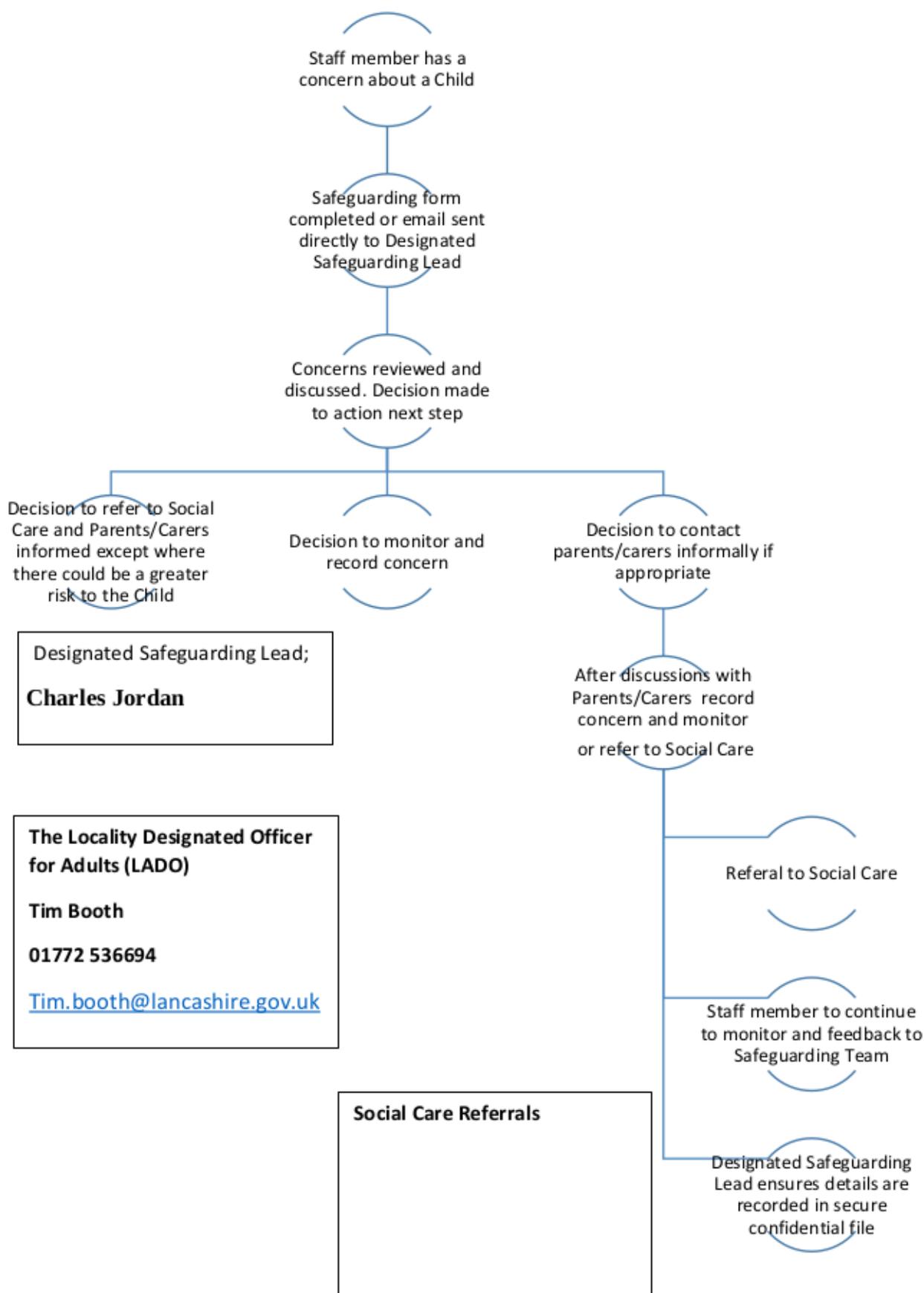
The Designated Person must record reasons for action having analysed the information they have received. Appendix 3 provides a format for this analysis.

Appendix 4 is an aide for the Designated Person to use when discussing their concerns with social services or other agencies.

Appendix 6 is a follow up information sheet where additional conversations with Social Services, other agencies, parents/carers or young people can be recorded.

Appendix 5 is the agreed referral form which needs to be completed and sent to Social Services within 24 hours of a telephone referral being made about a Safeguarding/children in need concern. A sheet is provided to give further information based on the assessment framework dimensions.

Appendix 1 – Concerns about a Child



Appendix 2 Concerns Form

Education settings must ensure that volunteers, staff and governors are able to record concerns about:

- The welfare of a child or young person
- The behaviour of a volunteer, member of staff, governor or person connected with the Academy

The following headings illustrate the minimum information that should be included in the local arrangements that is agreed within the individual education setting.

Principles

A statement should be included on the form used in the setting that confirms:

"Any member of the Academy staff, including volunteers, must record any concerns about a child or young person. This form must be completed as soon as possible after the discovery of the concern and sent to the Designated Safeguarding Lead (DSL). If the concerns are immediate, please tell the DSL straight away."

