



# CHILD PROTECTION AND SAFEGUARDING POLICY

**ORGANISATION POLICY**

**ST GEORGE'S LOWER SCHOOL & LEIGHTON BUZZARD CHILDREN'S CENTRE**

Authored by: Ms. M. Rawlings, Head Teacher

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# CHILD PROTECTION AND SAFEGUARDING POLICY

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## This policy applies to the whole Organisation

*In January 2016, the school established an on-site Nursery named 'Dinky Dragons'. This forms part of the 'organisation'.*

*As of 1st April 2015 St George's Lower School and Leighton Buzzard Children's Centre has become one 'organisation' which is referenced as so throughout this document. This policy will be implemented accordingly in both organisations and makes clear reference to the structures, personnel and procedures in place to support and protect ALL children in our care.*

## **Statement of Policy:**

The Organisation takes seriously its 'duty to safeguard and promote the welfare of children at the organisation' (Education Act 2002 sec.175 and Children Act 2004) and in line with the following:

- Working Together to Safeguard Children - March 2015
- Keeping Children Safe in Education - 2016
- Information Sharing - March 2015
- What to do if you are worried a Child is being abused - March 2015 Central Bedfordshire Safeguarding Children Board (CBSCB)
- The Children Act 1989
- The Education Act 2002 s175 / s157
- Mental Health and Behaviour in Schools: Departmental Advice (DfE 2014)

The Governing Body takes seriously its commitment to having in place procedures that will support informed and sensitive management of child protection issues. The Organisation recognises that there are three main interlinking components, which form an integrated framework to provide a protective/preventative service. These are; ensuring structures are in place to support child protection functions; there are operational policies and procedures for dealing with Child Protection; children are empowered and aware of issues related to their own welfare.

## **The aims of this policy are:**

- To enable all staff to be aware, sensitively, of the need for child protection in appropriate circumstances.
- To enable all staff to understand the 'duty of care' placed up on them and their role in safeguarding and promoting the welfare of all children.
- To ensure that all staff understands the procedures in place when dealing with potential Child Protection issues.
- Clarifying standards of behaviour for staff, pupils and families of 0-5 year olds.
- Contributing to the establishment of a safe, resilient and robust ethos in the school and children centre, built on mutual respect, and shared values
- Introducing appropriate work within the curriculum;
- Encouraging pupils/children and parents to participate;
- Alerting staff to the signs and indicators that all might not be well;
- Developing staff awareness of the causes of abuse;
- Developing staff's awareness of the risks and vulnerabilities their pupils/children face;
- Addressing concerns at the earliest possible stage; and
- Reducing the potential risks pupils/children face of being exposed to violence, extremism, exploitation, or victimisation

## Key Process

All staff should be aware of the guidance issued by Central Bedfordshire Safeguarding Children Board and Early Help Assessment Team.

## Expectations

There are three main elements to our Child Protection Policy:

- **Prevention:** the Organisation encourages a positive atmosphere of openness and support where children are encouraged to have the confidence to talk to familiar adults with the understanding that they will be listened to. All staff play an active part in this, but we also refer to child support services in order that they can have quality time if this is needed. The Organisation operates a 'zero-tolerance' approach to bullying.
- Teachers also use the pastoral and academic curriculum to support confident speaking and listening, and respect for others.
- **Protection:** All staff have training in safeguarding children (child protection) procedures at induction. These procedures follow the guidelines set out by OFSTED, circular 10/95 and Safeguarding Children in Education 2004. Staff will be updated at a minimum of a two yearly interval to ensure everyone is trained in the way to respond appropriately and sensitively to child protection and safeguarding.
- **Support:** Non-prejudicial support is offered to all children and staff including children who may have been abused.

All staff and visitors will:

- Be familiar with this safeguarding policy;
- Be subject to Safer Recruitment processes and checks, whether they are new staff, supply staff, contractors, volunteers etc.
- Be involved in the implementation of individual education programmes, integrated support plans, child in need plans and interagency child protection plans;
- Be alert to signs and indicators of possible abuse (See [Appendix 1](#) for current definitions and indicators - page 17);
- Record concerns and give the record to the Designated Safeguarding Lead; and
- Deal with a disclosure of abuse from a child in line with the guidance in [Appendix 2](#) and/or the Child Protection procedures on page 21 - you must inform the Designated Safeguarding Lead immediately, and provide a written account as soon as possible;

All staff will receive basic level one training at least once every three years. Key staff will undertake level two and level three training as agreed by the Governing Body

We recognise that, for children, high self-esteem, confidence, supportive friends and clear lines of communication with a trusted adult promotes prevention.

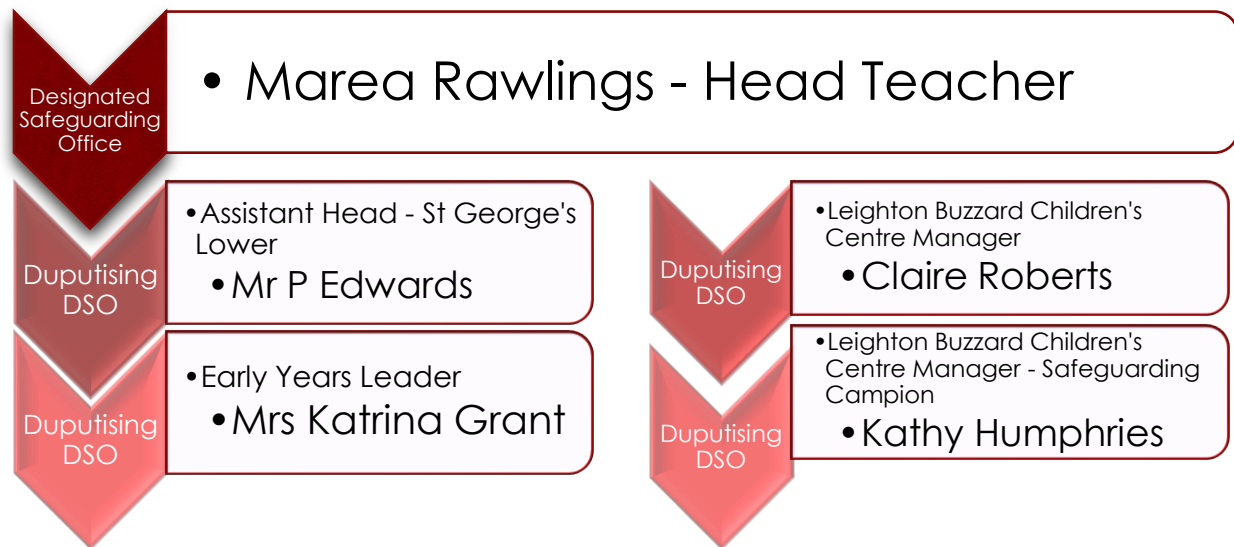
The Organisation will therefore:

