

## The Priory School



### Child Protection (Policy and Procedure)

Monitoring	Frame of engagement	Date
Member of Staff Responsible	CKN	Sept 2017
Governor Accountability	Full Governing Body	
Consultation Parameters	Link Governor for Child Protection	
Information	Staff	
Date of latest version		September 2017
Date for next review (and cycle)		September 2018 Annual Review
Uploaded to Website		Dec 2017

## 1. Introduction

This policy reflects current legislation, accepted best practice and complies with the government guidance: Working Together to Safeguard Children March 2015, Keeping Children Safe in Education September 2016 and Shropshire Safeguarding Children Board Procedure Guidance including the Neglect Strategy and body maps.

At The Priory School, the governors and staff fully recognise the contribution the school makes to safeguarding children. We recognise that the safety and protection of all students is of paramount importance and that all staff, including volunteers, have a full and active part to play in protecting Students from harm.

We believe that the school should provide a caring, positive, safe and stimulating environment which promotes all students' social, physical, emotional and moral development.

*Ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system, and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children in line with Working Together 2015 and Keeping Children Safe in Education 2016.*

## 2. Adult Roles

All staff (including students and volunteers) are familiar with the definitions and signs and symptoms of abuse or neglect stated in Working Together to Safeguard Children March 2015 as set out in [SSCB Contacts and Definitions Handout](#)

All staff are aware of their individual roles in safeguarding and promoting the welfare of children including their responsibility to be alert to any issues for concern in the child's life at home or elsewhere. We ensure that all staff (including students and volunteers) undergo an induction process where they are given copies of the procedures they must follow if they suspect abuse or neglect. On-going support is provided through regular supervision and training to ensure these policies and procedures are put into practice to protect children.

All staff are expected to update their child protection training at least every three years. In addition all staff members receive regular safeguarding and child protection updates (for example, via email, e-bulletins, staff meetings) as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

The Designated Safeguarding Lead (DSL) who will take the lead for safeguarding and child protection issues is: Carolyn Knight

The deputy Designated Safeguarding Leads are Tony Walters, Elizabeth Tinsley and Lizzie Robey.

The committee member/ safeguarding link governor who oversees this work is: Caroline Evans.

Our Designated Safeguarding Lead and Deputy Designated Safeguarding Leads will update their child protection/safeguarding training every two years and have specific responsibilities as listed in **Appendices A (Lead) and B (Deputies)**.

### **3. Record Keeping**

When a concern about a child's welfare or safety is raised it will be discussed with the designated lead and recorded. The designated lead will make a decision about whether the concern should be shared with another agency (see **decision making** below) or kept on record in case future concerns arise. The reason for the decision will be noted alongside the record.

All records will be stored in a separate confidential file in a locked, secure place with restricted access or on the electronic system, Toot Toot, which the school uses to report and record concerns about students (these can only be accessed by the DSL and deputy DSLs). When a student transfers to another school/setting within this or another authority, the confidential information held is forwarded under confidential cover and separate from the student's main file to the DSL for child protection in the receiving school/setting immediately.

This should be transferred separately from the main student file, ensuring secure transit and confirmation of receipt should be obtained (**Appendix C**).

Information is shared as necessary to protect children from harm. We follow the guidance in the HMG 2015 guide '*Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers*' and the HMG 2015 guide '*What to do if you are worried a child is being abused*'. When information is being accumulated prior to possible referral we will start a chronology of events – see **Appendix D**. The designated lead will regularly review all child protection chronologies to decide if the accumulation of events is having a detrimental impact on a child and must be referred to Compass. If the designated lead decides not to refer, the reason will be noted on the child's chronology where appropriate.

### **4. Decision making – 'Accessing the right service at the right time'**

We take a holistic approach to safeguarding all children in our care and recognise that different families need a different level of support at different times. To enable us to recognise at which level a family might require support; we use the Shropshire Safeguarding Children Board's *Multi-agency Guidance on Threshold Criteria to help support Children, Young People and their Families in Shropshire*.

This guidance identifies four levels to ensure all children receive the support and intervention they need in order to achieve a positive life experience. Of central importance in understanding where a child's needs might lie on this continuum, is the cooperation and engagement of parents and carers and we aim to develop good, professional relationships to ensure that we have a shared understanding of each child's needs.

It should be noted that if parents demonstrate a lack of co-operation or appreciation about the concerns we identify this may, in itself, raise the level of the need and required level of action.

#### **Level 1 – Universal**

Children with no additional needs and where there are no concerns. Typically, these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available.

We anticipate that by working closely with parents and sign-posting families to other universal services within our community that we can meet the needs of children and families at this level.

***At this level parents will always be consulted before any action is taken.***

### **Level 2 – Children in need of Early Help**

These children can be defined as needing some additional support without which they would be at risk of not meeting their full potential. Their identified needs may relate to their health, educational, or social development, and are likely to be short term needs. If ignored, these issues may develop into more worrying concerns for the child or young person. These children will be living in greater adversity than most other children or have a greater degree of vulnerability than most. If their needs are not clear, not known or not being met a lead professional will coordinate a whole family assessment and plan around the child.

Sometimes in discussion with parents and carers and through our observations and records we may think a child and their family could benefit from additional support from outside agencies to ensure he/she reaches his/her full potential. This process is known as Early Help. We have knowledge of the different agencies which may be able to offer support and we will work with parents and carers to decide which support would be most appropriate for their family. We will work with parents to complete any Early Help referral forms required to access this support. If we are unsure of where to access support we will contact Compass for advice.

Further information about Early Help can be found at: <http://www.shropshire.gov.uk/early-help/>

***At this level parents will always be consulted before we contact another agency and their written consent gained before any action is taken.***

### **Level 3 –children with complex needs**

This level applies to those children identified as requiring targeted support. It is likely that for these children their needs and care are compromised. Only a small number of children will fall within this band. These children will be those who are vulnerable or experiencing the greatest level of adversity.

Children with additional needs: These children are potentially at risk of developing acute/ complex needs if they do not receive early targeted intervention.

Sometimes in discussion with parents and carers and through our observations and records we realise that a child and their family have a number of needs which are preventing a child from reaching his/her full potential. In this case we will discuss the situation with parents and carers and try to identify each area of concern so that a range of other agencies can come together to offer support to the family.

With parental consent we will complete an Early Help assessment and contact Compass to help us identify and co-ordinate a range of other agencies. This multi-agency response will require a lead professional who may be a member of our staff.

***At this level parents will always be consulted before we contact another agency and their written consent gained before any action is taken.***

### **Level 4 – children with acute specialist needs/ child protection**

These are children whose needs and care at the present time are likely to be significantly compromised thereby requiring assessment under Section 47 or Section 17 of the Children Act 1989. These children may

become subject to a child protection plan and need to be accommodated (taken into care) by Children's Social Care either on a voluntary basis or by way of Court Order. Section 17- 1989 Children Act states a child shall be taken to be in need if: (a) He is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part; (b) His health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or (c) He is disabled.

Sometimes in discussion with parents and carers and through our observations and records we realise that a child is at risk of significant harm (see below) and we must take emergency action to ensure that a child is kept safe. If the Designated Lead is unsure whether or not the concern meets this threshold she or one of her deputies may discuss the case with an Early Help Social Worker.

