

Christ Church

Church of England Primary School

Being Thankful, Celebration, Fairness, Forgiveness, Honesty, Love for All

Safeguarding Policy including Child Protection

The ethos of our school is embedded in our key Christian values

Honesty

To report any incidents of inappropriate behaviours that are witnessed or disclosed.

Forgiveness

Forgive us our sins as we forgive those who sin against us – Lord's Prayer.

Love for all

To ensure that our school provides a caring, positive safe and stimulating environment which promotes the social, physical and moral development of the individual child.

Celebration

To ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.

Fairness

To ensure that all information relating to Child Protection/Safeguarding is kept securely.

Being Thankful

To know that this school is committed to safeguarding and promoting the welfare of children.

Policy Review

This policy will be reviewed in full by the Governing Body annually.

The policy was last reviewed and agreed by the Governing Body on 17.11.16

It is due for review in November 2017

Signature:

Head Teacher

Date: 17.11.16

Signature

Chair of Governors Date: 17.11.16

Christ Church School fully recognises its responsibilities for child protection. This policy outlines these responsibilities and in particular that of the Designated Safeguarding Lead (DSL). It also outlines the procedures of the action to be taken where the abuse of a child is suspected.

The Designated Safeguarding Lead is the Head Teacher, Tracey Coton. In addition, the Deputy Head (Ruth James) and the EYFS leader (Karen Moses) have all received training LSCB Safeguarding Children: Child Protection Process Level 3. The Nominated Governor for child protection is Chris Newport. The role of the Nominated Governor is to meet regularly with the DSL to monitor that appropriate policies and procedures are in place and that they are being implemented correctly. Compliance with the policy will be monitored by the DSL and through staff performance measures.

The procedures used within Christ Church School are outlined below:

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1. INTRODUCTION

CP	Child Protection
LSCB	London Safeguarding Children's Board
SPA	Single Point of Access
LADO	Local Authority Designated Officer
CLA	Child Looked After
DSL	Designated Safeguarding Lead
LA	Local Authority
NQT	Newly Qualified Teacher
FGM	Female Genital Mutilation
ELSA	Emotional Literacy Support Assistant
SEND	Special Educational Needs and Disabilities
DEWO	Duty Education Welfare Officer

This policy applies to all children, staff, governors, visitors and volunteers in the school. Safeguarding and promoting the welfare of children is the responsibility of all school personnel and volunteers as they are in a unique position to notice injuries, marks or bruises when children are undertaking certain activities which might indicate a child has been abused. We must report all concerns and all injuries for the safety and protection of the children in our care.

This policy is reviewed on an annual basis. There are five main elements to our policy that reinforce the school's commitment to safeguarding and aim to create a culture of vigilance. The school will always work in the best interests of the child. The key elements are:

- Ensuring we practise safer recruitment in checking the suitability of staff and volunteers to work with children;
- Raising awareness of child protection issues and equipping children with the skills needed to keep them safe;
- Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse;
- Supporting pupils who have been abused in accordance with his/her agreed Child Protection Plan (or Child in Need Plan for lower level concerns);
- For children to feel loved and able to express concerns;
- Establishing a safe environment in which children can learn and develop.

We acknowledge and support Article 12 of the United Nations Convention on the Rights of the Child that children should be encouraged to form and express their views and ensure that the child's voice is heard.

We recognise that because of the day-to-day contact with children, school staff are well placed to observe the outward signs of abuse. The school will therefore:

- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to;
- Identify concerns early, provide help for children and prevent concerns from escalating;
- Identify children who may benefit from early help – providing support as soon as a problem emerges at any point in a child's life;
- Ensure children know that there are adults in the school whom they can approach if they are worried;
- Teach children about safeguarding through opportunities in the PSHE curriculum and other teaching and learning opportunities, including online, for children to develop the skills they need to recognise and stay safe from abuse.

We will follow the procedures set out by the LSCB and take account of guidance issued by the DfE to safeguard children and promote their welfare.

Role of the School Council

The School Council will be involved in:

- Discussing aspects of the policy during the school year
- Surveying the children to ensure they feel safe and know who to talk to about concerns

2. STATUTORY FRAMEWORK

In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (Section 175/157)
Outlines that Local Authorities and School Governing Bodies have a responsibility to “ensure that their functions relating to the conduct of school are exercised with a view to safeguarding and promoting the welfare of children who are its pupils”.
- Keeping Children Safe in Education (DfE, September 2016)
- Keeping Children Safe in Education: Part One- information for all school and college staff (DfE, September 2016) – Appendix One
- Working Together to Safeguard Children (DfE 2015)
- The Education (Pupil Information) (England) Regulations 2005
- Sexual Offences Act (2003)
- Section 26, The Counter Terrorism and Security Act 2015 (PREVENT duty)
- Female Genital Mutilation Act 2003 (Section 74, Serious Crime Act 2015)

Working Together to Safeguard Children (2015) requires all schools to follow the procedures for protecting children from abuse which are established by Kingston and Richmond Safeguarding Children Boards.

Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse - these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse. Schools should ensure that those groups or individuals who hire and/or use their building or grounds inside or outside of school hours, follow the local child protection guidelines and are aware of their duties, if children or vulnerable adults are using the building or grounds.

Furthermore, Keeping Children Safe in Education (September 2016) places the following responsibilities on all schools:

Schools should be aware of and follow the procedures established by the LSCB

- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions
- Schools should have embedded procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse
- A Designated Safeguarding Lead should have responsibility for co-ordinating action within the school and liaising with other agencies
- Staff, together with the designated safeguarding lead, should undergo updated child protection training every two years

The document “Keeping Children Safe in Education” DfE September 2016 must be read in conjunction with this policy and is kept as an appendix to the school’s child protection policy. The school will publish its child protection policy on its website and signpost all stakeholders to information that will actively keep children safe online.

3. TERMINOLOGY

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

- protecting children from maltreatment
- preventing impairment of children’s health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

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

- Pupils' health and safety
- The use of reasonable force (restraint)
- Meeting the needs of children with medical conditions
- Providing first aid
- Educational visits
- Intimate care
- Internet or e-safety
- Appropriate arrangements to ensure school security, taking into account the local context
- Safe recruitment

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

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

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

Staff refers to all those working for or on behalf of the school, full time or part time, in either a paid or voluntary capacity.

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

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

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

4. CHILDREN WHO MAY REQUIRE EARLY HELP

All staff should be aware of the early help process, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment of a child's needs. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. This also includes staff monitoring the situation and feeding back to the Designated Senior Lead any ongoing/escalating concerns so that consideration can be given to a referral to Children's Services if the child's situation doesn't appear to be improving.

Staff and volunteers working within the school should be alert to the potential need

for early help for children also who are more vulnerable. For example:

- Children with a disability and/or specific additional needs.
- Children with special educational needs.
- Children who are acting as a young carer.
- Children who are showing signs of engaging in anti-social or criminal behaviour.
- Children whose family circumstances present challenges, such as substance abuse, adult mental health or learning disability, domestic violence
- Children who are showing early signs of abuse and/or neglect.

School staff members should be aware of the main categories of maltreatment: physical abuse, emotional abuse, sexual abuse and neglect. They should also be aware of the indicators of maltreatment and specific safeguarding issues so that they are able to identify cases of children who may be in need of help or protection.

See Appendix Four for information on indicators of abuse and Appendix One for specific safeguarding issues.

Children with special educational needs and disabilities:

Additional barriers can exist when recognising abuse and neglect in this group of children.

This can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's impairment without further exploration;
- Assumptions that children with SEN and disabilities can be disproportionately impacted by things such as bullying - without outwardly showing any signs;
- Communication barriers and difficulties;
- Reluctance to challenge carers, (professionals may over empathise with carers because of the perceived stress of caring for a disabled child);
- Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased;
- A disabled child's understanding of abuse;
- Lack of choice/participation
- Isolation

5. THE DESIGNATED SAFEGUARDING LEAD

Governing bodies should ensure that the school designates an appropriate senior member of staff to take lead responsibility for child protection. This person should

have the status and authority within the school to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.

The Designated Safeguarding Lead for Child Protection in this school is:

NAME: TRACEY COTON

A Deputy DSL should be appointed to act in the absence/unavailability of the DSP.