- Establish and maintain an ethos where children and parents/carers feel secure, are encouraged to talk and are listened to.
- Ensure that children and parents/carers know there are adults in the Organisation whom they can approach if they are worried or are in difficulty.
- Include in the curriculum, activities and opportunities for personal and social development, which will equip children and parents/carers with the skills they need to be safe from abuse.
- Ensure that, wherever possible, every effort will be made to establish effective working relationships with parents and carers.
- Recognises its obligation to work with and co-operate with colleagues from other agencies (Education Act 2004).

## The Designated Safeguarding Lead

The Organisation has a 'named person' Marea Rawlings, Designated Person for Safeguarding, whose responsibility it is to liaise with the appropriate external agencies in child protection issues; the Organisation staff are all trained in recognising and following safeguarding protocol for the children and families in their care.

All staff are required to understand the need to be aware of the signs of child abuse and neglect; staff must inform the 'Named Person' in total confidence, and a sensitive, tactful and totally confidential investigation will then take place. If the signs are confirmed, the Named Person, or the senior member of staff deputising in her absence, will manage any potential Child Protection issues.



## The role of the Named Person

- Our Designated Safeguarding Lead is Marea Rawlings. She has lead responsibility and management oversight and accountability for child protection and is responsible for coordinating all child protection activity.
- The Designated Safeguarding Lead will lead regular case monitoring reviews of vulnerable children. These reviews must be evidenced by minutes and recorded in case files.
- When any part of the Organisation has concerns about a child, the Designated Safeguarding Lead will decide what steps should be taken and should advise the Head Teacher.
- Child protection information will be dealt with in a confidential manner. Staff will be informed of relevant details only when the Designated Safeguarding Lead feels their having knowledge of a situation will improve their ability to deal with an individual child and / or family. A written record will be made of what information has been shared with whom, and when.
- Child protection records will be stored securely in a central place separate from academic records. Individual files will be kept for each child: the Organisation will not keep family files. Files will be kept for at least the period during which the child is attending the school, and beyond that in line with current data legislation and guidance.
- Access to these records by staff other than by the Designated Safeguarding Lead will be restricted.
- Parents will be aware of information held on their children and kept up to date regarding any concerns or developments by the appropriate members of staff. General communications with parents will be in line with any home school or

children's Centre policies and give due regard to which adults have parental responsibility.

- Do not disclose to a parent any information held on a child if this would put the child at risk of significant harm.
- If a pupil/child moves from our school or children's centre, child protection records will be forwarded on to the Designated Safeguarding Lead at the new school or children's centre, with due regard to their confidential nature and in line with current government guidance on the transfer of such records. Direct contact between the two organisations may be necessary, especially on transfer from primary to secondary schools. We will record where and to whom the records have been passed and the date.
- If sending by post pupil records will be sent by "Special/Recorded Delivery". For audit purposes a note of all children records transferred or received should be kept in either paper or electronic format. This will include the child's name, date of birth, where and to whom the records have been sent and the date sent and/or received.
- If a pupil/child is permanently excluded and moves to a Pupil Referral Unit, child protection records will be forwarded on to the relevant organisation.
- If a child is excluded for a short period, an assessment must be made as to whether exclusion would increase the risk to the child.
- In an emergency, or in the absence of the Safeguarding Lead or their deputy, or if there are concerns that a safeguarding issue has not been dealt with properly, any member of the organisation may contact the police and/or the Designated Officer (previously LADA) on 0300 300 4833 directly.
- When a Designated Safeguarding Lead resigns their post or no longer has child protection responsibility, there should be a full face-to-face handover/exchange of information with the new post holder.

### **The Governing Body**

The Governing Body is the accountable body for ensuring the safety of the school and children centre. The governing body will ensure that:

- The organisation has a safeguarding policy in accordance with the procedures of Central Bedfordshire Safeguarding Children Board;
- The organisation operates, "safer recruitment" procedures and ensures that appropriate checks are carried out on all new staff and relevant volunteers;
- At least one senior member of the school's and children centre's leadership team acts as a Designated Safeguarding Lead;
- The Designated Safeguarding Lead attends appropriate refresher training every two years;
- The Head Teacher and all other staff who work with children undertake training at three yearly intervals;
- Temporary staff and volunteers are made aware of the Organisation's arrangements for child protection and their responsibilities;
- The Organisation remedies any deficiencies or weaknesses brought to its attention without delay; and
- The Organisation has procedures for dealing with allegations of abuse against staff/volunteers.
- The governing body reviews its policies/procedures annually

# A SAFER SCHOOL/CHILDREN'S CENTRE CULTURE

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## **Safer Recruitment and Selection**

The school pays full regard to 'Keeping Children Safe in Education' (DfES 2014), section 11 Children Act 2004 (Every child matters). Safer recruitment practice includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional and character references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking interviews and undertaking appropriate checks through the Disclosure and Barring Service (DBS).

All recruitment materials will include reference to the Organisation's commitment to safeguarding and promoting the wellbeing of pupils.

Marea Rawlings (Head Teacher), P Edwards (Assistant Head Teacher), Clare Roberts (LBCC Manager) and Lorraine Keyte (School Secretary) have undertaken CWDC/NCSL Safer Recruitment training. One of the above will be involved in all staff / volunteer recruitment processes and sit on the recruitment panel.