Concerns about a child or young person

Child's name:		Date of Birth:	
		Class/Year/Form:	
Concern identified by:		Role:	
Date of concern:		Time of concern:	
Witness/es:		Place of incident:	
Name of alleged person (s) responsible for the harm			
Not Known			
Pupil in this Academy/Academy			
Pupil in another Academy/Academy (Please specify)			
Family member			
Volunteer			
Member of staff			
Governor			
Other (Please specify)			
Please Note: A copy of this record must be kept on the personnel file for any volunteer, member of staff, governor or person connected with the Academy			

Concern/Incident/Disclosure: Why are you concerned about this child? What have you observed and when? What have you been told and when?

Please provide a description of any incidents or anything you have been told by a child, or another person. Remember to make clear what is fact and what is hearsay/opinion. Note the language/terminology used by the child, or adult, and be clear about who has said what. Continue on a separate sheet if necessary.

Information from the child

(include what the child has said or communicated, what the child wants or feels and how the child is at the moment – if the child has not been spoken to then this section should be completed when this has been done)

--

Has any action already been taken in relation to this concern?

For example child taken out of class, first aid

--

Name of person concerns reported to	Date
<p>Was there any delay in passing on the concern Yes/No If yes please comment on the reasons for the delay</p>	

Action to be taken / recommendations from DSL

--

Name of person completing form	Signature	Date and time

Appendix 3**For completion by the Designated Safeguarding Lead****Analysis:**

(include impact on the child, whether the child is in danger and whether parents have been contacted)

Action Needed:

More info needed at present?	YES / NO
Comment:	

Monitoring of Situation:	YES / NO
Comment:	

Seek advice from Social Services:	YES / NO	Date & Time:
Comment:		

Formal referral to Social Services:	YES / NO
Comment:	

Feedback given to originating member of staff:	YES / NO
Date & Time:	
Issues for the child, if any:	

This section completed by:

Date & Time:

Appendix 4

To be completed only if a referral has been made to Social Services

Date & Time of Referral:
SSD Office:
Name of worker in SSD who took referral:

Summary of outcome of referral:
(include what has been agreed in respect of action, contacting parents, involvement of the child, timescales)

Has the referral been followed up in writing? YES / NO
(If no, comment on reasons)

Have all appropriate staff been informed of the referral and its implications? YES / NO
If yes, indicate who has been informed:

If no, comment on reasons:

This section completed by:

Date & Time:

Appendix 5 **Child Referral Form to Children's Social Care**Sent to:.....**Children's Social Care**

REFERRED BY: (print)		Status				
Address:						
Postcode:		Telephone:				
Confirmation of verbal referral: Yes / No		If Yes Date:		Receiving Worker:		
Child / Young Person / Expected Baby details						
Family Name:			Forename:		DOB:	
Gender: M / F	Disability:			Ethnic Origin:		
Address:						
Postcode:		Telephone:			Mobile:	
Main Address if different from above:						
Postcode:		Telephone:				
Child / Young Person's principal carers / expectant mother						
Name DOB	Relationship to child	Address	Tel No:	Parental responsibility Yes / No	Ethnic Origin	Disability
				Yes / No		
Other household members (including children and non family members)						
Surname	Forename	DOB	Relationship to child	Concerns Yes / No	Ethnic Origin	Disability
				Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		

Other contact addresses & Tel No (e.g. Grandparents)			
Agencies Involved			
GP:	Base:	Tel No:	
Health Visitor:	Base:	Tel No:	
Academy Nurse:	Base:	Tel No:	
Academy / Day care:			
Others Agencies Involved:			
Is parent / carer aware of referral?	Yes / No	Re referral	Yes / No
Has consent been obtained to refer?	Yes / No	Date discussed	
If No Reason:			
Has a Common Assessment (CAF) been completed	Yes / No Date	Lead Professional details:	
Is an Interpreter / Signer required?	Yes / No	Language / method required:	
Additional Information			

Additional Information

According to YOUR current knowledge of the family, complete where possible each section with information you currently hold. Be clear and specific about why you feel Children's Social Care involvement is warranted now.

CHILDS NAME:
Child's Developmental Needs (may include health, education, emotional and behavioural development, family and social relationships, social presentation, self-care skills):

--

Parenting Capacity (may include basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability):

--

Family and Environmental Factors (may include wider family, housing employment, social/community integration – include any worker safety issues):

--

Do you believe the information is sufficient to warrant enquiries under the safeguarding children procedures? Is the child at risk of significant harm?

--

Reason for request for Children’s Social Care Assessment:

--

Signature:

Date:

Appendix 6

Concern/Child Protection

Follow Up Information Sheet

<p>Name of Child _____ DOB _____</p> <p>Date of information _____ Time _____</p> <p>Between _____ and _____ and _____</p> <p>Tel: _____</p> <p>Position: _____</p>
--

<p><u>Circumstances</u> Telephone Conversation/ Letter/ Visit/ Minutes/ Other</p>

<p><u>Action to be taken</u></p> <p>By _____ Date _____</p>
<p>Signed _____ Date _____ Time _____</p>

Appendix 7

