

## **Purpose**

At The Firs Lower School we recognise:

- Our statutory duty under Section 175/157 of the Education Act 2002 to ensure that arrangements are in place for safeguarding and promoting the welfare of children.
- Our duty under the Children Act 2004 to work together with other organisations and partners in order to achieve this.
- In addition we are also bound by the Children Act 1989, Education Act 1996, Use of reasonable force in schools 2013, Children and Families Act 2014 and Working Together March 2015

We fully acknowledge our responsibilities for child protection set out in the Department for Education (DFE) guidance Keeping Children Safe in Education (KCSIE) (September 2018) and recognise that through our day to day contact with children, school staff are well placed to identify signs of risk and harm.

We recognise that for children high self-esteem, confidence, risk awareness and good lines of communication help to reduce risks. We recognise that for some children school may be the only stable, secure and consistent environment in their lives.

We will make all parents/carers aware of the role and responsibilities of the school with regards to safeguarding and promoting welfare and of the existence of the school's Child Protection and Safeguarding Policy [by drawing attention to it in the school prospectus and by making parents aware in newsletters, that they can access it on the school website](#). A paper copy of this policy will also be made available to parents/carers upon request.

## **Aim**

We aim to provide a safe, secure, inclusive and consistent environment for all our pupils/students regardless of age, race, religion/belief, disability, gender, pregnancy/maternity, transgender or sexual orientation; one in which they feel safe, supported, valued, respected and listened to. We will do this by:

1. Establishing an environment in which children are and feel safe and can learn, develop and have a voice.
2. Adopting safe recruitment practices to check the suitability of both staff and regular volunteers and visitors to the school. We will also ensure that procedures are in place to prevent the unsupervised access to children of adults who have not undergone such a checking process.
3. Raising the awareness of children and equipping them with the skills and knowledge needed to keep safe.
4. Having in place procedures for the identification and reporting of cases where harm or risk of harm to a child is suspected and ensuring that all staff are aware of such procedures.

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5. Supporting pupils who have suffered abuse or neglect or who are otherwise vulnerable (for example, children living away from home), where appropriate, in accordance with their agreed child protection/care plan.
6. Having measures in place to facilitate and promote the safe use of technology (in line with the Local Authority Guidance *e-Safeguarding: Creating Working Procedures in Schools (2009)*)
7. Monitoring and reviewing our safeguarding and child protection practices and procedures.

### **Roles and Responsibilities**

We recognise that all staff, regardless of their role, have a duty to safeguard children and promote their welfare. Our policy applies to the whole school community: all teaching and non-teaching staff, governors, pupils and volunteers and visitors working in the school. The Governors and the Designated members of staff for Child protection will have particular responsibility for safeguarding and child protection within the school.

### **We will:**

#### **1. Establish an environment in which children are and feel safe and can learn, develop and have a voice by:**

- 1.1 Ensuring that our buildings and site are secure and that visitors to the school are properly checked and supervised. (Visitors sign in at reception and are given a visitor badge to wear. Any visitors without DBS clearance / number will only be allowed on site if escorted by a member of staff)
- 1.2 Having a Health & Safety Policy and procedures and ensuring that they are understood by all staff. (This includes guidance on fire and emergency procedures, first aid and managing medications. There is also a separate Fire Risk Assessment document).
- 1.3 Having an Intimate/Personal Care Policy which is understood by all relevant staff.
- 1.4 Ensuring that the Physical Intervention Policy is understood by all staff and which sets out that where there are certain circumstances where reasonable force might be necessary, it is important, through planning and the provision of appropriate support, to minimise the likelihood of challenging behaviour, and where it does occur, that there is as little use of physical intervention (and for as short a duration) as possible.
- 1.5 Ensuring that all staff are risk aware and routinely conduct risk assessments, as appropriate to their individual role and responsibilities and activities undertaken. School risk assessments for regular activities are on the staff area of the web site. (These are amended by staff for particular activities as required).
- 1.6 Having policies for dealing with behaviour, bullying and racist and other discriminatory incidents and ensuring that staff adhere to these policies and promote the principles of value, respect, tolerance and

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acceptable behaviour amongst our children. (See Appendix 6 for issues relating to safeguarding and discrimination)