## **Staff support**

We recognise the stressful and traumatic nature of child protection work. We will support staff by providing an opportunity to talk through their anxieties with the Designated Safeguarding Lead and to seek further support as appropriate.

## **Our Role in the Prevention of Abuse**

We will provide opportunities for pupils/children and parents/carers to develop skills, concepts, attitudes and knowledge that promote their safety and well-being.

## **Discovery or suspicion of child abuse**

Where risk factors are present but there is no evidence of a particular risk then our DSL can advise staff on preventative work that can be done within the Organisation to engage the pupil/child into mainstream activities and social groups. Conversations with the pupil/child's family, sharing the organisation's concern about the young person's vulnerability and how the family and organisation can work together to reduce the risk may well be held with the DSL or a Key Worker assigned to work with the child.

In this situation, depending on how worried we are and what we agree with the parent and the young person (as far as possible) –

- The DSL or Key Worker can decide to notify the Multi-Agency Safeguarding Hub of the decision so that a strategic overview can be maintained and any themes or common factors can be recognised; and
- The Organisation will review the situation after taking appropriate action to address the concerns.
- The DSL or Key Worker will also offer and seek advice about undertaking assessment criteria such as the Early Help Assessment (EHA) and/or making a referral to children's social care.

If the concerns about the pupil/child are significant and meet the additional needs/complex need criteria, they will be referred to the social services. This includes concerns about a child/young person who is affected by the behaviour of a parent or other adult in their household.

## **The curriculum and timetabled programmes**

Relevant issues will be addressed through the PSHE curriculum and children centres services, for example self-esteem, emotional literacy, assertiveness, power, sex and relationship

education, domestic abuse programme, parenting support programmes, e-safety and bullying.

Relevant issues will be addressed through other areas of the curriculum, for example, circle time, English, History, Drama, and Art.

### **Other areas of work**

All our policies which address issues of power and potential harm, for example bullying, equal opportunities, handling, positive behaviour, will be linked to ensure a whole organisation approach.

Our safeguarding policy cannot be separated from the general ethos of the Organisation, which should ensure that pupils/children are treated with respect and dignity, taught to treat each other with respect, feel safe, have a voice, and are listened to.

### **Safeguarding Pupils/Children Who Are Vulnerable to Extremism**

Since 2010, when the Government published the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

St George's Lower School and Leighton Buzzard Children's Centre values freedom of speech and the expression of beliefs / ideology as fundamental rights underpinning our society's values. Both pupils/children and teachers have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion.

The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation. The organisation is clear that this exploitation and radicalisation should be viewed as a safeguarding concern.

Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation are in [Appendix 4](#).

The organisation seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

### **Risk reduction**

The school governors, the Head Teacher and the Designated Safeguarding Lead will assess the level of risk within the Organisation and put actions in place to reduce that risk. Risk assessment may include consideration of the Organisation's RE curriculum, SEND policy, assembly policy, the use of school/children's centre premises by external agencies, integration of pupils by gender and SEN, anti-bullying policy and other issues specific to the Organisation's profile, community and philosophy.

This risk assessment will be reviewed annually and monitored by the local authority and the local safeguarding children board.



## Response

Our organisation, like all others, is required to identify a Prevent Single Point of Contact (SPOC) who will be the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism: this will normally be the Designated Safeguarding Lead. The SPOC for St George's Lower School and Leighton Buzzard Children's Centre is Marea Rawlings. The responsibilities of the SPOC are described in [Appendix 5](#).

When any member of staff has concerns that a pupil/child and parents/carers may be at risk of radicalisation or involvement in terrorism, they should speak with the SPOC and to the Designated Safeguarding Lead if this is not the same person.

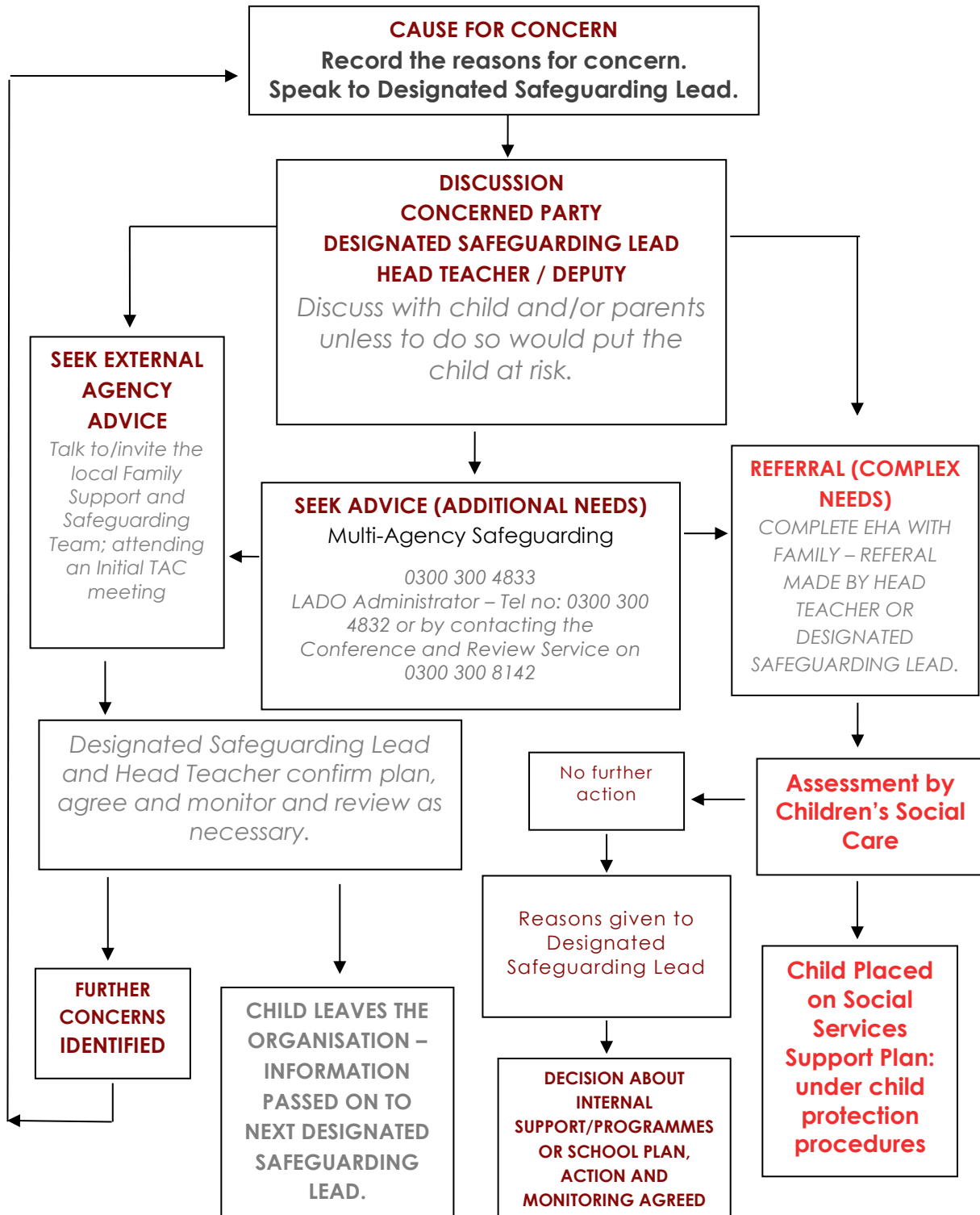
Numerous factors can contribute to and influence the range of behaviours that are defined as violent extremism, but most young people do not become involved in extremist action. For this reason the appropriate interventions in any particular case may not have any specific connection to the threat of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