The Deputy Designated Safeguarding Lead for Child Protection in this school is:

NAME: RUTH JAMES

The broad areas of responsibility for the designated safeguarding lead are:

Managing referrals

This school recognises that it is an agent of referral and not of investigation.

Refer all cases of suspected abuse to the SPA and:

- Police (cases where a crime may have been committed);
- Liaise with the head teacher to inform her of issues especially ongoing enquiries under Section 47 of the Children Act 1989 and police investigations;
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies;
- Support staff that make referrals;
- Share information with appropriate staff in relation to a CLA legal status (whether they are looked after under voluntary arrangements with consent of parents or on an Interim Care Order or Care Order) and contact arrangements with birth parents or those with parental responsibility.
- Ensure they have details of the CLA's social worker and the name of the virtual school Head Teacher in the authority that looks after the child.

The DfE has clear guidelines on what schools, Governing Bodies and LAs should do if they suspect that a child has been abused. However, it is not the responsibility of teachers and other staff in schools to investigate suspected abuse. They should not take action beyond that agreed in the procedures established by the LSCB. The DSL is responsible for referring cases of suspected abuse or allegations to the relevant investigating agencies according to the procedures established by their local LSCB and LA. The Head Teacher or Chair of Governors must also be able to deal with allegations made against members of staff.

DSLs also have an important role in ensuring all staff and volunteers receive appropriate training. They should:

- Have received training in how to identify abuse and know when it is appropriate to refer a case, together with having a working knowledge of how LSCBs operate and the conduct of a child protection case conference and be able to attend and contribute to these when required;
- Attend any relevant or refresher training courses and then ensure that any new or key messages are passed to other staff, volunteers and governors;
- Make themselves (and any deputies) known to all staff, volunteers and Governors (including new starters and supply teachers) and ensure those members of staff have had training in child protection. This should be relevant to their needs to enable them to identify and report any concerns to the DSL immediately.

Training

The designated safeguarding lead should receive appropriate training carried out at least every two years. The DSL should also undertake Prevent awareness training. In addition to this training, their knowledge and skills should be refreshed (for example, via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments) at least annually in order to: fulfil the job description of the Designated Safeguarding Lead job description – see Appendix 5 which also includes the following:

- 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 or college's child protection policy and procedures, especially new and part-time staff;
- Be alert to the specific needs of children in need, those with special educational needs and young carers;
- Be able to keep detailed, accurate and secure written records of concerns and referrals;
- Obtain access to resources and attend any relevant or refresher training courses;
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school may put in place to protect them.

Training organised or approved by the DSL will take place for school personnel, volunteer helpers and governors;

- On induction to the school
- During NQT induction
- Throughout the academic year as required

Raising Awareness

The DSL should ensure the school policies are embedded and used appropriately, and:

- Ensure the school Safeguarding Policy including Child Protection is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this;
- Ensure the Safeguarding Policy including Child Protection is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school or college in this;
- Ensure that safeguarding contact details will be kept prominently displayed in the school to ensure that all staff, children and parents have unfettered access to safeguarding support. The policy will be available as a hard copy, as required, and on the staff server;
- Link with the local LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding;
- Where children leave the school, ensure their child protection file is copied for any new school or college as soon as possible but transferred separately from the main pupil file.
- Schools should obtain proof that the new school/education setting has received the safeguarding file for any child transferring and then destroy any information held on the child in line with data protection.

6. THE GOVERNING BODY

Keeping Children Safe in Education (DfE 2016)

Governing bodies and proprietors should ensure there is an effective Safeguarding and Child Protection Policy in place together with a staff behaviour policy (code of conduct). Both should be provided to all staff – including temporary staff and volunteers – on induction. The Safeguarding Policy including Child Protection should describe procedures which are in accordance with government guidance and refer to locally agreed inter-agency Procedures put in place by the LSCB, be updated annually, and be available publicly either via the school or college website or by other means.

Governing bodies and proprietors must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies,

procedures and training in their schools or colleges are effective and comply with the law at all times.

The nominated governor for child protection is: **Chris Newport**

The responsibilities placed on governing bodies and proprietors include:

- Their contribution to inter-agency working, which includes providing a co-ordinated offer of early help when additional needs of children are identified;
- Ensuring that an effective Safeguarding Policy including Child Protection is in place, together with a staff behaviour policy, and that it is reviewed annually;
- Staff have access to Part One of Keeping Children Safe in Education (DfE 2016) – Appendix One, which is on the staff server and are aware of specific safeguarding issues;
- Ensuring that staff induction is in place with regards to child protection and safeguarding;
- Appointing a Designated Safeguarding Lead;
- Ensuring that all of the Designated Senior Persons (including deputies) should undergo formal child protection training every two years (in line with LCSB guidance) and receive regular (annual) safeguarding refreshers (for example, via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments);
- Prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns;
- Ensuring that children are taught about how to keep themselves safe;
- Ensuring appropriate filters and appropriate monitoring systems are in place to safeguard children from potentially harmful and inappropriate online material. Additional information to support governing bodies and proprietors is provided in Annex C of **Keeping Children Safe in Education (DFE 2016)** - available at http://www.thegrid.org.uk/info/welfare/child_protection/policy/national.shtml

The Head Teacher, DSL and Nominated Governor will provide an annual report to the Governing Body detailing any changes to policy and procedures, and key school safeguarding data, such as serious incidents, numbers of children looked after or subject to child protection plans, and details of any allegations made against staff or volunteers, and subsequent action, permanent or temporary exclusions, children missing education, or those concerning attendance records. The report should include an understanding of the special needs of students and matters of diversity and ethnicity.

7. SAFER RECRUITMENT

The Governing Body and school leadership team are responsible for ensuring that the school follows recruitment procedures that help to deter, reject or identify people who might abuse children whether through volunteer or paid employment.

All recruitment panels will have at least one member who has completed Safer Recruitment training. The LSCB offers this level four training or alternatively, the NSPCC offers Safer Recruitment training:

http://www.nspcc.org.uk/Inform/trainingandconsultancy/onlinetraining/safer-recruitment-in-education_wda103382.html.

The following statement is used on all adverts for new appointments:

This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Disqualification

All staff, volunteers and governors will complete an annual return in relation to disclosable information / convictions / personal matters.

The following guidance will be useful for recruitment panels as they consider references and employment.

Consider if the **reference** is:

- On headed paper
- From the person who you requested if from
- From the last two employers
- Signed by the author and is it an original signature
- Has someone spoken to the referee

DBS (Disclosure and Barring Service)

- The DBS form **MUST** be completed in **black ink**;
- Only **Enhanced** DBS can be portable. Standard DBS are not portable;
- A portable DBS is only valid for one year from **Date of Issue** therefore a new DBS application should be made prior to the expiry of their portable DBS;
- The employee must provide the original DBS. Both sides of the original Disclosure should be **copied, dated** and **signed** as 'original'.

Medical Clearance

- Please ensure that all new employees complete a Health Questionnaire;
- If an existing employee takes up a different post they may be subject to another medical clearance depending on the type of work carried out.

National Insurance Numbers

- All employees require a permanent National Insurance number before they can commence work as opposed to the temporary number;

- To obtain this they should call the: National Insurance help line on 01708 814 440, to make an appointment for an 'evidence of identity interview'. At the appointment they should request a form CA5404 which demonstrates that they have had their interview and are just awaiting their NI number. This will be acceptable to commence employment. The employee should be reminded to notify their manager as soon as they have received their permanent number.

Right to work in the UK

- Does the employee have the necessary documentation to work in the UK?
- Have you taken a copy of all the documentation?

Please contact the Home Office Helpline on 0845 010 667 for further information.

Schools may use the following form to confirm appointment of staff.