- 1.7 Ensuring that all staff, governors and regular visitors and volunteers have been made aware of *Guidance for Safer Working Practice for Adults who Work with Children and Young People* (2009) document and work to the guidance contained therein. Consideration will also be given to the relevance of communicating guidance around safe working practices to occasional visitors and volunteers as part of the risk assessment process. (All staff have been given access to the document although it is quite old now it provides useful guidance & new staff are made aware of it as part of the Induction process).
- 1.8 Following Bedford Borough procedures (As BBC provide our HR services) for managing allegations and concerns about staff (paid or unpaid, temporary or permanent). Where such an allegation or concern arises, the Head Teacher should be notified. He/she will notify Central Bedfordshire's Allegations Manager (also known as the Local Authority Designated Officer or 'LADO'). Where such an allegation is made against the Head Teacher, the matter will be referred to the Chair of Governors who will likewise notify the Local Authority's Designated Officer.  
[http://bedfordscb.proceduresonline.com/chapters/p\\_alleg\\_staff\\_wk\\_ch\\_yr.html](http://bedfordscb.proceduresonline.com/chapters/p_alleg_staff_wk_ch_yr.html)
- 1.9 Ensuring that all staff and volunteers feel able to raise concerns about poor or unsafe practice with regard to children. Deficiencies or weaknesses will be brought to the notice of the Governing Body and steps taken to remedy these without delay. The Head Teacher will have responsibility for this. (The school 'Safeguarding Guidance' notes encourage staff to report concerns and these would in turn, be reported to the HR and Change Governors Committee as part of the termly safeguarding update. A visitors booklet is available in reception which sets out the responsibilities, expectations for visitors and how to report concerns.)
- 1.10 Having agreed whistle-blowing and complaints procedures which are communicated as appropriate. (See appendix 2 )
- 1.11 Maintaining an environment where children feel safe, equal and valued, and are encouraged to talk and are listened to. (The children have the opportunity to express their views through the school council. Classroom emotions registers and worry boxes provide other opportunities to express their concerns / feelings.)

**2. Adopt safe recruitment practices to check the suitability of both staff and regular volunteers and visitors to the school. We will also ensure that procedures are in place to prevent the unsupervised access to children of adults who have not undergone such a checking process. We will do this by:**

- 2.1 Following Department for Education (DfE) guidance as set out Keeping Children Safe in Education (KCSIE September 2018) to ensure that safe recruitment and selection practices are carried out. Enhanced Criminal

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Record Bureau (DBS) checks will be completed and references and identification verified. All staff and regular volunteers, visitors and contractors will be vetted in accordance with these guidelines.

- 2.2 Ensuring that all staff are aware that where occasional or one-off visitors, contractors or volunteers have not undergone such a process, they will not have unsupervised access to children and as appropriate formal risk assessment processes will be undertaken. (See Appendix 12)
- 2.3 Maintaining a regularly updated Single Central Record (SCR) that accurately records vetting check data for all employees, volunteers and contractors which will be scrutinised as part of an Ofsted Inspection.
- 2.4 Ensuring that **at least** one member of the Governors and the Head Teacher have received training on safer recruitment practices.
- 2.5 Ensuring that all interviews for staff have at least one person on the panel who has completed safer recruitment training.
- 2.6 Ensuring that during the process of advertising and recruiting for staff vacancies, the school's commitment to safeguarding and safer recruitment practices will be made explicit (including the need to protect children from radicalisation).
- 2.7 Referring concerns about the suitability of staff to work with children and young people to the Independent Safeguarding Authority in cases where that individual is believed to have harmed or to pose a risk of harm children or vulnerable adults.
- 2.8 Ensuring that Adults involved in the provision to children of extended services and school activities outside of normal school hours are subjected to the same level of vetting and or security arrangements as other staff and volunteers.
- 2.9 Ensuring that where school premises are used by other bodies both during and outside school hours, the Governing Body will be responsible for seeking assurance that the body concerned has appropriate policies and procedures in place with regard to safeguarding children and child protection.

**3. Raise the awareness of children and equip them with the skills and knowledge needed to keep safe by:**

- 3.1 Including opportunities through the PSHCE education curriculum for children to develop the skills they need to recognise and stay safe from abuse. [\(The Curriculum Leadership Group with responsibility for PSHCE ensure that this area is covered appropriately in the curriculum.\)](#)
- 3.2 Ensuring that children know that there are adults in the school whom they can approach if they are worried. [\(The message about asking for help, as part of the school ABC code, is regularly communicated in assemblies and as part of the curriculum in PSHCE.\)](#)
- 3.3 Displaying/distributing appropriate safeguarding materials and information. [The school displays the contact information for child line.](#)

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**4. Have procedures for the identification and reporting of cases where harm or risk of harm to a child is suspected and ensure that all staff are aware of such procedures. We will do this by:**