## Safeguarding Pupils/Children Who Are Vulnerable to Exploitation, Forced Marriage, Female Genital Mutilation, or Trafficking

- Our safeguarding policy above through the Organisation's values, ethos and behaviour policies provides the basic platform to ensure children and young people are given the support to respect themselves and others, stand up for themselves and protect each other.
- Our Organisation keeps itself up to date on the latest advice and guidance provided to assist in addressing specific vulnerabilities and forms of exploitation.
- Our staff are supported to recognise warning signs and symptoms in relation to specific issues, include such issues in an age appropriate way in their curriculum,
- Our Organisation works with and engages our families and communities to talk about such issues,
- Our staff are supported to talk to families about sensitive concerns in relation to their children and to find ways to address them together wherever possible.
- Our staff are well placed to identify concerns and take action to prevent children from becoming victims of FGM. If staff have a concern regarding a child that may be at risk they should inform the DSL who will activate safeguarding procedures. Where FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on teachers.
- Our Designated Safeguarding Lead knows where to seek and get advice as necessary.

# PART TWO – THE KEY PROCEDURES

## RESPONDING TO CONCERNS ABOUT A CHILD



## **Involving Parents/Carers**

In general, we will discuss any child protection concerns with parents / carers before approaching other agencies, and will seek their consent to making a referral to another agency. Appropriate staff will approach parents / carers after consultation with the Designated Safeguarding Lead. However there may be occasions when the school will contact another agency before informing parents/carers because it considers that contacting them may increase the risk of significant harm to the child.

Parents / carers will be informed about our safeguarding policy through website and organisation publicity materials.

## **Multi-Agency Work**

We work in partnership with other agencies in the best interests of the children. The Organisation will, where necessary, liaise with the school nurse and doctor, and make referrals to children's social care. Referrals should be made by the Designated Safeguarding Lead to the Multi-Agency Safeguarding Team. Where the child already has a safeguarding social worker, the request for service should go immediately to the social worker involved, or in their absence to their team manager.

We will co-operate with any child protection enquiries conducted by children's social care: the Organisation will ensure representation at appropriate inter-agency meetings such as integrated support plan meetings initial and review child protection conferences, and core group meetings.

We will provide reports required for these meetings. If the Organisation is unable to attend, a written report will be sent. The report will, wherever possible, be shared with parents / carers at least 24 hours prior to the meeting.

Where a pupil/child is subject to an inter-agency child protection plan or a multi-agency risk assessment conference (MARAC) meeting, the Organisation will contribute to the preparation, implementation and review of the plan as appropriate.

## **Our Role in Supporting Children**

We will offer appropriate support to individual children who have experienced abuse or who have abused others.

An individual support plan will be devised, implemented and reviewed regularly for these children. This plan will detail areas of support, who will be involved, and the child's wishes and feelings. A written outline of the individual support plan will be kept in the child's child protection record.

Children and young people who abuse others will be responded to in a way that meets their needs as well as protecting others within the Organisation's community through a multi-agency risk assessment. We will ensure that the needs of children and young people who abuse others will be considered separately from the needs of their victims.

We will ensure the Organisation works in partnership with parents / carers and other agencies as appropriate.

## **Responding to an Allegation about a Member of Staff**

See also Central Bedfordshire Safeguarding Children Board Procedures on Allegations against Staff and Volunteers ([Appendix 6](#)).

This procedure should be used in any case in which it is alleged that a member of staff, governor, visiting professional or volunteer has:

- Behaved in a way that has harmed a child or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved in a way that indicates s/he is unsuitable to work with children.

Although it is an uncomfortable thought, it needs to be acknowledged that there is the potential for staff in schools or children's centres to abuse children.

All staff working within our organisation must report any potential safeguarding concerns about an individual's behaviour towards children and young people immediately. Allegations or concerns about colleagues and visitors must be reported direct to the Head Teacher / Principal unless the concern relates to Head Teacher / Principal. If the concern relates to the Head Teacher, it must be reported immediately to the Assistant Director Safeguarding in children's social care, who will liaise with the Chair of Governors and they will decide on any action required.

### **Children with Additional Needs and Disabilities**

St George's Lower School and Leighton Buzzard Children's Centre recognises that while all children have a right to be safe, some children may be more vulnerable to abuse, for example those with a disability or special educational need, those living with domestic violence or drug / alcohol abusing parents, etc.