Staff Appointment Checklist

Name				Job Title			
Start Date				Appointing Manager			
Position Ref				Employee No			
STANDARD PRE-EMPLOYMENT CLEARANCES							
	Date	Initials	On File		Date	Initials	On File
Offer email / letter sent				Acceptance in writing rec'd			
Health Questionnaire, Bank Account, OH form sent				Fitness Certified by OH			
1 st reference letter sent				1 st reference received			
2 nd reference letter sent				2 nd reference received			
				References approved by manager			
Any other information				Face to face interview			
ADDITIONAL CLEARANCE FOR POSTS WORKING WITH CHILDREN							
	Date	Initials	On File		Date	Initials	On File
Online DBS identity check done				Online DBS result issued and print out for SCR			
Sight of qualifications requested or n/a				Originals seen and copies on file or n/a			
Passport seen OR Two of P45 / NI card / P60 / full birth certificate				Originals seen; SCR updated			
ID evidence 1				List 99 sent			

ID evidence 2				Confidentiality statement signed			
ID evidence				Code of Conduct ICT			
FINAL NEW EMPLOYEE ADMINISTRATION							
	Date	Initials	On File		Date	Initials	On File
P45 / P46 to Payroll				Job description on file			
Data on SIMS							
AUTHORISING SIGNATURE and SCRUTINY							
SIGNED	Head Teacher			DATE	SIGNATURE		
	Safeguarding Governor Scrutiny/ CoG			DATE	SIGNATURE		

8. CHILD PROTECTION CONCERNS

All staff should be aware of the early help process, and understand their role in it. This includes identifying emerging problems, liaising with the designated safeguarding lead, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment.

If you have any concerns about the health, wellbeing, happiness or safety of a child at this school or feel that something may be troubling them, you should share this information with an appropriate member of staff straight away.

Staff in school should be alert to any change in behaviour or presentation of a child, as well as disclosures that may be made. A Child Protection concern is where the child has been harmed or is at risk of harm e.g. **Physical, Sexual, Emotional Abuse or Neglect**. See Appendix 2 Two for specific guidance on what to look out for under the categories of **Physical Abuse, Sexual Abuse, Emotional Abuse or Neglect**.

Any issues that concern you, no matter how small, such as a child's appearance, hygiene, or general behaviour, must be reported. It is much better to report things that turn out to be small than miss a worrying situation.

9. CHILDREN MISSING EDUCATION

Knowing where children are during school hours is an extremely important aspect of safeguarding. Missing school can be an indicator of abuse, neglect, and in older children may raise concerns around child sexual exploitation. To safeguard pupils who are missing education, School will ensure compliance with local authority policy and procedures for Children Missing Education. Together with the Welfare and Attendance Officer, the Designated Safeguarding Lead will monitor unauthorised absence and follow procedures, particularly where children go missing on repeated occasions.

School will ensure there are procedures to inform the local authority when it is proposed to take pupils off roll because they are:

- Leaving school to be home educated;
- No longer living close enough to the school to reasonably attend; likely to remain medically unfit beyond compulsory school age;
- Permanently excluded.

The school will ensure that all staff:

- Understand what to do when children do not attend regularly;
- Know the signs and triggers for travelling to conflict zones, Female Genital Mutilation (FGM) and forced marriage and domestic servitude;
- Inform the local authority of any pupil who fails to attend school 'regularly' or does not attend school for five consecutive days without authorisation.

10. SEXUAL EXPLOITATION OF CHILDREN

Child Sexual Exploitation (CSE) involves an individual or group of adults taking advantage of the vulnerability of an individual or groups of children or young people, and victims can be boys or girls. Sexual exploitation is a serious crime and can have a long-lasting adverse impact on a child's physical and emotional health.

Statutory definition of Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an 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 the 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 also occur through the use of technology.

Some of the following signs may be indicators of CSE:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or do not take part in education.

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 coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying, including cyberbullying 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. It may also be linked to child trafficking. All staff must be made aware of the indicators of sexual exploitation and all concerns are reported immediately to the Designated Safeguarding Lead.

11. HONOUR-BASED VIOLENCE

So-called honour-based violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

Indicators

There are a range of potential indicators that a child may be at risk of HBV. Guidance on the warning signs that FGM or forced marriage may be about to take place, or may have already taken place, can be found on pages 38-41 of the multi-agency statutory guidance on FGM pages 59-61 and pages 13-14 of the multi-agency guidelines: Handling case of forced marriage.

Actions

If staff have a concern regarding a child that might be at risk of HBV, they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care. Where FGM has taken place that requires a different approach (see following section).

12. EXTREMISM AND RADICALISATION

At Christ Church School we fully consider radicalisation, extremism and exposure to extremist materials to be safeguarding issues that can lead to poor outcomes for our pupils. We will work to ensure that members of staff are fully engaged in being vigilant about radicalisation; and maintain an attitude that "it could happen" in the school.

Through accessing training events such as PREVENT, we will ensure that our staff are fully aware of the threats, risks and vulnerabilities that are linked to radicalisation; are aware of the process of radicalisation and how this might be identified early on. We will work alongside other professional bodies and agencies to ensure that our pupils are safe from harm.

More information can be found here about promoting British values:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380595/SMSC_Guidance_Maintained_Schools.pdf

13. FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision, cutting or sunna. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence.

There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

A girl or woman who's had FGM may:

- have difficulty walking, sitting or standing;
- spend longer than normal in the bathroom or toilet;
- have unusual behaviour after an absence from school;
- be particularly reluctant to undergo normal medical examinations;
- ask for help, but may not be explicit about the problem due to embarrassment or fear.

A girl at immediate risk of FGM may not know what's going to happen. But she might talk about:

- being taken 'home' to visit family;
- a special occasion to 'become a woman';
- an older female relative visiting the UK.

She may ask a teacher or another adult for help if she suspects FGM is going to happen or she may run away from home or miss school.

There is a mandatory duty for staff to report disclosures on FGM about a female under 18 personally to the police if they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by "to discover that an act of FGM appears to have been carried out" is used for all professionals to whom this mandatory reporting duty applies.

Teachers **must** personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should also still consider and discuss any such case with the school designated safeguarding lead and involve children's social care as appropriate.

14. PRIVATE FOSTERING

Private Fostering is when a child under the age of 16 years (under 18 if they are disabled) is cared for by someone **who is not** their parent or a close relative, for 28 days or more.

Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts. To be Privately Fostered, the arrangement has not been made by the local

authority, and the child or young person is not being looked after by an approved foster carer.

The school has a duty to report cases of suspected private fostering to the Local Authority through the SPA.

15. ONLINE SAFETY

The use of technology has become a significant component of many safeguarding issues. Child sexual exploitation; radicalisation; sexual predation; technology often provides the platform that facilitates harm. An effective approach to online safety empowers a school to protect and educate the whole school community in their use of technology and establishes mechanisms to identify intervene in and escalate any incident where appropriate.

The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:

- content: being exposed to illegal, inappropriate or harmful material;
- contact: being subjected to harmful online interaction with other users;
- conduct: personal online behaviour that increases the likelihood of, or causes, harm.

Filters and monitoring

Governing bodies should be doing all that they reasonably can to limit children's exposure to the above risks from the school or college's IT system. As part of this process, governing bodies should ensure their school or college has appropriate filters and monitoring systems in place. Whilst considering their responsibility to safeguard and promote the welfare of children, and provide them with a safe environment in which to learn, governing bodies and proprietors should consider the age range of their pupils, the number of pupils, how often they access the IT system and the proportionality of costs vs risks.

The appropriateness of any filters and monitoring systems is a matter for Christ Church School and will be informed in part by the risk assessment required by the Prevent Duty.

The UK Safer Internet Centre has published guidance as to what "appropriate" might look like:

- UK Safer Internet Centre: appropriate filtering and monitoring

Guidance on e-security is available from the National Education Network-NEN.

Whilst filtering and monitoring are important parts of the online safety picture for Christ Church School to consider, it is only one part. Governors should consider a whole school approach to online safety. This will include a clear policy on the use of mobile technology in the school. Many children have unlimited and unrestricted access to the internet via 3G and 4G in particular and the school should carefully consider how this is managed on their premises.

Whilst it is essential that governing bodies ensure that appropriate filters and monitoring systems are in place, they should be careful that "over blocking" does not lead to

unreasonable restrictions as to what children can be taught with regards to online teaching and safeguarding.

Staff training

Governors should ensure that staff undergo regularly updated safeguarding training online; safety training for staff is integrated, aligned and considered as part of the overarching safeguarding approach. Governors will ensure children are taught about online safeguarding.