- 4.1 Allocating a member of the school's leadership team to the role of lead 'Designated Person' for child protection. This role is currently carried out by Adam Campbell (headteacher). The Deputy Lead role is carried out by Allison Brady (SEND-Co / SLT), Kerry Mercer (Assistant Head / SLT) and Sue A'Court (Office Manager / Senior Lunchtime Supervisor / SLT). These members of staff along with the Pastoral Care Worker and Saplings Leader meet every three weeks at the school Safeguarding Team to swap information and ensure policy and procedures are conducted to the highest standards to best meet children's needs and guarantee children's safety and well being.
- 4.2 In the Saplings Pre School the designated member of staff is Sarah Lockerman (Pre School Leader) or in her absence (Deputy Leader) – See Appendix 11 – The Saplings Safeguarding Statement
- 4.3 In Kid's Club / Holiday Club, the designated member of staff is Andrea Stephenson White (Kid's Club Leader)
- 4.4 Having at least one named member of staff to deputise in the absence the main designated person and to provide support to the lead designated person. The Firs has 3 deputy leads (See above)
- 4.5 Providing time and support for these roles.
- 4.6 Ensuring that appropriate training for staff performing the Designated Lead/Deputy Lead role is enabled and updated as necessary or in any case updated every year, with a full refresher every 2 years as a **minimum**. (Responsibility of Governing Body).
- 4.7 Having a nominated governor responsible for child protection/safeguarding, who will review our safeguarding and child protection policies, procedures and practices regularly and be the link person between the designated member of staff for child protection and the Governing Body. (This role is conducted by the Chair of the HR Committee and updates on safeguarding issues including child protection are a standing item on the Governor HR Committee).
- 4.8 Having processes in place to ensure that all new staff receive safeguarding training appropriate to their role, as part of their induction (including being given this policy, The School Safeguarding Guidance document, KCSIE, Behaviour Policy, staff Code of Conduct and procedures for children missing education - Appendix 7 of this policy). and thereafter have access to updates every year. (These can be in a staff meeting or a written update / email, although at The Firs we will ensure there is a full staff meeting dedicated to safeguarding for all staff collectively every two years. ) The Designated Person for Child Protection will have responsibility for ensuring training needs are met. (See Induction Policies and procedures).
- 4.9 Ensuring that every member of staff (employed directly or indirectly via another organisation; permanent and temporary), volunteer and governor is aware of this policy together with other relevant safeguarding policies or

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guidance and that they are also aware of their own role in safeguarding/ promoting welfare and of the identity and role of the designated person/s. (All staff can access this policy either through the website. In addition, paper copies are given to supply teachers who work in the school. Staff are also issued with KCSIE part 1 at least every two years or when a revised version is released. Guidance and training covers the nature and indicators of physical abuse, sexual abuse, emotional abuse and neglect. It also covers or points colleagues to where they can find further information on areas such as protecting children from radicalisation, female genital mutilation, and aspects of E Safety such as cyberbullying.)

- 4.10 Requiring **all** staff and volunteers, to report **any** safeguarding concerns, **in writing**, to the Designated Person for Child Protection, regardless of whether or not they feel that the concern is either serious or substantiated. This expectation will be communicated through regular training, staff briefings and induction training. (The agreed concern sheet is available in the Safeguarding folder in the Google Common Drive and in paper form in the Child Protection and Safeguarding file in each class. This expectation is communicated to volunteers & temporary staff via the introductory notes given to them.)
- 4.11 Enabling a Designated person for Child Protection in the school to make decisions regarding the action to be taken following a concern being brought to his/her attention. (Where appropriate, this may follow consultation; for e.g. with Children's Social Care or the LA Access and Referral Hub).
- 4.12 Ensuring that where there is a suspicion that a child might have suffered or be at risk of suffering significant harm, the matter will be referred to Children's Social Care or the Police Service in accordance with *LSCB Safeguarding Inter-Agency Procedures (2008)*. This will normally be done via one of the Designated Persons for Child Protection; unless they are not available and to wait for them to become available would pose a delay which would be unacceptable given the individual circumstances of the case. Staff receive updates and have support through the Firs Safeguarding Guidance document and the staff area of the website on how to make referrals themselves in such situations.
- 4.13 Sharing information (in line with the *LSCB Information Sharing Protocol*) with relevant professionals in order to monitor, support and protect children thought to be at risk of harm.
- 4.14 Ensuring that where the Designated Person believes that a decision made by another professional exposes a child to risk/continuing risk of significant harm, they will ensure that the fact that they disagree with that decision is recorded; both by them and where possible on relevant minutes and case papers held by other professionals involved. They will also escalate the matter, as per the Local Authority Protocol. (Appendix 3)
- 4.15 Making the Designated Persons for Child Protection responsible for creating and maintaining written records in respect of all children for whom child protection concerns have been identified, regardless of whether there is a need to make an immediate referral. These confidential records, which will be kept securely and separate from the main pupil file, will include a chronology of events (See Appendix 5 for sample chronology template).

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- 4.16 Providing and, as appropriate, soliciting additional support from other professionals, for all vulnerable children including those with disabilities, minority status and those with a history of abuse. Where a child is believed to be a 'child in need' of additional support/services and the threshold for significant harm or Children's Services Social Care intervention is not met, the Designated Person will seek the consent of parents/carers to assess the needs and solicit support as appropriate. Needs may sometimes be met within the school community or by making a single agency referral or through multi-agency collaboration via the 'Early Help Assessment' (EHA) and Team around the Child (TAC) process as appropriate. [The School will work with other agencies following the DfE guidance 'Working Together to Safeguard Children'](#).
- [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)
- 4.17 Ensuring that issues of confidentiality are understood by all staff, including the need not to offer confidentiality in certain situations. This will be communicated through training.
- 4.18 Developing effective links with agencies which provide support to our vulnerable pupils and co-operate as required with their enquiries regarding child protection matters.
- 4.19 Providing advice and support for all staff members who are dealing with a pupil for whom their concerns are stressful and upsetting. [\(Staff are supported by the designated staff in such situations.\)](#)
- 4.20 Supporting the Authority's policies on school attendance and children missing education and in particular by adhering to the missing children procedures. [\(See Attendance Policy.\)](#)