### **Children in Specific Circumstances**

When the school is considering excluding, either fixed term or permanently, a vulnerable pupil and / or a pupil/child who is the subject of a child protection plan or where there is an existing child protection file, we will call a multi-agency risk-assessment meeting prior to making the decision to exclude. In the event of a one-off serious incident resulting in an immediate decision to exclude, the risk assessment must be completed prior to convening a meeting of the Governing Body

# PROFESSIONAL CONDUCT AND SAFEGUARDING

**THE FOLLOWING MEASURES ARE IN PLACE TO ENSURE THAT THE CHILDREN AND STAFF ARE SAFEGUARDED WITHIN OUR WHOLE ORGANISATION.**

*Working Together – A guide to inter-agency working to safeguard and promote the welfare of children March 2015*

## **Making a Professional Judgement**

This guidance cannot provide a complete checklist of what is, or not appropriate behaviour for adults in all circumstances. Professional judgements should always be recorded and shared with a member of the senior management team and with the parent/carer. In undertaking these actions individuals will be seen to be acting reasonably.

Adults working with young people should always: -

- Consider whether their actions are warranted, proportionate and safe and applied equitably.
- Discuss the circumstances that informed their action, or their proposed action with the Head Teacher/DSO or senior member of staff and the parent/carer.
- Report any actions, which could be mis-interpreted to the Head Teacher/ DSO or senior member of staff.
- Discuss any misunderstandings, accidents or threats with the Head Teacher/DSO or senior member of staff.
- Record any areas of disagreement about a course of action taken and if necessary referred to a higher authority.
- Ensure they have copies of records, which confirm decisions, discussions and reasons why actions were taken.

## **Power and Positions of Trust**

Adults should always maintain appropriate professional boundaries and avoid behaviour, which might be misinterpreted by others. They should always report and record any incident with this potential. A relationship between an adult and a child or young person is not a relationship between equals. There is potential for exploitation and harm of vulnerable young people. Adults therefore have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

This means that adults should never: -

- Use their position to gain access to information for their own or others' advantage.
- Use their position to intimidate, bully, humiliate, threaten, coerce or undermine children.
- Use their status and standing to form or promote relationships which are of a sexual nature, or which may become so.

## **Propriety and Behaviour**

All adults working with children have a responsibility to maintain public confidence in their ability to safeguard the welfare and best interests of children. It is therefore expected that they will adopt high standards of personal conduct in order to maintain the confidence and respect of their colleagues, children, parents/ carers and all with whom they work.

Adults should never: -

- Behave in a manner, which would lead any reasonable person to question their suitability to work with children or act as a suitable role model.
- Make or encourage others to make, unprofessional personal comments, which scapegoat, demean or humiliate, or which might be interpreted as such.

Adults should be aware: -

- That behaviour in their personal lives may impact upon their work with children.

- Any codes of conduct deemed appropriate by the Organisation.
- That the behaviour and actions of their partner (or other family members) may raise questions about their suitability to work with young people.

## **Infatuations**

Occasionally, a child or young person may develop an infatuation with an adult who works with them. These adults should deal with these situations sensitively and appropriately to maintain dignity and safety of all concerned. They should remain aware, however, that such infatuations carry a high risk of words or actions being misinterpreted and should therefore make every effort to ensure that their own behaviour is beyond reproach.

An adult, who becomes aware that child or young person is developing an infatuation, should discuss this at the earliest opportunity with the Head Teacher/DSO or senior member of staff and parent/carer so appropriate action can be taken to avoid any hurt, distress or embarrassment.

This means that adults should: -

- Report and record any incidents or indications (verbal, written or physical) that suggest a child or young person may have developed an infatuation with a member of staff.
- Always acknowledge and maintain professional boundaries.

## **Gifts, rewards and favouritism**

All adults should be aware of the Organisation's guidance on rewards (House Points etc.) and the arrangements for the declaration of gifts received and given. The giving of gifts or rewards to children should be part of an agreed policy for supporting positive behaviour or recognising particular achievements. In some situations the giving of a reward or gift to an individual child will be part of an agreed action plan, and must be recorded and discussed with the Head Teacher/ or a senior member of staff and the parent/carer.

This means that all staff should: -

- Be aware of the Organisation's policies on behaviour management and rewards system (e.g. House Points being used to reward improved behaviour).
- Ensure that gifts received or given in situations, which may be misconstrued, are declared to senior management.
- Only give gifts to an individual child as part of an agreed reward system sanctioned by senior management and parent/carers and which are of an insignificant value.
- Be aware that others can misinterpret the giving of gifts as a gesture to either 'bribe' or 'groom' a young person.
- Ensure that all selection processes, which concern children, are fair and that wherever possible these are undertaken and agreed by more than one member of staff.
- Be aware that others may construe the receiving of gifts from young people as a bribe or lead the giver to expect preferential treatment.
- Ensure any gifts received by a young person are declared to their line manager and that this is documented, these gifts should also be kept within the Organisation building wherever possible.

There are occasions when children young people or parents wish to pass small tokens of appreciation to adults e.g. on a special occasion or as a thank you and this is acceptable. However, it is unacceptable to receive gifts on a regular basis or of any significant value.

## **Communication with Children**

Communication between children and adults, by whatever method, should take place within clear and explicit professional boundaries. This includes the wider use of technology

such as mobile phones, text messaging, e-mails, digital cameras, videos, web-cams, websites and blogs.

Adults should not share any personal information with a child or young person. They should not request, or respond to, any personal information from the child or young person, other than that which might be appropriate as part of their professional role. Adults should ensure that all communications are transparent and open to scrutiny, or this could be construed as 'grooming'.