*There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single violent episode may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding, which interrupt damage or change the child's development.*

*It may be:*

- *the child is at risk of serious harm from others or themselves and requires skilled risk assessment and protection;*
- *the child or young person is likely to put others at risk of harm, distress or loss and a response needs to take account of the individual's interests and wellbeing of others;*
- *the child's circumstances, including their health, finances, living conditions or social situation, are likely to cause them or others serious harm, social exclusion or reduction of life chances;*
- *the situation requires assessment of, and intervention in unpredictable emotional, psychological, intra-family or social factors and responses;*
- *the circumstances are such that there are significant risks in both intervening and not intervening, when a fine judgement is required*

*Careful analysis and interpretation of information will enable practitioners and families to:*

- *think about what is important and identify needs or difficulties;*
- *explain why these have come about;*
- *understand the impact of strengths and pressures on the child or young person;*
- *reach agreement about what needs to be improved;*
- *agree the priority issues, aims and goals in terms of improving the child's wellbeing;*
- *agree desired outcomes.*

*Consider:*

- *What is the lived experience of the child?*
- *When and how are the child's needs not being met?*
- *What are the effects on the child's current development and long term effects?*
- *What are the child's needs, wishes and feelings regarding intervention and likely outcomes?*

(Taken from: Multi-agency Guidance on Threshold Criteria to help support Children, Young People and their Families in Shropshire 2017)

### **Escalating / de-escalating concerns**

Just because a child is assessed at a point in time as meeting a certain threshold criteria does not mean that they always will. An assessment is an on-going process, not an event; children's needs often change over

time. The Designated Lead for Safeguarding will maintain an overview of all children with a plan to ensure children's needs are being met at the right level of intervention. Of central importance in understanding where a child's needs might lie on this continuum, is the cooperation and engagement of the parents and carers – a lack of co-operation or appreciation about the concern may of itself raise the level of the need and required response.

### **The impact of abuse**

The impact of child abuse should not be underestimated. Many children do recover well and go on to lead healthy, happy and productive lives, although most adult survivors agree that the emotional scars remain, however well buried. For some children, full recovery is beyond their reach, and the rest of their childhood and their adulthood may be characterised by anxiety or depression, self-harm, eating disorders, alcohol and substance misuse, unequal and destructive relationships and long-term medical or psychiatric difficulties.

## **5. Taking action**

Key points to remember for taking action are:

- in an emergency take the action necessary to help the child, for example, call 999
- report your concern to the DSP immediately
- if the DSP or one of the deputies is not able to be contacted ensure action is taken to report the concern to children's social care
- 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 concern on Toot Toot
- seek support for yourself if you are distressed.

### **If you suspect a child is at risk of harm**

There will be occasions when you suspect that a child may be at serious risk, but you have no 'real' evidence. The child's behaviour may have changed, their artwork could be bizarre or you may have noticed other physical but inconclusive signs. In these circumstances, you should try to give the child the opportunity to talk. The signs you have noticed may be due to a variety of factors and it is fine to ask the child if they are alright or if you can help in any way.

Use Toot Toot to record these early concerns. If the child does begin to reveal that they are being harmed you should follow the advice in the section below; 'If a child discloses to you'.

If, following your conversation, you remain concerned, you should discuss your concerns with the DSL.

### **If a child discloses information to you**

It takes a lot of courage for a child to disclose that they are being neglected and/or abused. They may feel ashamed, particularly if the abuse is sexual, their abuser may have threatened what will happen if they tell, they may have lost all trust in adults, or they may believe, or have been told, that the abuse is their own fault.

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

#### **During your conversation with the child:**

- Allow them to speak freely.
- Remain calm and do not over react – the child 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.
- Under no circumstances ask investigative questions – such as how many times this has happened, whether it happens to siblings too, or what does the child’s mother think about all this.
- At an appropriate time tell the child that, in order to help them, you must pass the information on.
- Do not offer any physical touch as comfort. It may be anything but comforting to a child who has been abused.
- Avoid admonishing the child 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 may interpret it that they have done something wrong.
- Tell the child what will happen next. The child may agree to go with you to see the DSL. Otherwise let them know that someone will come to see them as soon as possible, preferably the same day.
- Report verbally to the designated person.
- Write up your conversation on Toot Toot as soon as possible and assign the DSL you have reported it to as mentor.
- Seek support if you feel distressed.

Please see **Appendix E** for a flowchart detailing procedures for reporting concerns.

#### **6. Partnership with families**

A copy of this policy is made available to all parents prior to their child joining our school as well as details of the complaints procedure. In general any concerns will be discussed with parents and we will offer support. All conversations, whatever the outcome, should be recorded appropriately in order to show that they took place, identify what was agreed and evaluate how effectively they enabled needs to be met. In this way, quality conversations can demonstrate their impact on successful practice, including improvements in decision making and joint working. Conversations should continue in order to inform the on-going planning and reviewing.

Practitioners working with families at a Universal, Early Help or Targeted level will need to get the consent of the family before any information is held or shared with other agencies. If the practitioner does not gain the family’s consent and in future has ongoing concerns, they should consider contacting Compass for advice and guidance.

**With the exception of child protection matters, referrals to Compass cannot be accepted without parents having been consulted first.**

Consent is not required for child protection referrals where it is suspected that a child may be suffering or be at risk of suffering significant harm; however, the referring practitioner, would need to inform parents or carers that you are making a referral, unless to do so may:

- Place the child at increased risk of Significant Harm; or
- Place any other person at risk of injury; or
- Obstruct or interfere with any potential Police investigation; or
- Lead to unjustified delay in making enquiries about allegations of significant harm.

The child's interest must be the overriding consideration in making such decisions. Decisions should be recorded.

If consent is withheld by the parent the following may apply:

- If it is felt that the child's needs can be met through Early Help, then discussion with the family should take place about the completion of an Early Help Assessment and provision of services through an Early Help Plan. Early help consultations are available from the Early Help Advisors for support in managing these situations.
- For another agency familiar with the child and family to make the approach about information sharing to the family.
- A decision may be made that no assessment should take place. The rationale for this decision will be recorded on the concerns form.
- The combination of the concerns and the refusal to consent to enquiries being made may result in the concerns being defined as child protection concerns. In this case, information sharing may proceed without parental consent. The consultation and the decision to proceed without consent must be recorded on the case papers.

**If a child has actually been injured or is in imminent danger of being injured then we will contact the emergency services, medical or police, immediately on 999.**

When making a level 4 referral to Compass we will ensure we have a record of all details required detailed on a Shropshire Multi-Agency Referral Form.

## **7. Specific legal duties to report**

New legislation has recognised and criminalised the following types of abuse and placed duties on education settings to report offences to the authorities:

- **Radicalisation and the Prevent Duty**

The government set out its definition of British values in the 2015 Prevent Strategy – this promotes the values of:

- democracy
- the rule of law
- individual liberty
- mutual respect
- tolerance of those of different faiths and beliefs



If a member of staff has a concern about a particular student/s they should follow the school's normal safeguarding procedures, including discussing with the school's designated safeguarding lead as set out in the Child Protection policy.

The designated lead should contact West Mercia Prevent Team:

DS Phillip Colley  
01386 591835

DC Jamma Greenow  
01386 591825

DC Gary Shephard  
01386 591816

PC Manjit Sidhu  
01386 591815

The Prevent Team email is: [prevent@warwickshireandwestmercia.pnn.police.uk](mailto:prevent@warwickshireandwestmercia.pnn.police.uk)

A separate policy '**Preventing Extremism and Radicalisation Policy**' can be found on the School website.

- **Female Genital Mutilation (FGM)**

If we become aware of any cases where girls are at risk of FGM or have actually been harmed, I/we will contact the Police immediately and follow up with a referral to Compass to ensure that I am/we are meeting our reporting duties. Please refer to

<https://www.gov.uk/government/publications/female-genital-mutilation-leaflet>

***I/We may not seek parental consent if this may put the girl at increased risk.***

- **Domestic abuse and honour based violence**

Children living in households where there is domestic abuse which could be coercion or violence, including honour based violence, could be at significant risk of harm. We will seek support for victims and their children through Compass.