**5. Support pupils who have suffered abuse or who are otherwise vulnerable (for example, children living away from home), where appropriate, in accordance with their agreed child protection/care plan by:**

- 5.1 Maintaining close communication between the Designated Person and allocated social worker and ensuring that the social worker will be informed of any issue that gives cause for concern.
- 5.2 The Head Teacher having responsibility for ensuring that sufficient resources and time are allocated to safeguarding and that staff are released to participate in safeguarding/child protection processes, [School Safeguarding Team meetings](#), child in need meetings and other CP meetings (especially child protection conferences and core group meetings).
- 5.3 Closely monitoring any child subject to a child protection plan, or otherwise believed to be at risk of harm.
- 5.4 Completing activities as required in accordance with a child protection/care plan.
- 5.5 Ensuring [\(working with the Office Manager who is also one of the Designated Persons for Child Protection\)](#) that the attendance of any child subject to a child protection plan, or otherwise believed to be at risk of harm, is closely monitored.

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- 5.6 Ensuring that where there are concerns about the absence from school of a child for whom there are child protection concerns, [the Office Manager is a designated member of staff and she would bring](#) the absence to the immediate attention of the Inclusion Service. In these circumstances, a Local Authority School Attendance Officer will prioritise a visit to the child's home. Where the child is an open case to Children's Services Social Care, they should also be notified.
- 5.7 Notifying the Fostering Duty Desk when children come to our attention as being cared for in 'private fostering arrangements' in accordance with LSCB *Inter agency Safeguarding Policy on Private Fostering* (2007). (See appendix 4 for definition of 'private fostering')
- 5.8 The Headteacher ([who is the lead Designated member of staff for Child Protection](#)) is responsible for arrangements to ensure that a **copy** of a pupil's child protection file (where one exists) is securely transferred in a timely fashion to the Designated Person at the receiving school when a pupil transfers. This file will be transferred separately from the main pupil record and a written acknowledgement of receipt will be obtained. The original file will be retained by this school.
- 5.9 Ensuring that where a child has an allocated social worker, one of the Designated Persons takes responsibility for notifying the social worker or their office, of any change in that child's circumstances, including any changes to schooling arrangements.

**6. Having measures in place to facilitate and promote the safe use of technology (in line with the Local Authority Guidance *e-Safeguarding: Creating Working Procedures in Schools* (2009)) by:**

- 6.1 e-Security: keeping the electronic data we hold about pupils and families secure by [ensuring it is stored within the password protected Safeguarding Google Drive, password protected with dual factor authentication and only accessible by members of the School Safeguarding Team](#).
- 6.2 e-Safety: Promoting e-safety awareness amongst children and their parents/carers by [\(following the school Acceptable Use and E Safety Policy\)](#) and ensuring all members of the school community know their access rights and responsibilities in using ICT.
- 6.3 Having an Acceptable Use and E Safety Policy in relation to the use of technology (including mobile phones and photographic equipment) in the school and which contains the detail of how we will achieve e-security and promote e-safety.
- 6.4 Conducting, through the Governing Body, a regular review of the school's Acceptable Use Policy.
- 6.5 Ensuring that the school's internet connection and any system connected to it, is filtered using a filtering system which is accredited to current approved standards thus ensuring inappropriate content of whatever nature is blocked (including racist, discriminatory and hate material, material which promotes violence or attacks on individuals or institutions on the basis of disability, race, religion/belief, gender, gender reassignment or sexual orientation grounds).



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- 6.6 Ensuring that all members of staff with access to ICT systems are responsible for taking the appropriate steps to select and secure their passwords.
- 6.7 Making staff and pupils/students/parents aware that all school ICT activity and on-line communications may be monitored, including any personal and private communications made via the school network (incl. the PTA webpage)
- 6.8 Conducting a **biannual assessment** of information risks **along with the review of the Acceptable Use and E Safety Policy**, which will be reported to the Governing Body.
- 6.9 Making all staff and pupils aware that they have a responsibility to report e-safety or e-security incidents.
- 6.10 Maintaining an E incident reporting procedure and recording reported incidents in an E Incident Log (in Line with Local Authority Guidance *e-Safeguarding: Creating Working procedures in Schools* (2009)). The Incident Log shall be formally reviewed and any outstanding actions delegated, by the Senior Leadership Team at a minimum frequency of once per year. Through this review process, management shall update the risk assessment in light of new incidents as appropriate.
- 6.11 **The Governing body will be informed of any E incidents as part of the termly Head's Reports.**

**7. We will monitor and review our safeguarding and child protection practices and procedures in line with this policy by:**

- 7.1 Ensuring accountability by placing ultimate responsibility for safeguarding, child protection and this policy with the Governing Body and responsibility for the implementation of this policy with the Head Teacher.
- 7.2 Ensuring that the Designated Governor for Safeguarding and child protection has termly updates/meetings with a Designated Member of Staff for Child Protection **as part of HR Meetings**, in order to monitor and assess the effectiveness of the school's response to safeguarding and promoting welfare, in line with this policy. As necessary, action plans will be formulated to address areas for development. This will happen as required or in any case, as a minimum, once every term.
- 7.3 Identifying and responding to new/revised guidance issued by the DfE, the Local Safeguarding Children Board and the Local Authority.
- 7.4 Reviewing this policy on an annual basis.