This means that adults should: -

- Ensure that personal social networking sites are set at private and children are never listed as approved contacts.
- Never use or access social networking sites of children.
- Never give their personal contact details to children, including their personal mobile telephone numbers, home phone numbers or home address.
- Only use equipment provided by the Organisation to communicate with families within the Organisations working day, equipment provided by the Organisation should not be used outside of working hours to communicate with families unless agreed by the Head Teacher/ or a senior member of staff.
- Only make contact with children and their families for professional reasons and in accordance of national guidelines.
- Never use Internet or web-based communication channels to send personal messages to a child/young person.
- Prearranged meetings with children on a one-to-one basis away from the Organisation premises should never be set-up.

## **Social Contact**

Adults should not establish or seek to establish social contact with children for the purpose of securing a friendship or to pursue or strengthen a relationship. If a child or parent/carer seeks to establish social contact, or if this occurs coincidentally, the member of staff should exercise his/her professional judgement in making a response. This should then be documented with your line manager/senior management.

There will be occasions when there are social contacts between children and staff, where for example the parent and staff are part of the same social circle. These contacts however, will be easily recognised and openly acknowledged.

This means that adults should: -

- Have no secret social contact with children or their parents
- Consider the appropriateness of their social contact according to their role and nature of their role, and discussed with senior management.
- Always approve any planned social contact with children or parents with senior management.
- Advise senior management of any social contact they have with a child or parent with whom they work.
- Report and record any situation, which may place a child at risk or which may compromise the Organisation or their own professional standing.
- Be aware that the sending of personal communications such as birthday cards or faith cards should always be recorded and discussed with their line manager.
- Understand that some communications may be called into question and need to be justified.
- No child or young person should be in or invited into, the home of a member of staff, unless the reason for this has been firmly established and agreed with by the parents/carers and a senior manager and the Head Teacher.
- No child young person should be asked to undertake personal jobs for a member of staff i.e. babysitting at their home.

## Children and Young People in Distress

There may be occasions when a distressed child or young person needs comfort and reassurance and this may involve physical contact. Adults should use their professional judgement to comfort or reassure a child or young person in an age-appropriate way whilst maintaining clear professional boundaries.

Where an adult has a particular concern about the need to provide this type of care and reassurance, or is concerned that an action may be misinterpreted, this should be reported and discussed with a senior manager and parents/carers.

This means that adults should:-

- Consider the way in which they offer comfort and reassurance to a distressed child and does it in an age appropriate way.
- Be circumspect in offering reassurance in one-to-one situations, but always record such actions in these circumstances.
- Never touch a child or young person in a way that could be considered indecent.
- Report and record situations, which may give, rise to concern from either party.
- Never assume that all children and young people seek comfort if they are distressed.
- Never initiate the giving of comfort and should never be face to face hugging with bodily contact
- Be aware of comforting children of the opposite sex.

## Transporting Children

Wherever possible and practical it is advisable that transport is undertaken other than in private vehicles, with at least one additional adult to act as escort.

There will be occasions when adults are expected to, or are asked to transport children or young people as part of their duties. Adults, who are expected to use their own vehicles for transporting children, should ensure that the vehicle is roadworthy, appropriately insured and the maximum capacity is not exceeded.

It is inappropriate for adults to offer lifts to a child or young person outside their normal working hours.

This means that adults should:-

- Ensure they are fit to drive and free from any drugs, alcohol or medicine, which is likely to impair judgement and/or ability to drive.
- Be aware that the safety and welfare of the child or young person is their responsibility until they are safely passed over to a parent/carer.
- Record details of the journey in accordance with agreed procedures.
- Ensure that their behaviour is appropriate at all times.
- Ensure there are proper arrangements in place to ensure vehicle, passenger and driver safety. This includes having proper and appropriate insurance for the type of vehicle being driven.
- Ensure that any impromptu or emergency arrangements of lifts are recorded and can be justified if questioned.

**FAILURE TO ADHERE TO ANY OF THE ABOVE MAY LEAD TO THE APPROPRIATE SECTION OF THE ORGANISATION'S DISCIPLINARY POLICY BEING INVOKED.**



# APPENDIX 1

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## DEFINITIONS AND INDICATORS OF ABUSE

### 1. 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. The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger;
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor school attendance or often late for school;
- Poor concentration;
- Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;
- Failure to develop intellectually or socially;
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
- The child is regularly not collected or received from school; or
- The child is left at home alone or with inappropriate carers

### 2. 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.

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks;
- Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- Bald patches;
- Symptoms of drug or alcohol intoxication or poisoning;

- Unaccountable covering of limbs, even in hot weather;
- Fear of going home or parents being contacted;
- Fear of medical help;
- Fear of changing for PE;
- Inexplicable fear of adults or over-compliance;
- Violence or aggression towards others including bullying; or
- Isolation from peers.

### 3. 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.

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge;
- Anal or vaginal discharge, soreness or scratching;
- Reluctance to go home;
- Inability to concentrate, tiredness;
- Refusal to communicate;
- Thrush, persistent complaints of stomach disorders or pains;
- Eating disorders, for example anorexia nervosa and bulimia;
- Attention seeking behaviour, self-mutilation, substance abuse;
- Aggressive behaviour including sexual harassment or molestation;
- Unusual compliance;
- Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;
- Reluctance to undress for PE or swimming; or
- Bruises or scratches in the genital area.

### 4. SEXUAL EXPLOITATION

Child sexual exploitation occurs when a child or young person, or another person, receives "something" (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person.

The presence of any significant indicator for sexual exploitation should trigger a referral to children's social care. The significant indicators are:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity);
- Entering and/or leaving vehicles driven by unknown adults;
- Possessing unexplained amounts of money, expensive clothes or other items;
- Frequenting areas known for risky activities;
- Being groomed or abused via the Internet and mobile technology; and
- Having unexplained contact with hotels, taxi companies or fast food outlets.

## 5. EMOTIONAL ABUSE

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

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly;
- Over-reaction to mistakes;
- Delayed physical, mental or emotional development;
- Sudden speech or sensory disorders;
- Inappropriate emotional responses, fantasies;
- Neurotic behaviour: rocking, banging head, regression, tics and twitches;
- Self harming, drug or solvent abuse;
- Fear of parents being contacted;
- Running away;
- Compulsive stealing;
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

N.B.: Some situations where children stop communication suddenly (known as "traumatic mutism") can indicate maltreatment.