***Depending on the level of risk, I/we may or may not consult parents before contacting Compass.***

## **8. Specific safeguarding issues**

To ensure that our children and young people are protected from harm, we need to understand what types of behaviour constitute abuse and neglect (Appendix A). Staff are made aware of specific safeguarding issues (listed below) through child protection training, reading up to date guidance such as Keeping Children Safe in Education July 2016, Statutory Framework for the Early Years Foundation Stage stated in Section 3 – The Safeguarding and Welfare Requirements and accessing SSCB procedures at <http://www.safeguardingshropshireschildren.org.uk>

Schools and settings are to ensure that the DSL is continually updated in all areas below. They must be familiar with the referral pathways and specific toolkits and guidance available on the SSCB website.

Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example information for schools, colleges and early years settings can

be found on the TES, MindEd and the NSPCC websites. Staff can access government guidance as required on the issues listed below via GOV.UK and other government websites.

- Bullying including cyberbullying
- Children missing education
- Child missing from home or care
- Child sexual exploitation (CSE)
- Domestic violence
- Drugs
- Fabricated or induced illness
- Faith abuse
- Female genital mutilation (FGM)
- Forced marriage
- Gangs and youth violence
- Gender-based violence/violence against women and girls (VAWG)
- Hate
- Mental health
- Missing children and adults strategy
- Private fostering
- Preventing radicalisation
- Relationship abuse
- Sexting
- Trafficking

## **9. Peer on Peer Abuse**

Staff should recognise that children are capable of abusing their peers. Abuse is abuse and should never be tolerated or passed off as “banter” or “part of growing up”. Victims of peer abuse should be supported as they would be if they were the victim of any other form of abuse, in accordance with this policy.

Peer on peer abuse occurs when a young person is exploited, bullied and/or harmed by their peers who are the same age or similar age. Peer-on-peer abuse can relate to various forms of abuse (not just sexual abuse and exploitation), some forms of peer on peer abuse are:

- **Sexting**

Sexting is when someone sends or receives a sexually explicit text, image or video.

This includes sending ‘nude pics’, ‘rude pics’ or ‘nude selfies’. Pressuring someone into sending a nude picture can happen in any relationship and to anyone, whatever their age, gender or sexual preference.

However, once the image is taken and sent, the sender has lost control of the image and these images could end up anywhere. By having in their possession, or distributing, indecent images of a person under 18 on to someone else, young people are not even aware that they could be breaking the law as stated as these are offences under the Sexual Offences Act 2003.

- **Initiation/Hazing**

Hazing is a form of initiation ceremony which is used to induct newcomers into an organisation such as a private school, sports team etc. There are a number of different forms, from relatively mild rituals to severe and sometimes violent ceremonies.

The idea behind this practice is that it welcomes newcomers by subjecting them to a series of trials which promote a bond between them. After the hazing is over, the newcomers also have something in common with older members of the organisation, because they all experienced it as part of a rite of passage. Many rituals involve humiliation, embarrassment, abuse, and harassment.

- **Prejudiced Behaviour**

The term prejudice-related bullying refers to a range of hurtful behaviour, physical or emotional or both, which causes someone to feel powerless, worthless, excluded or marginalised, and which is connected with prejudices around belonging, identity and equality in wider society – in particular, prejudices to do with disabilities and special educational needs, ethnic, cultural and religious backgrounds, gender, home life, (for example in relation to issues of care, parental occupation, poverty and social class) and sexual identity (homosexual, bisexual, transsexual and transgender).

- **Teenage relationship abuse**

Teenage relationship abuse is defined as a pattern of actual or threatened acts of physical, sexual, and/or emotional abuse, perpetrated by an adolescent (between the ages of 13 and 18) against a current or former partner. Abuse may include insults, coercion, social sabotage, sexual harassment, threats and/or acts of physical or sexual abuse. The abusive teen uses this pattern of violent and coercive behaviour, in a heterosexual or same gender relationship, in order to gain power and maintain control over the partner.

It is vital that staff at The Priory School understand that the child who is perpetrating the abuse may also be risk of harm. Staff should make every effort to ensure that the perpetrator is also treated as a victim and undertake assessments to conclude this. Sensitive work must be undertaken with the child who is perpetrating, by helping them to understand the nature of their behaviour and the effect it has on others may prevent abuse as a whole.

Staff must be able to use their professional judgement in identifying when what may be perceived as “normal developmental childhood behaviour” becomes abusive, dangerous and harmful to others. Designated leads may need to consult with the SSCB Threshold document to help with their decision making.

## **10. Prevention in the Curriculum**

The Priory School recognises the importance of developing students’ awareness of behaviour that is unacceptable towards them and others, and how they can help keep themselves and others safe. This is done through lessons, assemblies, discussions in tutorial times and through visits from external agencies, such as the police.

The LIFE programme provides personal development opportunities for students to learn about keeping safe and who to ask for help if their safety is threatened. As part of developing a healthy, safer lifestyle, students are taught to, for example:

- Safely explore their own and others’ attitudes.
- Recognise and manage risks in different situations and how to behave responsibly.
- Judge what kind of physical contact is acceptable and unacceptable.

- Recognise when pressure from others (including people they know) threatens their personal safety and well-being and develop effective ways of resisting pressure; including knowing when and where to get help.
- Use assertiveness techniques to resist unhelpful pressure.
- The importance of Internet safety.

## **12. Safeguarding children with special educational needs and disabilities**

It is recognised that children with special educational needs or disabilities (SEND) can present additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group of children. These can include: assumptions that indicators of possible abuse such as behaviour, mood and injury, relate to the child's impairment without further exploration; children with SEND can be disproportionately impacted by issues such as bullying, without necessarily showing outward signs; communication barriers.

It is important, therefore, to be particularly sensitive to these issues when considering any aspect of the welfare and safety of such children, and to seek professional advice where necessary.

## **13. Children Missing Education**

All children, regardless of their circumstances, are entitled to a full time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing education in their area. Effective information sharing between parents, schools, colleges and local authorities is critical to ensuring that all children are safe and receiving suitable education.

A child going missing from education is a potential indicator of abuse or neglect and such children are at risk of being victims of harm, exploitation or radicalisation. Staff should follow the school's procedures for unauthorised absence and for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future. The DSL will liaise regularly with the Education Welfare Officer regarding any concerns.

Schools and colleges should put in place appropriate safeguarding policies, procedures and responses for children who go missing from education, particularly on repeat occasions. It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, female genital mutilation and forced marriage. Further information about children at risk of missing education can be found in the Children Missing Education guidance.

## **14. Injuries**

At the beginning of each session or school day parents are requested to notify us of any accidents, incidents or injuries which may affect their child before leaving him/her at the school. A note will be made of any existing injuries and how the injury was received will be recorded. A body map may be used to indicate any marks/bruises (**See Appendix F**)

Any serious injury occurring in the school e.g. broken bone, is reported to Health and Safety Executive (HSE) via RIDDOR. This is also reported to Ofsted within 14 days (**see Appendix G**).