## **Appendix 1**

### **First Aid and Administration of Medication**

It is expected that adults working with children and young people should be aware of basic first aid techniques. It is not however, a contractual requirement and whilst adults may volunteer to undertake such tasks, they should be suitably trained and qualified before administering first aid and/or any agreed medication.

Health and Safety legislation places duties on all employers to ensure appropriate health and safety policies are in place and an appropriate person is appointed to take charge of first aid arrangements. Therefore all schools must have trained first aiders/appointed persons. Appropriate regard should be paid to current guidance:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf)

Also see protocols for administration of medicines, which forms part of the H&S Policy.

If a member of staff is concerned or uncertain about the amount or type of medication being given to a pupil this should be discussed with the appropriate senior colleagues at the earliest opportunity. All administrations of medicine should be recorded. When administering first aid, staff should try to ensure that another adult is present or aware of the action being taken. Parents should always be informed when first aid has been administered.

This means that schools should:

- Ensure there are trained and named individuals to undertake first aid responsibilities.
- Ensure training is regularly monitored and updated.
- Always ensure that arrangements are in place to obtain parental consent for the administration of first aid or medication.
- Ensure that staff understand the extent and limitations of their role in applying basic care and hygiene tasks for minor abrasions and understand where an injury requires more experienced intervention.

This means that staff/adults should:

- Adhere to the school's Health and Safety policy (including protocols for administering first aid or medication).
- Adhere to the school's Intimate Care policy.
- Make other staff aware of the task being undertaken.
- Comply with the necessary reporting requirements.
- Report and record any administration of first aid
- Always act and be seen to act in the child's best interest.
- Ensure that an appropriate health/risk assessment is undertaken prior to undertaking certain activities.

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- Explain to the child what is happening.
- Have regard to any care plan which is in place.

## **Appendix 2**

### **Whistle-blowing**

Employees are often the first to realise that there may be something seriously wrong within an institution. However, they may not express their concerns because they feel that speaking up would be disloyal to their colleagues or to the school. They may also fear harassment or victimisation. In these circumstances it may be easier to ignore the concern rather than report what may just be a suspicion of malpractice. Staff should acknowledge their individual responsibilities to bring matters or concern to the attention of senior management and/or external agencies. This is particularly important where the welfare of children may be at risk.

The Public Interest Disclosure Act 1998 encourages individuals to raise concerns about malpractice in the workplace. The Authority's confidential reporting code also referred to as the 'whistle blowing' policy, makes it clear that employees can raise serious concerns without fear of victimisation, subsequent discrimination or disadvantage and is intended to encourage and enable employees to raise those concerns within the School, rather than overlooking a problem.

As a first step, concerns should normally be raised with the headteacher or another member of the SLT. This depends however, on the seriousness and sensitivity of the issues involved and who is suspected of the malpractice. For example, if an individual believes that members of the SLT are involved, they should approach the Chair of Governors or an appropriate outside agency, such as the police or social services.

<https://www.gov.uk/whistleblowing/who-to-tell-what-to-expect>

In the event of a member of staff reporting a concern, the Headteacher, SLT member or Governor receiving the concern will seek advice from the Access and Referral Hub, LADO or Bedford Borough HR Service re whether the concern should be dealt with following Whistleblowing procedures and if deemed appropriate, the procedures in the BBC Whistleblowing Procedures will be followed.

## **Appendix 3**

A formal Local Authority Escalation Procedure ***Resolution of professional disagreements relating to the safeguarding of children & the escalation of professional concerns (2010)*** is available on the LSCB website and should be consulted in the event of professional disagreements. However, some general principles are shown below.

If you feel that a decision made by another professional leaves a child at risk of harm:

- Articulate your views.

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- Ensure that the fact that you do disagree with the decision is recorded in writing; both by you and where possible on relevant case papers held by other professionals involved.
- Ask for the other professional to provide written confirmation of their decision and their reasons for it.
- Discuss the case with a fellow safeguarding professional, (whilst taking care to observe the bounds of confidentiality) this may help to clarify matters and identify the best way forward.
- Don't be afraid to challenge the decision but be ready to justify your reasons and where possible support with evidence. (Record details in writing.)
- Where the threshold for significant harm has either not been met or is no longer being met, continue to refer new information around risks or concerns which come to light. New information may alter the level of identifiable risk and tip the balance in favour of intervention.
- If you believe that a decision made by another professional exposes a child to risk/continuing risk of significant harm **NEVER DO NOTHING!** That you should challenge is not just 'ok'; it's expected.