Information and support

There is a wealth of information available to support schools to keep children safe online. The following is not exhaustive but should provide a useful starting point:

www.thinkuknow.co.uk

www.disrespectnobody.co.uk

www.saferinternet.org.uk

www.internetmatters.org

www.childnet.com/cyberbullying-guidance

www.pshe-association.org.uk

educateagainsthate.com

www.gov.uk/government/publications/the-use-of-social-media-for-online-radicalisation

16. PEER-ON-PEER ABUSE

Managing situations where children have been abused by other children can be complex and stressful. It is important to be conscious that any child who is engaging in abusive behaviour towards others may have been subject to abuse from other children or from adults. Abusive behaviour can be displayed in a variety of ways and can consist of sexual abuse / activity; physical harm; emotional abuse and verbal abuse.

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

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

When dealing with such allegations, professionals should be mindful that there is significant research evidence to suggest that children who behave in a sexually inappropriate and / or aggressive way towards other children are often victims of abuse themselves.

Peer on peer abuse can manifest itself in many ways and different gender issues can be prevalent. Severe harm may be caused to children by abusive and bullying behaviour of other children, which may be physical, sexual or emotional and can include gender based violence/ sexual assaults, sexting, teenage relationship abuse, peer-on-peer exploitation, serious youth violence, sexual bullying or harmful sexual behaviour.

There is also significant research evidence which indicates that abuse is likely to be repeated without appropriate intervention and treatment. This must be considered throughout the planning stages of managing cases of abuse perpetrated by children. Where an allegation is made regarding alleged abuse perpetrated by another child, the age and understanding of the alleged perpetrator must be considered throughout decision making.

The circumstances of the alleged perpetrator must be assessed separately from those of the alleged victim and must include exploration of why this behaviour has occurred. The focus of involvement with the alleged perpetrator and their family will be to determine risks to and from the child concerned within the parameters of the Children Act 1989, and to manage allegations against them within the criminal justice framework. Children who abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way which meets their needs as well as protecting others.

The Sexual Behaviours Traffic Light Tool by the Brook Advisory Service to help professionals assess and respond appropriately to sexualised behaviour. The traffic light tool can be found at www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool.

Staff should recognise that children are capable of abusing their peers and should not be tolerated or passed off as “banter” or “part of growing up”.

In order to minimise the risk of peer-on-peer abuse the school:

- Provides a developmentally appropriate PSHE curriculum which develops students understanding of acceptable behaviour and keeping themselves safe.
- Have systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued.
- Develop robust risk assessments where appropriate
- Have relevant policies in place (e.g. behaviour policy).

17. SEXTING

Sexting is when someone shares sexual, naked or semi-naked images or videos of themselves or others, or sends sexually explicit messages.

They can be sent using mobiles, tablets, smartphones, and laptops - any device that allows you to share media and messages.

Sexting may also be called:

- trading nudes
- dirties
- pic for pic.

Sexting can be seen as harmless, but creating or sharing explicit images of a child is illegal, even if the person doing it is a child. A young person is breaking the law if they:

- take an explicit photo or video of themselves or a friend
- share an explicit image or video of a child, even if it's shared between children of the same age
- possess, download or store an explicit image or video of a child, even if the child gave their permission for it to be created.

There are many reasons why a young person may want to send a naked or semi-naked picture, video or message to someone else.

- joining in because they think that 'everyone is doing it'
- boosting their self-esteem
- flirting with others and testing their sexual identity
- exploring their sexual feelings
- to get attention and connect with new people on social media
- they may find it difficult to say no if somebody asks them for an explicit image, especially if the person asking is persistent

If a young person tells you they've been involved with sexting, it's important to remain calm and be understanding. You should follow your organisation's policy and procedures.

Try and find out:

- if it's an image, video or message
- how the young person is feeling
- how widely has the image been shared and with whom
- if there were any adults involved
- if it's on an organisational or personal device

If the images were not intended to cause harm and the young people involved have given consent, you may decide to handle the incident within your organisation.

Avoid looking at the image, video or message. If it's on a device belonging to your organisation, you need to isolate it so that nobody else can see it. This may involve blocking the network to all users.

Details of the incident and the actions taken must be recorded in writing by the person responsible for child protection within the organisation.

Contact the police and children's social care if:

- somebody involved is over the age of 18 or under the age of 13
- there are concerns about the ability to give consent
- the images are extreme or show violence
- the incident is intended to cause physical or emotional harm
- there's reason to believe that the young person has been blackmailed, coerced or groomed

If you think a child is in immediate danger - call the police on 999 and contact SPA.

18. RECORDS AND MONITORING

Well-kept records are essential to good child protection practice. Our school is clear about the need to record any concerns held about a child, the status of such records and when copies of these records should be passed to other agencies.

Any member of staff receiving a disclosure of abuse or noticing indicators of neglect must make an accurate record as soon as possible, noting what was said or seen, putting the event into context, and giving the date, time and location. All records will be signed and dated and will include the action and advice taken, including any differences of opinion. This should be presented to the DSL. A referral should be made through SPA as required.

Any files and notes should be kept in a confidential place in chronological order (separate to pupil records). These are stored in the Head Teacher's office. All child protection records are stored securely and confidentially and will be retained for 10 years after the last entry. The date the file is closed will be marked on the front of the folder. If a pupil transfers from the school, these files will be copied and forwarded to the pupil's new education setting, marked "confidential" and for the attention of the receiving school's DSL.

A "Concern" or "CP" file will be started in the event of:

- A referral to Children's Social Care.
- An accumulation of number of minor concerns on the child's main school file.
- An intervention by a Social Worker or Family Support Worker from Children's Social Care and the child has an open case.

A recording of each and every episode/incident/concern/activity regarding that child, including telephone calls to other professionals, needs to be recorded on a **chronology** kept within a confidential file which can only be accessed by DSLs and named deputies. This will include any contact from other agencies who may wish to discuss concerns relating to a child. Actions will be agreed and roles and responsibility of each agency will be clarified and outcomes recorded. The chronology may be detailed in parts to ensure that the DSL/deputies have access to as much information as possible when talking to other professionals. If a chronology is passed on to a new school it should be brief and log activity only; the full recording of school concerns will be on the CP/Concern file when passed on. Original notes will be retained on the file as they may be important in any criminal proceedings arising from current or historical allegations of abuse or neglect.

A chronology will be started when any concern about a child is brought to the attention of the DSL.

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

19. SUPPORTING PUPILS

It is the responsibility of the DSL to ensure that the school is represented at, and a report is submitted to, child protection conferences, child in need meetings, strategy meetings, core group meetings, and looked after children reviews. Whoever attends should be fully briefed on any issues or concerns. The school will commit to regular liaison with other professionals and agencies that support families and a commitment to honest and open communication with families. There is recognition of the additional vulnerability of children with disabilities or special needs, and that children may become vulnerable due to matters of concern in the home environment: domestic abuse, mental health concerns or substance use.

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. The school may be the only stable, secure and predictable element in the lives of children at risk. When at school their behaviour may be challenging or they may be withdrawn. The school will endeavour to support the pupil through:

- The content of the curriculum;
- Well trained staff and volunteers, who are conversant with research, practice and procedures to promote children's welfare and keep them safe, both at home and in the community.
- The school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued;
- The school behaviour policy which is aimed at supporting vulnerable pupils in the school. The school will ensure that the pupil knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred;
- An effective whole school policy against bullying and that there are measures in place to prevent all sorts of bullying amongst pupils;
- The school Nurture, ELSA and SEND Teams;
- Liaison with other agencies that support the pupil such as Children's Social Care, Child and Adolescent Mental Health Service (CAMHS), Education Welfare Service and Educational Psychology service;
- If a child leaves and the new school is not known, the relevant person in the LA Admissions Team should be alerted so that these children can be included on the database for missing pupils;
- That teachers are allowed to use reasonable force to control or restrain pupils under certain exceptional circumstances (see Physical Intervention Policy) other people may do so, in the same way as teachers, provided that they have been authorised by the Head Teacher to have control or charge of pupils. A member of the Senior Leadership Team will be called to support and take the lead if a child's behaviour is showing any signs of escalating to a level where the child's safety or that of others may be compromised. Calming and defusing behaviour management strategies will always be used first to de-escalate a violent or aggressive incident. Physical restraint will only be used as a last resort in situations where calming and defusing strategies have failed to de-escalate the situation and there is a risk of likely injury to the child concerned or others and/or likely significant damage to property. If there is information to suggest that a child

is likely to behave in a way that may require physical control or restraint, a risk assessment is undertaken.