### **15. Safe use of ICT and mobile phones**

The use of mobile phones and other electronic devices such as computers, tablets, and game devices is commonplace. However, as a society, we are beginning to recognise that although these devices have brought great benefit we also need to ensure that we help children to understand there are dangers and how to keep themselves safe. This includes:

- Keeping personal details secure
- Understanding that not all content is appropriate, truthful or legal
- What to do if they do accidentally access inappropriate or illegal content
- What to do if they are upset by something they receive
- What to do if they are going to physically meet someone they have met on-line

Staff are able to use their personal mobile phones during their break times in private areas. During working hours they must be kept out of the reach of children and parents. All staff are made aware of their duty to follow this procedure, and to challenge anyone not adhering to it.

Visitors to the school are asked to adhere to the same guidelines as staff and to refrain from using smart phones or cameras at all times unless express permission has been given by the Principal.

We believe that photographs validate children's experiences and achievements and are a valuable way of recording milestones in a child's life. Parental permission for the different ways in which we use photographs is gained as part of the initial registration at The Priory School. We take a mixture of photos that reflect the pre-school environment, sometimes this will be when children are engrossed in an activity either on their own or with their peers. In order to safeguard children and adults and to maintain privacy, cameras are not to be used during intimate care situations by adults or children. Photographs will always be taken on a school device and deleted from the device as soon as possible.

### **NEED TO LOOK AT THIS BIT WITH TG?**

If you use technology to record children's learning then you will need to add a paragraph here about how you ensure this is kept secure especially if information can be up-loaded to the internet from any devices.

Do you have anti-virus software? Do you let the children access the internet? If yes, do you have parental controls set? Do you talk to them about keeping themselves safe on-line and what to do if they have a problem? Do you supervise their use and talk to them about what they are doing? Do you have short-cuts to favourite and suitable sites to avoid mistakes? Do you regularly visit sites to ensure they are suitable and so that you can talk to children about what they are doing?

Through induction, staff and volunteers are made aware of our 'acceptable use of technology' policy both at home and in the workplace. If any staff or volunteers breach this policy then we will take disciplinary action which may result in a referral to the Disclosure and Barring Service.

Are children allowed to use their own mobile phones/devices or a computer whilst in your care? If so, When? Where? Are they able to link to your internet sever? How do you ensure children are not taking images of other children in your setting?

## **16. Managing allegations of abuse made against staff (this includes apprentices), students or volunteers (see Appendix H)**

Allegations which might indicate that a person would pose a risk of harm to children if they continue to work in regular or close contact with children in their present position will be taken seriously. We have a duty to inform Ofsted of any serious allegations made against a person which suggests he or she has:

- 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 he or she would pose a risk of harm to children.

We also have a duty of care towards our staff. We provide support for anyone facing an allegation and provide employees with a named contact if they are suspended. It is essential that any allegations of abuse made against members of staff or volunteers are dealt with very quickly, in a fair and consistent way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.

If there are concerns about a staff member then this should be referred to the principal. Where there are concerns about the principal, this should be referred to the chair of governors. Staff may consider discussing any concerns with the school's designated safeguarding lead and make any referral via them.

The LADO may ask for additional information, such as previous history, whether the child or their family have made similar allegations previously and the individual's current contact with children. There may be situations when the LADO will want to involve the police immediately, for example if the person is deemed to be an immediate risk to children or there is evidence of a possible criminal offence.

The initial sharing of information and evaluation may lead to a decision that no further action is to be taken in regard to the individual facing the allegation or concern; in which case this decision and a justification for it will be recorded by both the Registered Person/Principal and the LADO, and agreement reached on what information should be put in writing to the individuals concerned and by whom. The Registered Person/Principal will then consider with the LADO what action should follow both in respect of the individual and those who made the initial allegation.

If further action is required we will follow the advice of the LADO and co-operate with any investigations. We will follow instructions about what can be disclosed to the accused and whether he/she should be suspended whilst further investigations take place. This is not an indication of admission that the alleged incident has taken place, but is to protect the staff as well as children and families throughout the process. Clear advice will be given to workers on the process of investigation by other agencies. We will follow advice about how to inform families about the allegation.

**There is a legal requirement for employers to make a referral to the DBS where they think that an individual has engaged in conduct that harmed (or is likely to harm) a child; or if a person otherwise poses a risk of harm to a child.**

### **Whistleblowing**

Whistle blowing is a mechanism by which adults can voice their concerns in good faith, without fear of repercussion. Any behaviour by colleagues that raises concern regardless of source will be recorded and

reported to the designated practitioner or appropriate agency. There is a separate policy which all staff must read relating to this.

## **Recruiting Staff**

We provide adequate and appropriate staffing resources to meet the needs of children:

- Job adverts and application packs make reference to our safeguarding policy and procedures.
- Applicants for posts are clearly informed that positions are exempt from the Rehabilitation of Offenders Act 1974. We ensure that we meet our responsibilities under the Safeguarding Vulnerable Groups Act 2006.
- Where applicants are rejected because of information that has been disclosed, we will inform the applicant about their right to know and to challenge incorrect information.

We comply with the Safeguarding and Welfare Requirements in Keeping Children Safe in Education 2016 in respect of references and Enhanced Disclosure and Barring Service checks for staff and volunteers to ensure that no disqualified or unsuitable person works with or has access to the children. This includes disqualification by association, where a registered provider or a childcare worker may also be disqualified because they live in the same household as another person who is disqualified, or because they live in the same household where a disqualified person is employed.

We have procedures for recording the details of visitors, including prospective candidates, to the setting and ensure that we have control over who comes in to the premises so that no unauthorised person has unsupervised access to the children.

## **Staff Supervision (including students and volunteers)**

In order to ensure that all staff are alert to any issues for concern, staff receive regular training and updates in safeguarding and child protection through a range of training and supervision activities. This includes both formal and informal supervision, annual appraisals, staff meetings and access to SSCB approved training. Individual supervision offers staff an opportunity to receive coaching to improve their practice with children and address any issues resulting in poor performance. Individual supervision also provides a safe space in which to raise any concerns they may have about the conduct of other adults connected with the setting.

Staff supervision is also used to ensure that all staff remain suitable to work with children. This means staff are required to inform their manager of any medication they are taking and provide medical evidence that this will not impair their ability to look after children properly. Staff are also required to disclose any information, which may lead to their disqualification as outlined in *The Statutory Framework for the EYFS 2017 3.14-3.18*

## Appendix A

### The role of the Designated Safeguarding Lead

In carrying out any of the role set out below, the role of the Designated Safeguarding Lead should be guided by two important principles. First, following the Children Act 1989, the principle that the welfare of the child should be paramount. Second, the principle that confidentiality should be respected as far as possible (without compromising the first principle).

It is **essential** that designated safeguarding leads are familiar with the content of the following key documents:

- the Department for Education's (DfE's) statutory guidance for schools and colleges, 'Keeping Children Safe in Education' 2016
- 'Working Together to Safeguard Children' 2015
- Ofsted Common 'Inspection framework: safeguarding in maintained schools and academies' September 2015
- The Prevent duty July 2015
- Early Years Foundation Stage Statutory Framework 2014 (EYFS)
- Shropshire Safeguarding Children Board (SSCB) Threshold Guidance Document

The Designated Safeguarding Lead must:

- Be a senior member of staff, from the school **leadership team**.
- Take **lead responsibility** and is accountable for safeguarding and child protection, (lead responsibility must never be delegated).
- Be fully conversant with the Shropshire Safeguarding Children Board (SSCB) child protection (CP) procedures and to co-ordinate action on child abuse within school, ensuring that all staff are aware of their responsibilities in relation to CP.
- Provide supervision and guidance to deputy designated safeguarding leads.
- Ensure that all deputy designated safeguarding leads are trained to the same standard as themselves.
- Liaise with designated staff for Looked After Children (LAC) and 14-19 placements.
- Refer individual cases of suspected abuse to relevant Local Authority (LA) Children Services area (following SSCB guidelines) and to liaise with them and other agencies on individual cases and on general issues relating to CP.
- Undertake "Prevent" awareness training and lead on this within the school/college and must assume responsibility for organising training on all aspects of CP within school, and to act as a school-based resource on CP issues for staff.  
In greater detail, this involves the following:
  - ❖ Ensuring that all staff, both teaching and non-teaching, know about, and have access to the SSCB procedures for CP and that all cases of suspected abuse are reported in the correct way.
  - ❖ Supporting staff who make referrals to LA children's social care.
  - ❖ Referring cases to the Channel programme where there is a radicalisation concern as required.