## 6. RESPONSES FROM PARENTS

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories:

- Delay in seeking treatment that is obviously needed;
- Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb);
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development;
- Reluctance to give information or failure to mention other known relevant injuries;
- Frequent presentation of minor injuries;
- A persistently negative attitude towards the child;
- Unrealistic expectations or constant complaints about the child;
- Alcohol misuse or other drug/substance misuse;
- Parents request removal of the child from home; or
- Violence between adults in the household.

## 7. DISABLED CHILDREN

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

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

# APPENDIX 2

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## DEALING WITH A DISCLOSURE

When a child tells me about abuse s/he has suffered, what must I remember?

- Stay calm.
- Do not communicate shock, anger or embarrassment.
- Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
- Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
- Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
- Tell the child that it is not her/his fault.
- Encourage the child to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you. Communicate that s/he has a right to be safe and protected.
- Do not tell the child that what s/he experienced is dirty, naughty or bad.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what s/he has told you. It is essential to record all you have heard.
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations.

*NB It is not education staff's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.*

### Immediately afterwards

**You must not deal with this yourself.** Clear indications or disclosure of abuse must be reported to children's social care without delay, by the Head Teacher / Principal or the Designated Safeguarding Lead.

Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening to and supporting a child/young person who has been abused can be traumatic for the adults involved. Support for you will be available from your Designated Safeguarding Lead or Head Teacher / Principal.

1. Dealing with disclosure of abuse:

- Always listen carefully and quietly – do not press for any evidence at all;
- Remain calm and reassuring – do not dismiss the disclosure – do not show distress or concern;
- Believe the child – do not refute the allegation;
- Do not at any stage ask the child to write anything down in a statement format (this can be used as evidence in any future court cases; it is the role of the police to take any statement from a child when allegations/disclosures are made).

2. At this point, take the following steps:

- Explain to the child that the disclosure must be reported – emphasise belief;
- Do not promise to keep the allegation secret;
- Inform the Named Person (Marea Rawlings), in her absence a member of staff who's designated to deputise for the head teacher, see key above.
- Under no circumstances discuss the matter with any other person – if the allegations prove to be untrue, any such discussion would be deemed defamatory. Information to staff is on a 'need to know' basis at the discretion of the Named Person;
- With the Named Person, prepare a detailed report itemising:
  - The information revealed by the child with absolutely no opinion added and;
  - Actions taken by you, including when the suspicions were reported, to whom the suspicions were reported and follow – up action taken within the Organisation.
  - Date and sign any written record of events and actions taken and keep confidential and secure. This can include any 'scribbled' notes you may have taken either during or after the disclosure, these MUST be given to the Named Person.

3. General Child Protection Concerns:

- If you have concerns regarding a child's health and welfare you have a 'duty of care' to pass this information on to the Named Person or the senior member of staff.
- Any concerns should be logged on the appropriate form stating:-
  - The child's name
  - The date
  - Your name
  - Your position in the Organisation
  - Your concern, in as much detail as possible with any supporting evidence
  - What you have done with the concern
  - Marking any injuries on the body map
- You should then pass this form either electronically or a hard copy to the Designated Person or in her absence the deputising member of staff at the earliest opportunity (within 24 hours).
- It is always advisable for you to contact the Named Person whenever you have a concern or for advice to ensure that the best course of action can then be decided.

**DO NOT DISCLOSE TO A PARENT ANY INFORMATION HELD ON A CHILD IF THIS WOULD PUT THE CHILD AT RISK OF SIGNIFICANT HARM.**

# APPENDIX 3

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## ALLEGATIONS ABOUT A MEMBER OF STAFF, GOVERNOR OR VOLUNTEER

1. Inappropriate behaviour by staff/volunteers could take the following forms:

### Physical

For example the intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects or rough physical handling.

### Emotional

For example intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes that discriminate on the grounds of race, gender, disability or sexuality.

### Sexual

For example sexualised behaviour towards pupils, sexual harassment, sexual assault and rape.

### Neglect

For example failing to act to protect a child or children, failing to seek medical attention or failure to carry out an appropriate risk assessment.

2. If a child makes an allegation about a member of staff, governor, visitor or volunteer the Head Teacher should be informed immediately. The Head Teacher should carry out an urgent initial consideration in order to establish whether there is substance to the allegation. The Head Teacher / Principal should not carry out the investigation him/herself or interview pupils.
3. The Head Teacher must exercise, and be accountable for, their professional judgement on the action to be taken, as follows: –
  - If the actions of the member of staff, and the consequences of the actions, raise credible child protection concerns the Head Teacher / Principal will notify the Local Authority Designated Officer (LADO) Team (Tel: 0300 300 4833). The LADO Team will advise about action to be taken and may initiate internal referrals within children's social care to address the needs of children likely to have been affected.
  - If the actions of the member of staff, and the consequences of the actions, do not raise credible child protection concerns, but do raise other issues in relation to the conduct of the member of staff or the pupil(s), these should be addressed through the school's own internal procedures.
  - If the Head Teacher decides that the allegation is without foundation and no further formal action is necessary, all those involved should be informed of this conclusion, and the reasons for the decision should be recorded on the child protection file.
4. Where an allegation has been made against the Head Teacher, then the Chair of the Governing Body takes on the role of liaising with the LADO team in determining the appropriate way forward. For details of this specific procedure see the Section on Allegations against Staff and Volunteers in the procedures of Central Bedfordshire Safeguarding Children Board.

# APPENDIX 4

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## INDICATORS OF VULNERABILITY TO RADICALISATION

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. Extremism is defined by the Government in the Prevent Strategy as:  
Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
3. Extremism is defined by the Crown Prosecution Service as:  
The demonstration of unacceptable behaviour by using any means or medium to express views which:
  - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
  - Seek to provoke others to terrorist acts;
  - Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
  - Foster hatred, which might lead to inter-community violence in the UK.
4. There is no such thing as a "typical extremist": those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
5. Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff are able to recognise those vulnerabilities.
6. Indicators of vulnerability include:
  - Identity Crisis – the student / pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
  - Personal Crisis – the student / pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
  - Personal Circumstances – migration; local community tensions; and events affecting the student / pupil's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
  - Unmet Aspirations – the student / pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
  - Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
  - Special Educational Need – students / pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.
7. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.