Children with special educational needs and disabilities

Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. The Governing Body should ensure their child protection policy reflects the fact that 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 disability without further exploration;
- the potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.

20. WHISTLE BLOWING

All staff must be aware of their duty to raise concerns about the attitude or actions of colleagues in line with the school's code of conduct/whistle-blowing policy. Any staff member can press for re-consideration of a case if they feel a child's situation does not appear to be improving. They must refer their concerns to the SPA directly, if they have concerns for the safety of a child. The Whistle Blowing Policy will be flagged to staff annually at a staff briefing – usually the first INSET in the Autumn Term or as part of staff induction. This policy is also included in the Staff Handbook and is on the server.

21. WHAT TO DO IF YOU ARE WORRIED ABOUT A CHILD IN KINGSTON OR RICHMOND

When there are serious concerns about a child's welfare but no specific evidence of abuse:

A member of staff may become concerned about a child whose appearance, behaviour, health, academic progress, relationships or demeanour give rise to general worries about his or her care and well-being, but no specific evidence of abuse has occurred. In such cases, the following steps should be taken: **See Flowchart One**

The member of staff should refer to the Designated Safeguarding Lead for child protection.

The DSL/Head Teacher should consult with the child's parents/carers, or those with parental responsibility for the child and arrange to meet them as soon as possible in order to discuss the concerns. The DSL should make a written record of what the parents/carers said and how they reacted. If the parents/carers fail to respond to the request to discuss the concerns, that also should be noted.

The Head Teacher should then decide whether the situation warrants a referral to the SPA.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations.

A formal child protection referral is made:

i) It may be the case that evidence comes to light that abuse has occurred, or is at risk of occurring, by a person unrelated to the child and not someone involved in the child's family life. In such cases the referral should make this clear. The SPA will then liaise with the Police Child Abuse Investigation Team on the best way to proceed.

ii) A request is made for a 'Child in Need' assessment, with the possibility of social work support being offered to the family. The Head Teacher should outline the concerns in writing to the SPA using the CAF.

iii) No referral is necessary. This decision should be recorded, with reasons and dated. The DSL / Head Teacher may decide that the matter should continue to be dealt with internally within the school. This may include, in appropriate cases, advising the parents/carers.

If a pupil who is/or has been the subject of a child protection plan changes school, the DSL will inform the social worker responsible for the case and transfer the appropriate records to the DSL at the receiving school, in a secure manner, and separate from the child's academic file.

The DSL is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

As a person who works with children, staff have a duty to refer Safeguarding concerns to the DSL. However, if:

- concerns are not taken seriously or
- action to safeguard the child is not taken and
- the child is considered to be at continuing risk of harm

Then Staff should contact the local SPA.

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

Action to be taken when a child discloses, or a member of staff suspects, that abuse has occurred outside school:

If a child makes a disclosure to a member of staff (or other adult) that they are suffering or at risk of suffering significant harm, or if a member of staff becomes aware of any information suggesting that child abuse may have occurred or is likely to occur, then the following steps must be taken: **(see Flowchart Two)**

The member of staff to whom the disclosure is made, or who becomes aware of actual or potential abuse, must refer the matter immediately to the DSL.

The DSL should listen to what the child or young person wishes to say in response to the concerns and clarify any matters which are not clear in the child's account but **must not** conduct an in-depth interview or investigation of the allegation. The DSL must explain to the pupil at the outset of such a discussion that no promise of personal confidentiality can be made, even if the child should request this, as this would not be possible if there were a subsequent child protection enquiry. The DSL should explain to the child what could happen next.

The DSL should keep an accurate written and dated record of anything the child has said about the matter and this must be reported immediately to the Head Teacher, where the head is not him or herself the DSL. The Head Teacher/DSL will make a referral and/or gain advice from the SPA.

If the decision is not to refer, the Head Teacher/DSL must officially log the decision, the reasons for it and any subsequent action taken in respect of the child/young person who raised the matter initially.

Where it is decided that the matter should be referred, the school should immediately contact the SPA or known case-holding social worker in the relevant team, depending on the pupil's place of residence. The school should state the cause for concern and any action so far taken.

Where, based on the information available, the SPA decides that it is not appropriate to proceed further with a child protection enquiry, the social worker concerned will provide advice to the school on any other action that may be taken to promote the child's welfare within 24 hours. This could include intervention by other Social Services teams or workers, the Education Welfare Service, The Health Service or voluntary agencies.

Where, based on the information available, Children and Families Services decide that a 'Section 47' investigation is needed; the school will be asked to complete a formal *Child Protection Referral Form*. A copy of this form is annexed to the main procedure guidance. It should be faxed as soon as possible to the Duty Officer of the relevant SPA or to the allocated Social Worker if the child already has one. A signed copy should be forwarded immediately afterwards by post.

The enquiry will start within 24 hours of the decision to do so being made. A Child Protection Strategy Discussion will be called, which in appropriate circumstances would involve the Police Child Abuse Investigation Team, to discuss the future handling of the case. School staff will normally be asked to attend this meeting to provide background information.

One outcome of the Strategy Discussion will be a decision on what information should be shared with the family, and by whom. Consideration will be given to the fact that such information sharing could in some circumstances, place the child in a position of risk of significant harm, or else could jeopardise a subsequent police investigation into an alleged offence.

The SPA will then have full responsibility for pursuing and concluding the enquiry, and for co-ordinating with the Police Child Abuse Investigation Team, medical personnel and other key workers. They will inform the school and all other key workers involved of subsequent developments.

22. ALLEGATIONS INVOLVING SCHOOL STAFF / VOLUNTEERS

An allegation is any information which indicates that a member of staff/volunteer may have:

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

This applies to any child the member of staff/volunteer has contact within their personal, professional or community life, such as if they had a child protection concerns raised for their own children.

To reduce the risk of allegations, all staff should be aware of safer working practices and should be familiar with the guidance contained in the staff handbook, school code of conduct or Government document '*Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings*'.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making an immediate written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Head Teacher.

If a child or young person makes an allegation of physical or sexual abuse against a teacher (other than the Head Teacher) or a non-teaching member of staff, the following steps must be followed – **see Flowchart Three**

Where the allegation is not made directly to the Head Teacher, the person to whom the disclosure is made must immediately inform the Head Teacher. If it is the Head Teacher against whom the allegation is made, alternative action should be taken as set out in **Flowchart Four**.

The Head Teacher should report the matter to the relevant local SPA for the LADO (Local Authority Designated Officer), within 24 hours, who will offer any appropriate advice to the Head Teacher and oversee the investigation, including strategy meetings.

Where the Strategy Discussion subsequently decides that a child protection enquiry should not be undertaken, this decision and any subsequent recommendations for other action will be recorded and reported back to the other parties concerned. The Strategy Discussion may decide to recommend that an internal investigation be carried out by the

school or Education Service. If this internal investigation discovered other facts of a serious nature, it would always be possible to reconvene another Strategy Discussion. In appropriate circumstances, such cases might be referred to the Quality Assurance sub-group of the LSCB.

Where the Strategy Discussion decides that a child protection or criminal investigation should be pursued, this decision will be recorded and an action plan drawn up. The relevant Social Services locality team will then have full responsibility for pursuing and concluding the enquiry, co-ordinating with the Police Child Protection Team, medical personnel and other key workers. They will inform the school and all key workers involved of subsequent developments.

It is possible that the facts of a case may warrant an investigation of the member of staff concerned under the LA's disciplinary procedures. Such an investigation **must not** be conducted while any formal child protection enquiry or criminal investigation is being pursued.

If the Head Teacher is the person against whom the allegation is made, then the procedures set out in section 2 (b) (i) must be adapted accordingly. The following alternative steps should be taken – **see Flowchart Four**.

The initial report should be made to the Designated Teacher for child protection, not to the Head Teacher. The member of the school's Governing Body nominated to take responsibility for child protection issues should also be informed. As before, a written and dated record should be made within 24 hours. The Designated Teacher or Nominated Governor should take responsibility for contacting the LADO at the SPA in either borough.