In line with *Resolution of professional disagreements relating to the safeguarding of children & the escalation of professional concerns* (2010), the usual protocol is that where matters are escalated, discussions take place between individuals of similar levels of seniority. Therefore it might be that representations are made by a more senior member of staff on behalf of the Designated Person, for example, the Head Teacher.

## **Appendix 4**

### **Definition of Private Fostering**

A private fostering arrangement is one that is made privately (that is to say without the involvement of the LA) for the care of a child:

- under the age of 16 (under 18 if disabled)
- by someone other than a close relative
- with the intention that it should last for 28 days or more.
- private foster carers may be from the extended family such as a cousin or great aunt.

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However a person who is a relative under the Children Act 1989 i.e. a grandparent, brother, sister, uncle or aunt (whether full or half blood or by marriage) or a step parent will not be a private foster carer.

A private foster carer may be a friend of the family, the parent of a friend of the child or someone previously unknown to the child's family who is willing to privately foster a child.

The period for which the child is cared for and accommodated by the foster carer should be continuous - but that continuity is not broken by the occasional short break. A break in the period e.g. for a child to visit his/her parents at the weekend would not affect the nature of the placement as a private foster placement. For a break to restart in calculating the period it must result from the ending of one arrangement prior to the start of a new arrangement.

Where a child is under 16 years old and is a pupil at an independent school and lives at the school during the school holidays for a period of more than 2 weeks, he/she will be subject to private fostering regulations unless one of the exemptions below applies.

Where a child under 16 is studying at a language school for more than 28 days and stays with a host family he/she will be subject to private fostering regulations.

### **Exemptions**

These are covered in Schedule 8 of the Children Act 1989 but the main exemptions are covered below.

Children will not be privately fostered:

- Where the arrangements last for less than 28 days and are not intended to extend beyond that period
- Where the child is looked after by a LA
- Where the child is living in a children's home or accommodation provided by/on behalf of a voluntary organisation
- A school in which he/ she is receiving full time education (either during term time or residing there less than 2 weeks of any school holiday)
- Where the child is placed by an adoption agency in the care of a person who proposes to adopt him/her or s/he is a protected child under the Adoption Act 1976 (section 32).

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**Appendix 5**

**Chronology Template**

In the front of the child protection file should be a 'chronology'. This is like a diary which lists in chronological order each relevant event & includes details such as date, time, name of person involved/spoken to, rationale for decision making and paperwork generated (The Firs template is similar and is available on the staff area of the website on the safeguarding page).

**Sample Chronology Template**

<b>Time/Date</b>	<b>Event</b> (A brief overview of the event but should include the names of those spoken to/involved, key details of a concern etc.)

**Appendix 6**

**Equality & Diversity Issues in Safeguarding & Child Protection**

This appendix highlights how equality and diversity issues and characteristics can impact on the safety and well being of pupils.

**General/Factors to consider**

- Communication difficulties may exist as a result of language barriers, physical & learning disability or age. Children and young people with communication difficulties may not easily be able to let someone know that they are being abused.
- Some Ethnic Minority families are less likely to understand the role of Social Services, often because of language or cultural differences.
- The personal care or behaviour management of a child with disabilities may leave some families more vulnerable to accusations of abuse. Some practices, such as personal care, medical interventions, or restraint may be seen to be abusive. **If there are concerns advice from the Hub should be sought.**
- Parents and carers with a disability / health issue (including learning disabilities, mental health and addiction problems) may be unfairly viewed as less able to care for their children.

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- Parents in same – sex relationships may have concerns that their sexual orientation will be seen as a risk factor for their child.
- An Ofsted evaluation of serious case reviews April 2008 to March 2009 concluded that issues of disability often masked child protection concerns and that in half of cases involving children with disabilities, there was a failure to recognise the increased vulnerability of disabled children, for example to child sex abuse.
- Children who grow up in poverty are less likely to get qualifications or go on to higher education, and are more likely to become young parents. People with low levels of educational achievement can expect to be less employable, therefore poorer, therefore less healthy and probably less likely to participate in civic activity. The kinds of people who are less likely to be employed are also more likely to be involved in crime, to have shorter life-spans and to have less fulfilling family lives. Whole families can be locked into cycles of deprivation.
- Racial harassment is often not seen as a child protection issue or as a factor in neighbours maliciously reporting concerns.
- Women are more likely to report, consult for and be diagnosed with depression and anxiety.
- Boys are four times as likely as girls to be identified as having a behavioural, emotional and social difficulty (BESD).
- It is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men.
- All forms of substance abuse are more common in men.
- Alcohol disorders are twice as common in men, although binge drinking is increasing at a faster rate among young women.
- Incidence rates of most sexually transmitted infections are rising, with the increase being greater in women than men.
- An estimated 66,000 women living in the UK have undergone female genital mutilation and 21,000 girls under 16 are currently at risk. (HO & WRC)
- In 2008 the Forced Marriage Unit received over 1600 calls to it's helpline on suspected incidences of forced marriage. (HO)

### **Appendix 7 – Missing Children**

#### Schools' responsibilities

All schools (including academies and independent schools) must notify their local authority when they are about to remove a pupil's name from the school admission register under any of the fifteen grounds listed in the regulations<sup>1</sup> (Annex A). This duty does not apply when a pupil's name is removed from the admission register at standard transition points – when the pupil has completed the final year of education normally provided by that school – unless the local authority requests that such returns are to be made.