- ❖ Supporting staff who make referrals to the Channel programme
  - ❖ Referring cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service (DBS) as required and ensuring that the Designated Officer in the Local Authority (LADO) is informed.
  - ❖ Referring cases where a crime may have been committed to the Police as required
  - ❖ Ensuring that all staff have regular child protection updates (at least annually)
  - ❖ Ensuring that all teaching and non-teaching staff attend Shropshire Safeguarding Children Board endorsed child protection awareness training every three years.
  - ❖ Ensuring all Deputy Designated Safeguarding Leads regularly update their child protection training (at least annually) and attend Shropshire Safeguarding Children Board endorsed child protection update training every two years
  - ❖ Ensuring the school/college is compliant with the 'Prevent' duty requirements so that:
    - All staff are trained in awareness of "Prevent".
    - All teachers are trained in "Prevent" curriculum requirements including British Values.
    - The school can demonstrate the impact on the students of promoting British Values.
    - The Deputy Designated Safeguarding Leads are clear about their lead role in respect of "Prevent" and the process of a "Prevent" referral.
    - The job description of the Deputy Designated Safeguarding leads also includes the "Prevent" duty.
    - The e-safety policy and the child protection policy clearly state the "Prevent" duty.
- **Working with others. The Designated Safeguarding lead must:**
    - ❖ Liaise with the Principal to inform him of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations.
    - ❖ As required, liaise with the "case manager" and the LADO if relevant i.e. if there are safeguarding or child protection concerns relating to a staff member.
    - ❖ Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff.
    - ❖ Lead on or participate in Early Help Multi-Agency interventions
  - **Training – The Designated Safeguarding Lead must:**
    - ❖ Ensure that they and any deputies should undergo training to provide them with the knowledge and skills required to carry out the role.
    - ❖ Ensure that they and any deputies, in addition to the formal training set out above, should refresh their knowledge and skills (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, but at least annually, to allow them to understand and keep up with any developments relevant to their role so they:
      - Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments.
      - Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.

- Ensure each member of staff has access to and understands the school's child protection policy and procedures, especially new and part time staff.
- Are alerted to the specific needs of children in need, those with special educational needs and young carers.
- Are able to keep detailed, accurate, secure written records of concerns and referrals.
- Are aware of the guidance that is available in respect of Female Genital Mutilation (FGM) and should be vigilant to the risk of it being practised and inform the Police if they suspect a child has suffered FGM (this is a legal requirement for all Teachers; Serious Crime Act 2015).

**Child protection files – The designated safeguarding lead must:**

- ❖ Ensure that all child protection files are stored securely and accessed only by authorised individuals compliant with the Data Protection Act 1998.
- ❖ Where children leave the school or college, ensure their child protection file is transferred to the new school or college as soon as possible and is transferred separately and securely from the main student file, and ensure that confirmation of receipt is obtained.

**Availability**

During term time the designated safeguarding lead should ensure that they (or a deputy) are always available (during school or college hours) for staff in the school or college to discuss any safeguarding concerns.

## Appendix B

### The role of the Designated Safeguarding Lead 'Deputy'

In carrying out any of the role set out below, the role of '**Deputy**' Designated Safeguarding Lead should be guided by two important principles. First, following the Children Act 1989, the principle that the welfare of the child should be paramount. Second, the principle that confidentiality should be respected as far as possible (without compromising the first principle).

It is **essential** that '**Deputy**' designated safeguarding leads are familiar with the content of the following key documents:

- the Department for Education's (DfE's) statutory guidance for schools and colleges, 'Keeping Children Safe in Education' 2016
- 'Working Together to Safeguard Children' 2015
- Ofsted Common 'Inspection framework: safeguarding in maintained schools and academies' September 2015
- The Prevent duty July 2015
- Shropshire Safeguarding Children Board (SSCB) Threshold Guidance Document
- Early Years Foundation Stage Statutory Framework 2014 (EYFS)

As '**Deputy**' Designated Safeguarding Lead you:

- Should be an experienced member of staff, from the school or college.
- Must take **responsibility** for safeguarding and child protection.
- Should be fully conversant with the SSCB child protection (CP) procedures and take action on child abuse within school.
- Provide support and guidance to all members of staff
- Should liaise with designated staff for Looked After Children (LAC) and 14-19 placements.
- Are responsible for referring individual cases of suspected abuse to relevant Local Authority (LA) Children Services area (following SSCB guidelines) and to liaise with them and other agencies on individual cases and on general issues relating to CP.
- Should undertake "Prevent" awareness training and support with this within the school/college.
- Will have responsibility to act as a school-based resource on CP issues for staff.

In greater detail, this involves the following:

- ❖ Supporting staff, both teaching and non-teaching, to have access to the SSCB procedures for CP and that all cases of suspected abuse are reported in the correct way.
  - ❖ Supporting staff who make referrals to local authority children's social care.
  - ❖ Referring cases to the "Channel" programme where there is a radicalisation concern as required.
  - ❖ Supporting staff who make referrals to the "Channel" programme.
  - ❖ Supporting the school/college to be compliant with the 'Prevent' duty requirements so that:
    - all staff are trained in awareness of "Prevent"
    - You are clear about your supporting role in respect of "Prevent" and the process of a "Prevent" referral.
- **Working with others** – as **Deputy** Designated Safeguarding Lead, you will:

- ❖ Liaise with the senior Designated Safeguarding Lead, head teacher or principal to inform him or her of issues especially on-going enquiries under section 47 of the Children Act 1989 and police investigations.
  - ❖ As required, liaise with the “case manager” and the Designated Officer in the Local Authority (LADO) for child protection concerns.
  - ❖ Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff.
- **Training**
- ❖ As **Deputy** designated safeguarding lead you should ensure that you undergo training to provide yourself with the knowledge and skills required to carry out your role.
  - ❖ As **Deputy** designated safeguarding lead you should ensure that in addition to the formal training set out above, your knowledge and skills continue to be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, but at least annually, to allow you to understand and keep up with any developments relevant to your role so you:
    - Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments.
    - Have a working knowledge of how Local Authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
    - Are alert to the specific needs of children in need, those with special educational needs and young carers.
    - Are able to keep detailed, accurate, secure written records of concerns and referrals.
    - Are aware of the guidance that is available in respect of Female Genital Mutilation (FGM) and should be vigilant to the risk of it being practised
    - Inform the Police if they suspect a child has suffered FGM (this is a legal requirement for all Teachers; Serious Crime Act 2015)

### **Availability**

During term time you should ensure that you are available (during school or college hours) for staff in the school or college to discuss any safeguarding concerns.