Where the Head Teacher is also the school's Designated Teacher for child protection, the member of staff to whom the disclosure is made should initially inform only the Nominated Governor (or Chair of Governors), who should then make direct contact with the LADO, who will then advise as to how to take things forward.

Where the Strategy Discussion subsequently decides that a child protection enquiry should not be undertaken, this decision and any subsequent recommendations for other action will be recorded and reported back to the other parties concerned. The Strategy Discussion may decide to recommend that an internal investigation be carried out by the school or Education Service. If this internal investigation discovered other facts of a serious nature, it would always be possible to reconvene another Strategy Discussion. In appropriate circumstances, such cases might be referred to the Quality Assurance sub-group of the Area Child Protection Committee.

Where the Strategy Discussion decides that a child protection or criminal investigation should be pursued, this decision will be recorded and an action plan drawn up. The relevant Social Services locality team will then have full responsibility for pursuing and concluding the enquiry, co-ordinating with the Police Child Protection Team, medical personnel and other key workers. They will inform the school and all key workers involved of subsequent developments.

It is possible that the facts of a case may warrant an investigation of the member of staff concerned under the LA's disciplinary procedures. Such an investigation **must not** be

conducted while any formal child protection enquiry or criminal investigation is being pursued, and only following LADO advice.

If the concerns are about the Head Teacher, then the Chair of Governors should be contacted. The Chair of Governors in this school is:

NAME: **Chris Newport**

CONTACT NUMBER: **02093994435**

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

NAME: **Sue Watson**

CONTACT NUMBER: **02082558323**

The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The Head Teacher will not investigate the allegation itself, or take written or detailed statements, but refer the concern to the LADO at the relevant SPA.

Action where a child has serious injuries which require immediate treatment

If, within the context of these guidelines, a child has injuries which require immediate treatment, the DSL/Head Teacher should arrange for the child to be taken to the casualty department of the nearest hospital. They should inform the hospital that child abuse is suspected. The DSL/Head Teacher must also arrange for the parents, or those with parental responsibility, to be informed as soon as possible that the child has been taken to hospital. The subsequent reporting of suspected abuse should then follow SPA guidelines.

Action when children are not collected from school at the end of the day

The child will remain at school if they are not collected;

- The Head Teacher (or the most senior person to whom they have delegated responsibility) will try to contact the parent/carer using the available telephone numbers;
- If the parent/carer is not on the telephone, the school will ring the Duty Education Welfare Officer (DEWO) by 4:15 pm at the latest and ask them to make contact with them. At this stage, the DEWO will confirm with the school whether the SPA be contacted;
- In exceptional circumstances, it may be necessary for a child to be taken from school to another appropriate venue (relative/friend etc.) while the parent/carer is being located. The DEWO will make further enquiries to identify any possible alternative venue for interim care of the child until the parent/carer is contacted;
- If such a venue cannot be found, the DEWO will visit the home address and if the parent/carer is not at home a standard letter will be left asking them to contact the school before 4:45 pm or the appropriate Children & Families Social Work Team after 4:45 p.m. The DEWO will then immediately contact the appropriate SPA to tell them that there may be a child in need of an emergency placement and that the DEWO is bringing the child to them. The DEWO will then transport the child to the appropriate SPA.

Parents should be informed prior to referral, unless it is considered to do so might place the child at increased risk of significant harm by:

- The behavioural response it prompts e.g. a child being subjected to abuse, maltreatment or threats/forced to remain silent if alleged abuser informed;
- Leading to an unreasonable delay;
- Leading to the risk of loss of evidential material;
- Placing a member of staff from any agency at risk.

Specific safeguarding issues

Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example NSPCC offers information for schools and colleges on the [TES website](#) and also on its own website www.nspcc.org.uk. Schools and colleges can also access broad government guidance on the issues listed below via the GOV.UK website:

- [child sexual exploitation \(CSE\)](#) – see also below
- [bullying including cyberbullying](#)
- [domestic violence](#)
- [drugs](#)
- [fabricated or induced illness](#)
- [faith abuse](#)
- Female genital mutilation FGM:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM_-_FINAL.pdf
- [forced marriage](#)
- [gangs and youth violence](#)
- [gender-based violence/violence against women and girls \(VAWG\)](#)
- [mental health](#)
- [private fostering](#)
- [radicalisation](#)
- [sexting](#)
- [teenage relationship abuse](#)
- [trafficking](#)

APPENDIX 1

KEEPING CHILDREN SAFE IN EDUCATION: INFORMATION FOR SCHOOL STAFF (DfE 2015)

Please see link to the Government's Keeping Children Safe in Education document for school staff.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/447596/KCSIE_Part_1_July_2015.pdf

Further information on Child Sexual Exploitation and Female Genital Mutilation

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. 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 and 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 coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming.

However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

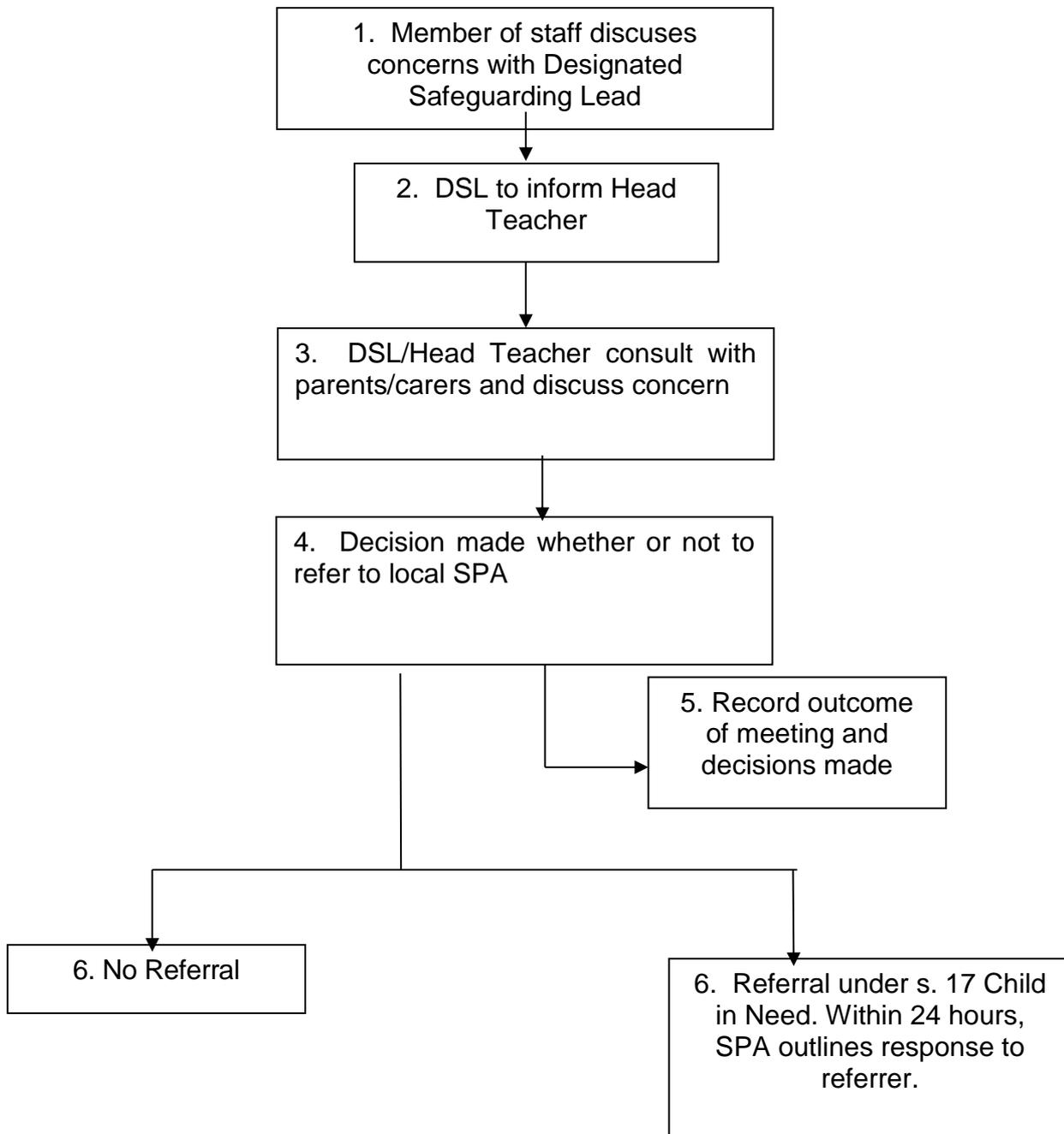
Female Genital Mutilation (FGM): Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 11-12 of the Multi-Agency Practice Guidelines referred to above. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

A child going missing from education is a potential indicator of abuse or neglect.