When removing a pupil's name, the notification to the local authority must include:

(a) the full name of the pupil,

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- (b) the full name and address of any parent with whom the pupil normally resides,
- (c) at least one telephone number of the parent,
- (d) the pupil's future address and destination school, if applicable, and
- (e) the ground in regulation 8 under which the pupil's name is to be removed from the admission register (see Annex A).

Schools must make reasonable enquiries to establish the whereabouts of the child jointly with the local authority, before deleting the pupil's name from the register if the deletion is under regulation 8(1), sub-paragraphs (f)(iii) and (h)(iii) (see Annex A).

All schools must also notify the local authority within **five** days of adding a pupil's name to the admission register at a non-standard transition point. The notification must include all the details contained in the admission register for the new pupil. This duty does not apply when a pupil's name is entered in the admission register at a standard transition point – at the start of the first year of education normally provided by that school – unless the local authority requests that such returns are to be made.

When adding a pupil's name, the notification to the local authority must include all the details contained in the admission register for the new pupil.

For further information see:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/550416/Children\\_Missing\\_Education\\_-\\_statutory\\_guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550416/Children_Missing_Education_-_statutory_guidance.pdf)

## **Appendix 8 – Procedures for managing allegations of peer on peer abuse**

### Procedure

- When an allegation is made by a pupil against another pupil, which is of a safeguarding nature it should be reported to one of the designated safeguarding staff as soon as possible.
- A factual record must be kept on a Concern sheet (as normal safeguarding child protection procedures) and updated with all actions and outcomes
- The incident should not be investigated at this time
- If not the headteacher, the Designated member of staff will inform them or the AH in the H's absence. contact the Access and Referral Hub to discuss the case, get advice, and make a formal referral where appropriate.
- If the allegation indicates that a potential crime has taken place the Hub will refer the case to the police or ask the school to.
- Parents of both the alleged victim and the pupil being complained about should generally be informed, although this should be discussed during the consultation with the Hub.
- A risk assessment will be considered at this time to protect all parties involved.
- (It may be appropriate to exclude the alleged culprit against whom the report has been made for a fixed time in line with our schools behaviour policy and procedures).
- Police and social care will lead any investigation, however where neither police nor social care thresholds are met, our school will then undertake a thorough investigation following our schools policies and procedures.



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- A risk assessment should be considered along with an appropriate supervision plan
- Support should be given to all children involved, and their parents should be involved in the relevant meetings and agree to the plans that are set
- The plan should be monitored and review dates set

If allegations made directly to other agencies

In some circumstances parents or the alleged victims will report directly to other agencies. In these cases (if not police or social care) these agencies should make referrals to the Hub or the police.

The Hub/Social Services or police should liaise directly with the school to inform them of the situation, or liaise with the LA Designated Officer (LADO) and school safeguarding team.

All professionals involved can support with the risk assessment and management of such allegations.

**Appendix 9 – Female Genital Mutilation (FGM)**

FGM is illegal in the UK. For the purpose of the criminal law in England and Wales, FGM is mutilation of the labia majora, labia minor or clitoris.

FGM is an unacceptable practice for which there is no justification. It is child abuse and a form of violence against women and girls.

FGM is prevalent in 30 countries. These are concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East, and in some countries in Asia.

It is estimated that approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.

FGM is a deeply embedded social norm, practised by families for a variety of complex reasons. It is often thought to be essential for a girl to become a proper woman, and to be marriageable. The practice is not required by any religion.

What is FGM?

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

The age at which FGM is carried out varies enormously according to the community. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy.

The immediate/short-term consequences of FGM can include:

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- severe pain / shock;
- haemorrhage;
- wound infections;
- urinary retention;
- injury to adjacent tissues;
- genital swelling; and/or
- death.

Long-Term Consequences of FGM include:

- genital scarring;
- genital cysts and keloid scar formation;
- recurrent urinary tract infections and difficulties in passing urine;
- possible increased risk of blood infections such as hepatitis B and HIV;
- impaired sexual function;
- psychological concerns, anxiety, flashbacks and post traumatic stress disorder;
- difficulties with menstruation (periods);
- complications in pregnancy or childbirth (including prolonged labour, bleeding or tears during childbirth, increased risk of caesarean section); and
- increased risk of stillbirth and death of child during or just after birth.