## Appendix C

### FILE TRANSFER RECORD AND RECEIPT

#### **PART 1: To be completed by sending / transferring school or college**

NAME OF CHILD:	
DOB:	
NAME OF SCHOOL SENDING CP FILE:	
ADDRESS OF SCHOOL SENDING CP FILE:	
METHOD OF DELIVERY:	BY HAND    SECURE POST    ELECTRONICALLY
DATE FILE SENT:	
NAME OF DSL TRANSFERRING FILE:	
NAME OF PERSON TRANSFERRING TO:	
SIGNATURE:	

#### **PART 2: To be completed by receiving school or college**

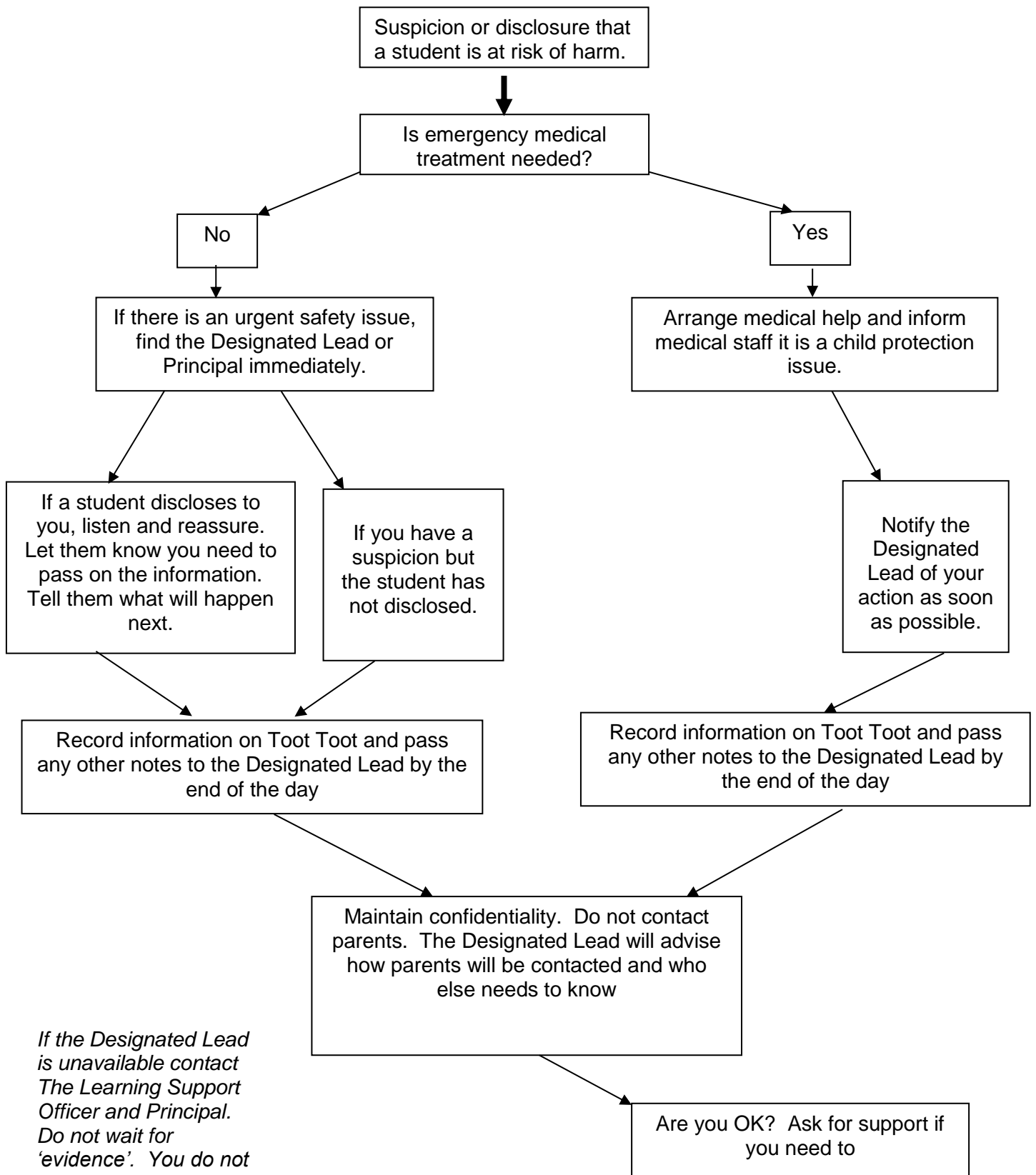
NAME OF SCHOOL RECEIVING FILE:	
ADDRESS OF SCHOOL RECEIVING FILE:	
DATE RECEIVED:	
NAME OF PERSON RECEIVING FILE:	
DATE CONFIRMATION OF RECEIPT SENT:	
SIGNATURE:	

**Receiving School:** Please complete Part 2 and return this form to the Designated Safeguarding Lead listed in Part 1 above. You are advised to keep a copy for your own reference.



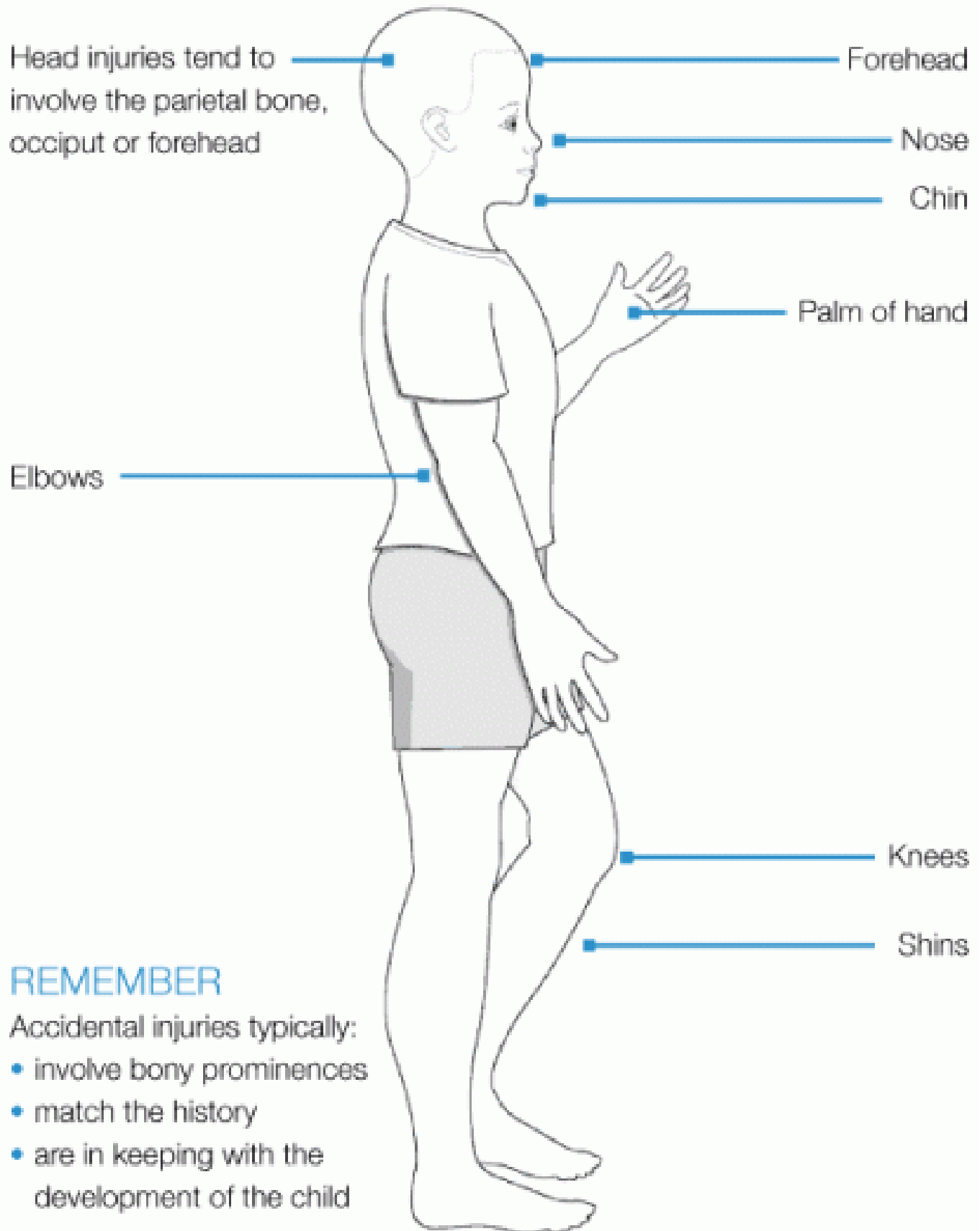
**Appendix E**

**Flowchart for Reporting Child Protection Concern**



*If the Designated Lead is unavailable contact The Learning Support Officer and Principal. Do not wait for 'evidence'. You do not need proof of your concern. Do not try to investigate.*