School and college staff members should follow the school's or college's procedures for dealing with children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect including sexual abuse or exploitation and to help prevent the risks of their going missing in future. More information can be found in this [guidance about children who run away or go missing from home or care](#).

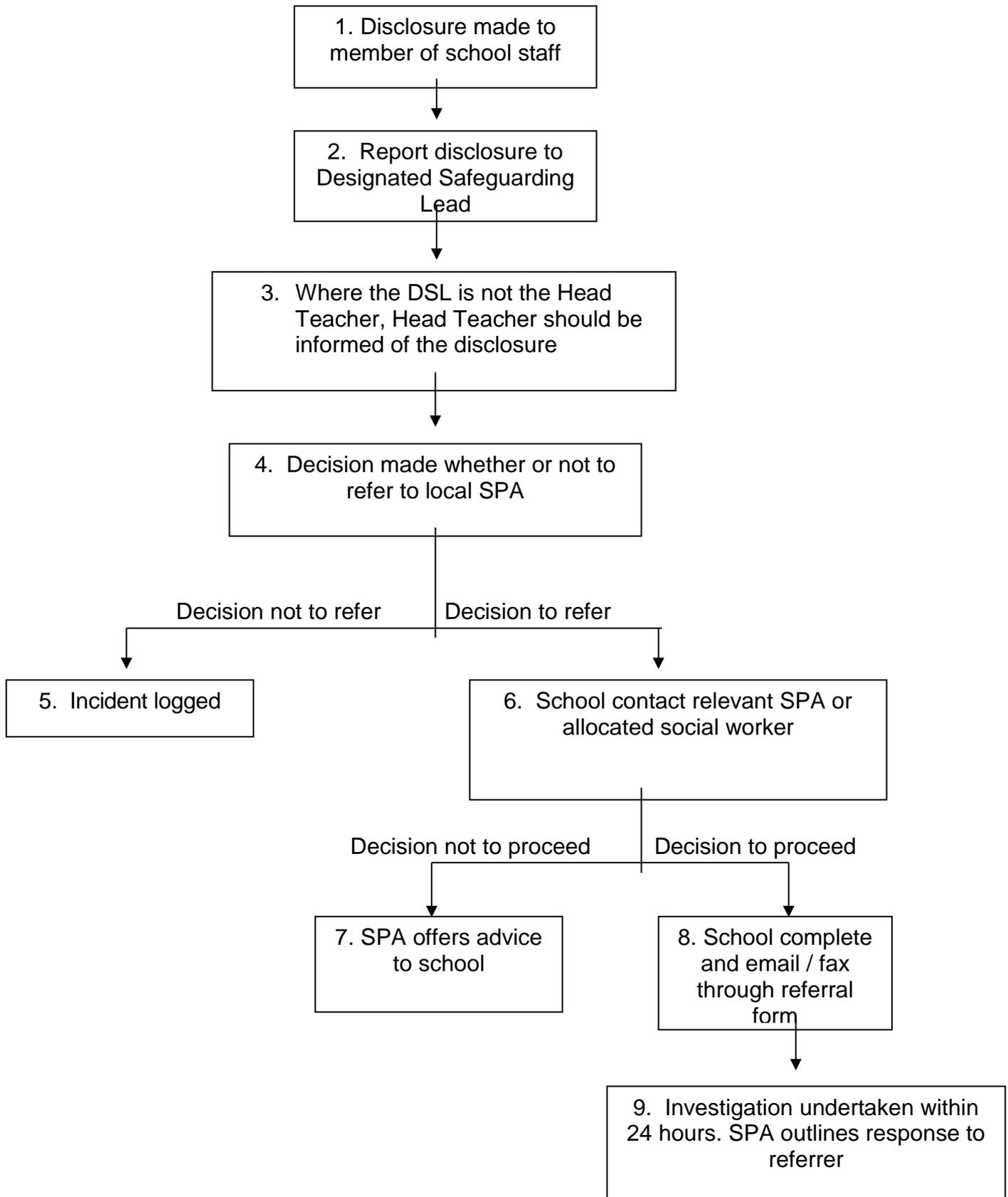
APPENDIX 2

Flowchart One: When there are serious concerns about a child's welfare but no specific evidence of abuse:

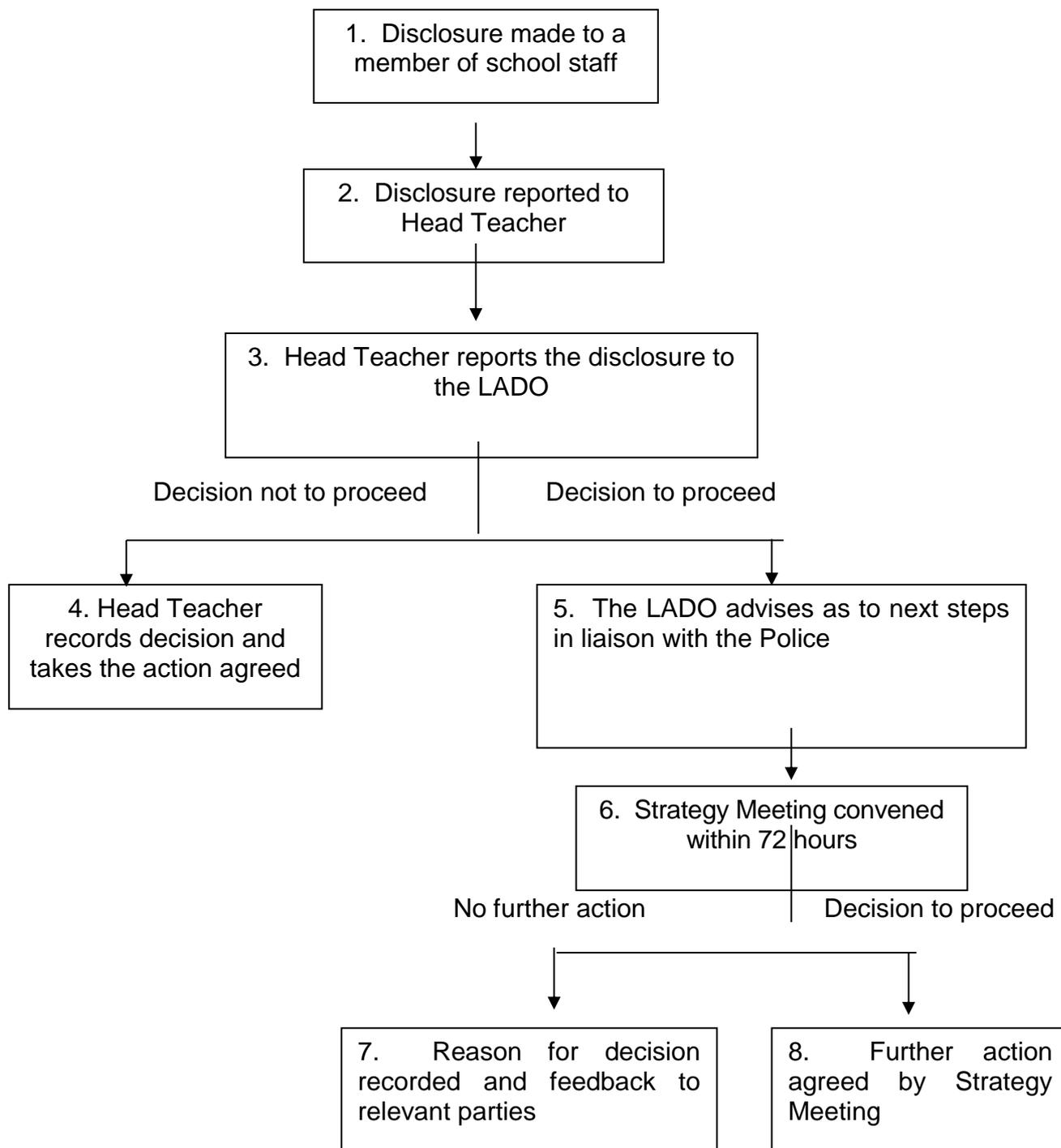


Flowchart Two:

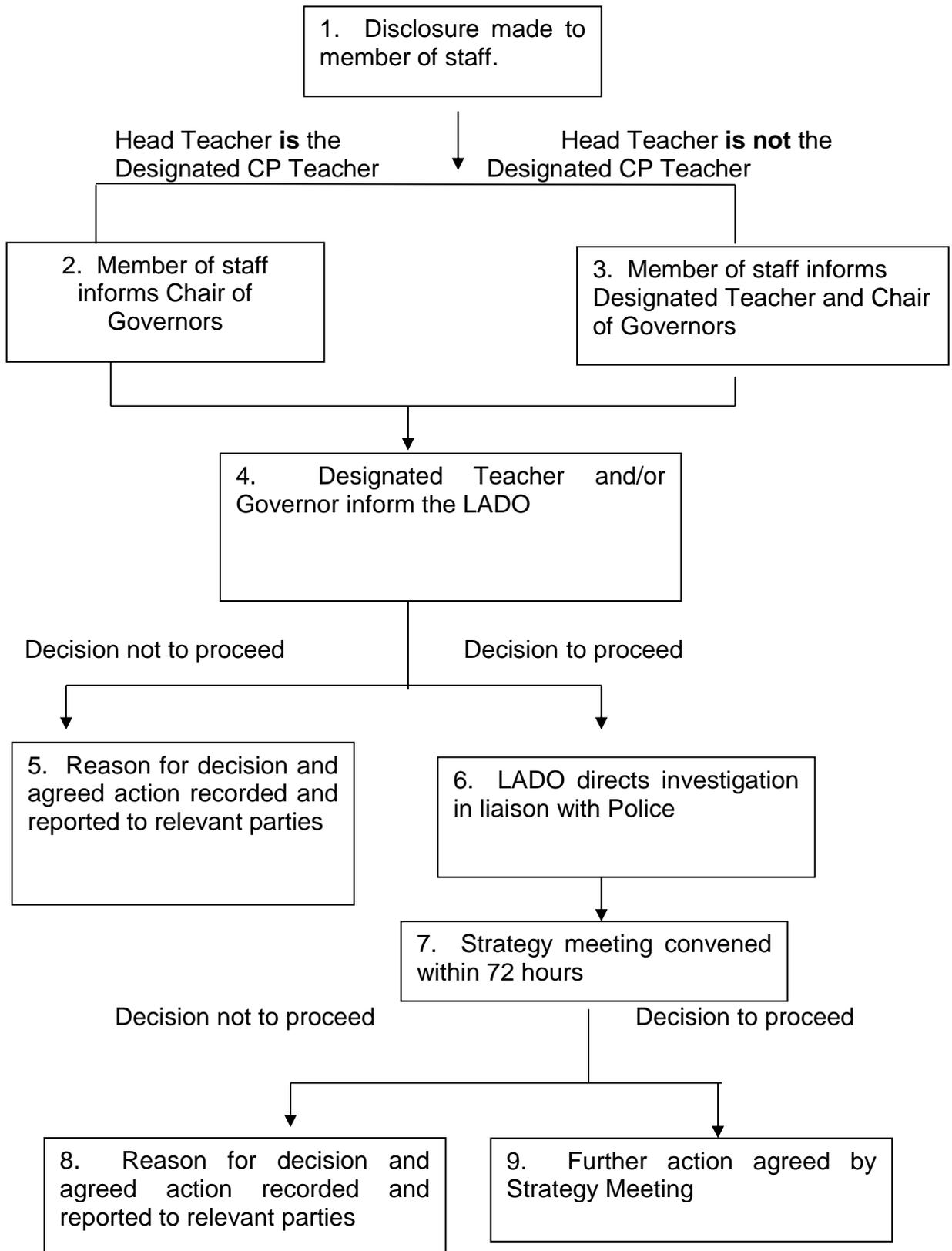
Action to be taken when child/young person discloses, or a member of school staff suspects, that abuse has occurred outside of school:



Flowchart Three: Allegation of abuse by a member of school staff or volunteer (teaching or non-teaching)



Flowchart Four: Referral procedure for when a child/young person discloses to a member of school staff an allegation of abuse by a Head Teacher.



APPENDIX 4 Indicators of Abuse

PHYSICAL ABUSE

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

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

Notes on Physical Abuse

Bruising

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

Fractures

- Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.
- If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.
- There are grounds for concern if:
- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.
- Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over two to three hours. All fractures of the skull should be taken seriously.

Mouth Injuries

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

Poisoning

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

Fabricated or Induced Illness

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

Bite Marks

- Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.
- A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

- It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded. Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath. The following points are also worth remembering:
- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks

Scars

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

EMOTIONAL ABUSE

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

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

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

NEGLECT

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

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

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

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

SEXUAL ABUSE

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

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

Appendix 5

Title: Designated Safeguarding Lead for Child Protection

Responsible to: Governing Body

VISION AND PURPOSE

1. To lead in facilitating the development of safeguarding and child protection policies, training and procedures and guidance for the school, ensuring that the CP Policy is reviewed annually by the Governing Body.
2. To undertake appropriate Child Protection Training every 2 years in order to:
 - a. Understand the assessment process for providing Early Help and intervention, e.g. through locally agreed common and shared assessment processes such as early help assessments.
 - b. Have a working knowledge of how the LA conducts Child Protection Case Conferences and be able to attend these when required to do so.
3. Ensure each member of staff has access to and understands the school's Child Protection Policy and Procedures, especially new and part time staff.
4. To receive and coordinate referrals, arranging action and reviewing services for children and families.
5. To maintain accurate, confidential and up to date documentation on all cases of safeguarding and child protection. Ensuring that all records are forwarded to any new school the child may attend.
6. To work directly with children in need and their families in the community in order to promote, strengthen and develop the potential of parents/carers and their children in order to prevent children becoming looked after and/or suffering significant harm.
7. To support the care of children where their living arrangements are at risk of breakdown (including Local Authority placements).
8. To provide support and guidance to carers and provide planned interventions as part of agreed plans for children.
9. To ensure that children who are victims of abuse are supported appropriately and sensitively and that all actions assigned by setting from planning and intervention meetings are successfully carried out and monitored.
10. To liaise with the Head Teacher or Principal to inform him or her of issues especially ongoing enquiries under Section 47 of the Children Act 1989 and police investigations.
11. To act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.

12. To ensure that the school is always presented positively within and beyond the school and to encourage a culture of listening to children and taking account of their wishes and feelings on any measure the school might have taken to protect them.

ACCOUNTABILITY

1. Work closely with commissioning Children and Families Social Workers along with developing links with and utilising resources of the community as part of agreed plans for children.
2. Attend and participate in Child Protection Conferences and planning and Review meetings whilst working closely with colleagues in Children's Services as required, some of which may take place out of normal working hours. This will include negotiating between child, family and commissioning worker to identify the support package required.
3. Plan and complete professional assessments of need and risk in respect of parents and carers using the Department of Health and the Local Authority criteria for children in need and significant harm.
4. Taking the lead responsibility to coordinate the multi-agency approach to prevent and address child protection issues and children in need within the school when required
5. To maintain confidentiality at all times.
6. To contribute to service development, including responsibility of the delivery of new staff induction package and arrangements for all staff training.
7. To liaise and co-ordinate with colleagues within the school and outside organisations regarding the Common Assessment Framework and to coordinate and monitor all referrals and recommendations within the school.
8. Identify vulnerable children within the setting and ensure that all staff are made aware of whom these children are.

GENERAL DUTIES

To undertake such other duties, training and/or hours of work as may be reasonably required and which are consistent with the general level of responsibility of this job.