There are a number of factors in addition to a girl's or woman's community, country of origin and family history that could indicate she is at risk of being subjected to FGM.

Potential risk factors may include:

- a female child is born to a woman who has undergone FGM;
- a female child has an older sibling or cousin who has undergone FGM;
- a female child's father comes from a community known to practise FGM;
- the family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children;
- a woman/family believe FGM is integral to cultural or religious identity;
- a girl/family has limited level of integration within UK community;
- parents have limited access to information about FGM and do not know about the harmful effects of FGM or UK law;
- a girl confides to a professional that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'; Multi-agency statutory guidance on female genital mutilation
- a girl talks about a long holiday to her country of origin or another country where the practice is prevalent (see Section 2.3 for the nationalities that traditionally practise FGM);
- parents state that they or a relative will take the girl out of the country for a prolonged period;
- a parent or family member expresses concern that FGM may be carried out on the girl;
- a family is not engaging with professionals (health, education or other);
- a family is already known to social care in relation to other safeguarding issues;
- a girl requests help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM;
- a girl talks about FGM in conversation, for example, a girl may tell other children about it (see Annex G for commonly used terms in different languages) – it is important to take into account the context of the discussion;
- a girl from a practising community is withdrawn from Personal, Social, Health and Economic (PSHE) education or its equivalent;

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- a girl is unexpectedly absent from school;
- sections are missing from a girl's Red book; and/or
- a girl has attended a travel clinic or equivalent for vaccinations / anti-malarials+

There are a number of indications that a girl or woman has already been subjected to FGM:

- a girl or woman asks for help;
- a girl or woman confides in a professional that FGM has taken place;
- a mother/family member discloses that female child has had FGM;
- a family/child is already known to social services in relation to other safeguarding issues;
- a girl or woman has difficulty walking, sitting or standing or looks uncomfortable;
- a girl or woman finds it hard to sit still for long periods of time, and this was not a problem previously;
- a girl or woman spends longer than normal in the bathroom or toilet due to difficulties urinating;
- a girl spends long periods of time away from a classroom during the day with bladder or menstrual problems;
- a girl or woman has frequent urinary, menstrual or stomach problems; Multi-agency statutory guidance on female genital mutilation
- a girl avoids physical exercise or requires to be excused from physical education (PE) lessons without a GP's letter;
- there are prolonged or repeated absences from school (see 2015 guidance on children missing education<sup>50</sup>);
- increased emotional and psychological needs, for example withdrawal or depression, or significant change in behaviour;
- a girl or woman is reluctant to undergo any medical examinations;
- a girl or woman asks for help, but is not explicit about the problem; and/or · a girl talks about pain or discomfort between her legs.

For further guidance and support:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/512906/Multi\\_Agency\\_Statutory\\_Guidance\\_on\\_FGM\\_-\\_FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM_-_FINAL.pdf)

### **Appendix 10 – Protecting children from radicalisation – The Prevent Duty**

In order for schools and childcare providers to fulfil the Prevent duty, it is essential that staff are able to identify children who may be vulnerable to radicalisation, and know what to do when they are identified. Protecting children from the risk of radicalisation should be seen as part of schools' and childcare providers' wider safeguarding duties, and is similar in nature to protecting children from other harms (e.g. drugs, gangs, neglect, sexual exploitation), whether these come from within their family or are the product of outside influences.

Schools and childcare providers can also build pupils' resilience to radicalisation by promoting fundamental British values and enabling them to challenge extremist views. It is important to emphasise that the Prevent duty is not intended to stop pupils debating controversial issues. On the contrary, schools should provide a safe space in which children and staff can understand the risks associated with terrorism and develop the knowledge and skills to be able to challenge extremist arguments.

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For early years childcare providers, the statutory framework for the Early Years Foundation Stage sets standards for learning, development and care for children from 0-5, thereby assisting their personal, social and emotional development and understanding of the world.

What to do if you have a concern:

If a member of staff has a concern about a particular pupil they should:

- Complete a Concern sheet to record all factual information regarding the concern
- Contact one of the designated members of staff for Child Protection
- The designated member of staff should immediately contact the Access and Referral Hub for advice and support on 0300 300 8585.

-Where deemed necessary a referral will be made to Social Services

-(It is also possible to contact local police force or dial 101 (the non-emergency number). They can talk to you in confidence about your concerns and help you gain access to support and advice.

-(The Department for Education has dedicated a telephone helpline (020 7340 7264) to enable staff and governors to raise concerns relating to extremism directly.

Concerns can also be raised by email to [counter.extremism@education.gsi.gov.uk](mailto:counter.extremism@education.gsi.gov.uk).)

Please note that the helpline is not intended for use in emergency situations, such as a child being at immediate risk of harm or a security incident, in which case the normal emergency procedures should be followed.

For further information:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/439598/prevent-duty-departmental-advice-v6.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-departmental-advice-v6.pdf)

**Appendix 11**

**See – The Saplings Safeguarding Statement.**