Appendix F  
Body map 1



**REMEMBER**

Accidental injuries typically:

- involve bony prominences
- match the history
- are in keeping with the development of the child



## Body Map 2

Ears – especially pinch marks involving both sides of the ear

The “triangle of safety” (ears, side of face, and neck, top of shoulders): accidental injuries in this area are unusual

Inner aspects of arms

Back and side of trunk, except directly over the bony spine

Black eyes, especially if bilateral

Soft tissues of cheeks

Intra-oral injuries

Forearms when raised to protect self

Chest and abdomen

Any groin or genital injury

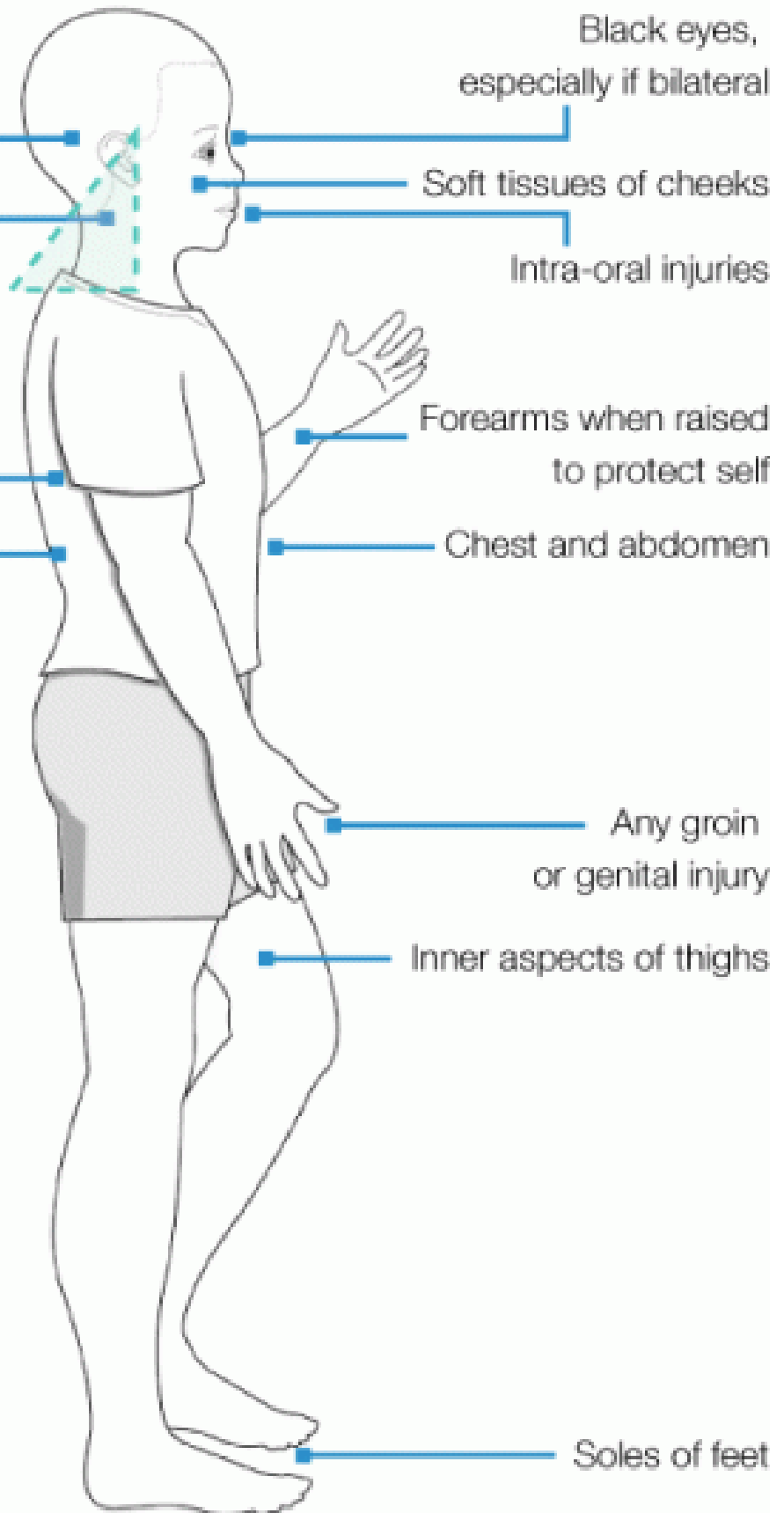
Inner aspects of thighs

Soles of feet

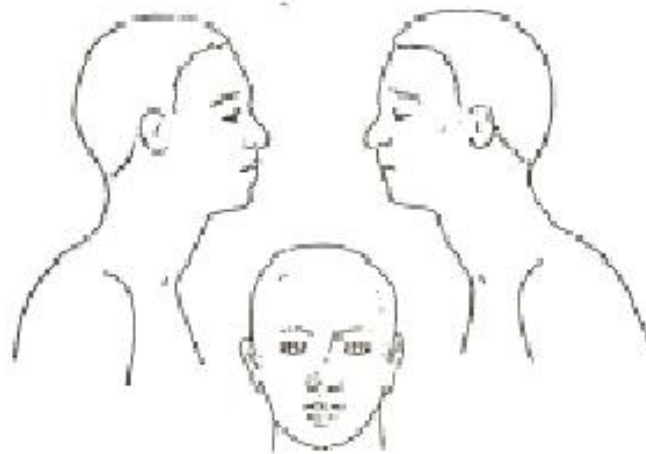
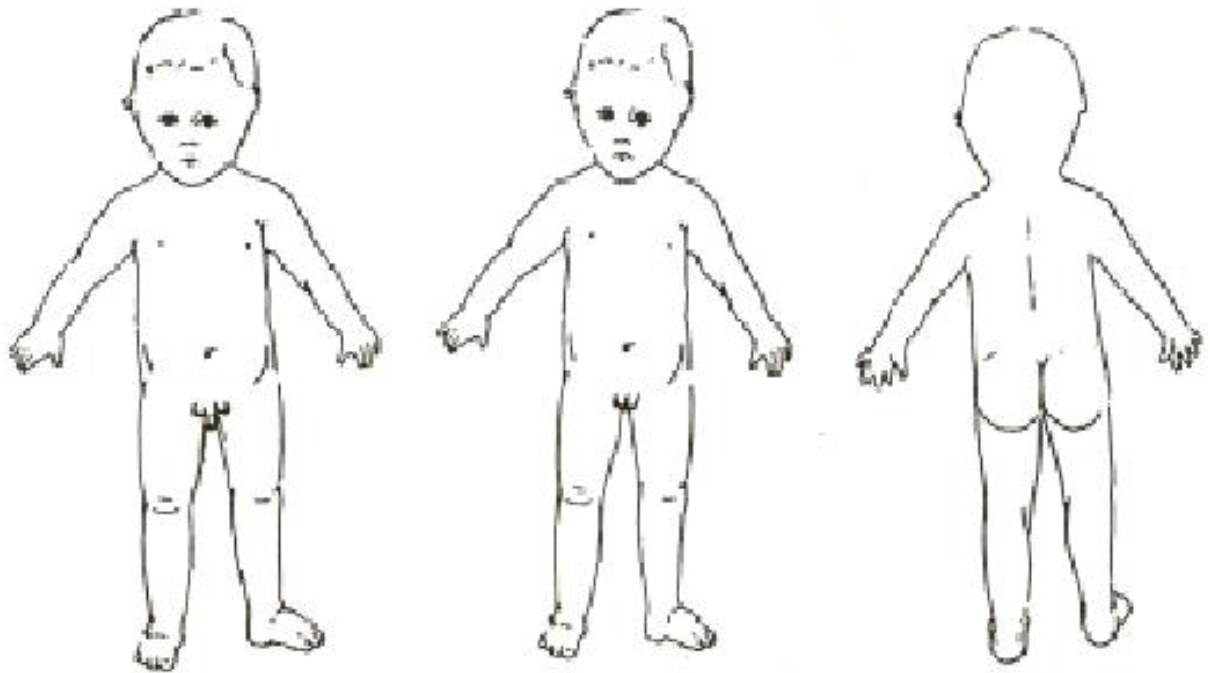
## REMEMBER

Concerns are raised by:

- injuries to both sides of the body
- injuries to soft tissue
- injuries with particular patterns
- any injury that doesn't fit the explanation
- delays in presentation
- untreated injuries



**Body Map 3**



## **Appendix G**

### **Serious accidents, injuries and deaths - what you must notify to Ofsted:**

- the death of a child while on the premises, or later, as the result of something that happened while the child was in your care
- death or serious accident or serious injury to any other person on your premises (Childcare Register only)
- serious injuries (please see the section below for the definition of serious injuries)
- where a child in your care is taken to hospital (to an Accident and Emergency Department for more than 24 hours), either directly from your provision, or later, as the result of something that happened while the child was in your care
- any significant event which is likely to affect the suitability to care for children.

Serious injuries are defined as:

- broken bones or a fracture
- loss of consciousness
- pain that is not relieved by simple pain killers
- acute confused state
- persistent, severe chest pain or breathing difficulties
- amputation
- dislocation of any major joint including the shoulder, hip, knee, elbow or spine
- loss of sight (temporary or permanent)
- chemical or hot metal burn to the eye or any penetrating injury to the eye
- injury resulting from an electric shock or electrical burn leading to
- unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours
- any other injury leading to hypothermia, heat-induced illness or
- unconsciousness; or requiring resuscitation; or requiring admittance to
- hospital for more than 24 hours
- unconsciousness caused by asphyxia or exposure to harmful substance or
- biological agent
- medical treatment, or loss of consciousness arising from absorption of any
- substance by inhalation, ingestion or through the skin
- medical treatment where there is reason to believe that this resulted from
- exposure to a biological agent, or its toxins, or infected material.

You are not required to inform Ofsted of minor injuries, but you must keep a record of these incidents. You are also not required to inform Ofsted of general appointments to hospital or routine treatment by a doctor, such as the child's general practitioner, that is not linked to, or is a consequence of, a serious accident or injury.

Minor injuries are defined as:

- sprains, strains and bruising
- minor cuts and grazes
- wound infections
- minor burns and scalds
- minor head injuries
- insect and animal bites

- minor eye injuries
- minor injuries to the back, shoulder and chest

## Appendix H

### **The Local Authority Designated Officer (LADO)**

#### ***Duty to refer***

In addition to informing Ofsted, the Designated Lead for Safeguarding or senior manager has a duty to refer any concerns to the LADO where it is alleged that a person who works\* with children has:

- Behaved in a way that has harmed a child, or may have harmed a child - whether the alleged abuse occurred on or off the premises where the childcare takes place;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicates he/she is unsuitable to work with children such as excessive one-to-one attention beyond the requirements of their usual role; or
- Displayed inappropriate behaviour such as inappropriate sexual comments, inappropriate sharing of images, or displays violent or aggressive behaviour.

Responsibility would also include reporting applications to work or volunteer with children and young people from adults who are barred from doing so as this poses a potential risk of significant harm to children and young people.

**The LADO should be informed of ALL allegations that come to a Senior Manager's attention within 1 working day of the manager becoming aware of the allegation.**

In cases where the nature of the allegation has not required immediate referral to the Compass or the Police, the Senior Manager and the LADO will make a decision jointly as to whether such a referral is necessary and who will make it.

The LADO should also be informed of any allegations that are made directly to the police or Compass.

**It is important that even apparently less serious allegations are seen to be followed up objectively by someone independent of the organisation concerned. This is why the LADO should be informed of ALL allegations that come to the employers' attention.**

#### **The role of the Local Authority Designated Officer**

The LADO will advise the employer of any action that may be necessary, whether an investigation will take place, and if so what form the investigation will take.

It is their role to provide on-going advice and liaison and to monitor the progress of cases.

This may include:

- Advising the employer on next steps, such as the need to inform the child's parents; advice on dismissal or suspension of the member of staff accused; the decision as to whether or not the case will be investigated and by whom.
- Regularly monitoring the progress of cases to ensure that they are dealt with as quickly as possible consistent with a fair and thorough process.
- Liaising with the employer to provide advice and support when required/requested.

- Oversight and management of individual cases.

If an allegation is substantiated and the employer dismisses the person or ceases to use that person's services, the employer should consult with the LADO about whether a referral to the Disclosure and Barring Service is required.

**Referral to the LADO should form part of your disciplinary and whistleblowing procedures.**

### **The role of the setting's Designated Lead for Safeguarding**

The Designated Lead for Safeguarding or the senior manager making the referral will be expected to play a key role in the investigative process and follow the advice given by the LADO. This may involve:

- Gathering any additional information which may have a bearing on the allegation, for instance: previous concerns, care and control incidents and so on;
- Providing the subject of the allegation with information and advising them to inform their union or professional body;
- Attending Strategy Meetings where required;
- Liaising with the LADO;
- Ensuring that risk assessments are undertaken where and when required;
- Ensuring that effective reporting and recording systems are in place which allow for the tracking of allegations through to the final outcome;
- Should the allegation be unfounded, giving consideration to a referral either to Compass or the police if the allegation is deemed to be deliberately malicious or invented.

### **Record keeping**

It is important that employers keep a clear and comprehensive summary of any allegations made, details of how the allegation was followed up and resolved. This record should be placed on the person's confidential personnel file with a copy given to the individual.

The record should be kept at least until the person reaches retirement or for ten years if that would be longer.

The purpose of the record is to enable accurate information to be given in response to any future request for a reference.

Details of allegations that are found to be malicious should be removed from personnel records.

### **Further information**

SSCB Inter Agency Child Protection Procedures - chapter 4.1 Managing Allegations Against Adults Working with Children & Young People:

[http://westmerciaconsortium.proceduresonline.com/chapters/p\\_all\\_against\\_adults.html](http://westmerciaconsortium.proceduresonline.com/chapters/p_all_against_adults.html)

\*The term 'works with children' refers to any individual employed to work with children or acting in a voluntary capacity.