8. More critical risk factors could include:
- Being in contact with extremist recruiters;
  - Accessing violent extremist websites, especially those with a social networking element;
  - Possessing or accessing violent extremist literature;
  - Using extremist narratives and a global ideology to explain personal disadvantage;
  - Justifying the use of violence to solve societal issues;
  - Joining or seeking to join extremist organisations; and
- Significant changes to appearance and / or behaviour;
  - Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.

# APPENDIX 5

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## PREVENTING VIOLENT EXTREMISM - ROLES AND RESPONSIBILITIES OF THE SINGLE POINT OF CONTACT (SPOC)

The SPOC for St George's Lower School and Leighton Buzzard Children's Centre is Marea Rawlings, who is responsible for:

- Ensuring that staff of the school are aware that you are the SPOC in relation to protecting students/pupils from radicalisation and involvement in terrorism;
- Maintaining and applying a good understanding of the relevant guidance in relation to preventing students/pupils from becoming involved in terrorism, and protecting them from radicalisation by those who support terrorism or forms of extremism which lead to terrorism;
- Raising awareness about the role and responsibilities of St George's Lower School and Leighton Buzzard Children's Centre in relation to protecting children/pupils from radicalisation and involvement in terrorism;
- Monitoring the effect in practice of the school's RE curriculum and assembly policy to ensure that they are used to promote community cohesion and tolerance of different faiths and beliefs;
- Raising awareness within the school about the safeguarding processes relating to protecting students/pupils from radicalisation and involvement in terrorism;
- Acting as the first point of contact within the school for case discussions relating to students / pupils who may be at risk of radicalisation or involved in terrorism;
- Collating relevant information from in relation to referrals of vulnerable children/pupils;
- attending meetings as necessary and carrying out any actions as agreed;
- Reporting progress on actions; and
- Sharing any relevant additional information in a timely manner.

# APPENDIX 6

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## 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 organisations must have trained first aiders/appointed persons. Appropriate regard should be paid to current guidance:

- Managing medicine in organisations and Early Years (Ref 1448 – 2005)
- DfES guidance for first aid in organisations 1988
- [www.teachernet.gov.uk/whole-organisation/health-and-safety/first-aid](http://www.teachernet.gov.uk/whole-organisation/health-and-safety/first-aid)

Children may need medication during organisation hours. In circumstances where children need medication regularly a health care plan should have been established to ensure the safety and protection of children and the adults who are working with them. Depending upon the age and understanding of the child, they should where appropriate (and with the permission of the parents as necessary) be encouraged to self-administer medication or treatment including, for example any ointment, use of inhalers. Where possible the view of the relevant GP should be obtained.

If a member of staff is concerned or uncertain about the amount or type of medication being given to children 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 organisations 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 organisation's safety policy (and policy for administering first aid or medication).
- Adhere to the organisation'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 or training.
- 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.
- Explain to the child what is happening.
- Have regard to any health plan, which is in place.

# APPENDIX 7

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## Whistle-blowing

Employees are often the first to realise that there may be something seriously wrong within the Council. However, they may not express their concerns because they feel that speaking up would be disloyal to their colleagues or to the Council. 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 Council, rather than overlooking a problem.

As a first step, concerns should normally be raised with an individual's immediate manager or their superior. 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 management is involved, they should approach the Chief

Executive, Chief Finance Officer, Monitoring Officer or the Assistant Director Audit and Risk.

Full details of this Procedure can be found within the Central Bedfordshire Council Ethical Handbook, available via Committee Services Department or online at

<http://www.centralbedfordshire.gov.uk/modgov/mgConvert2PDF.aspx?ID=18849>

## APPENDIX 8

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A formal Local Authority Escalation Procedure [Resolution of professional disagreements relating to the safeguarding of children & the escalation of professional concerns \(2014\)](#) is available on the BSCB 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.
- 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 (2014)*, 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 9

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## 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.

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 children at an independent organisation and lives at the organisation during the organisation 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 organisation 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 organisation in which he/ she is receiving full time education (either during term time or residing there less than 2 weeks of any organisation 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).

Taken from BSCB *Inter agency Safeguarding Policy on Private Fostering* (2007)

<http://www.bedfordshirelscb.org.uk>

# APPENDIX 10

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## 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 (see example below).

### St George's Lower School Chronological Pupil Record

Name: \_\_\_\_\_

Sibling/s \_\_\_\_\_

D.O.B \_\_\_\_\_ UPN \_\_\_\_\_

Address: \_\_\_\_\_

Parent Name/s: \_\_\_\_\_ Contact: \_\_\_\_\_

Date/Time	Event - A brief overview of the event but should include the names of those spoken to/involved and actions carried forward, rationale for decisions made (nurture, contact key worker or social worker, informed DSO in school etc.)	Entry made by (print name)

# APPENDIX 11

## 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 children.

### 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.
- 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.
- 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)

### **Bullying & Discrimination**

- Studies claim that at least 16 children commit suicide as a direct result of bullying in the UK every year.
- In an Ofsted analysis of serious case reviews (April 2008 – March 2009) 10 out of the 25 children who died in the 11+ age group, committed suicide.



- There is a need to educate children about diversity from lower organisation level and to teach young children not to stereotype and to respect differences.
- Eight out of ten children with learning disabilities have been bullied at organisation and six out of ten have been physically hurt.
- Disabled children and those with visible medical conditions can be twice as likely as their peers to become targets for bullying behaviour.
- Over 75% of 11-12 year old boys think it is acceptable that women get hit if they make men angry. More boys than girls of all ages believe that some women deserve to be hit.
- Close to 10,000 women are sexually assaulted and 2,000 women are raped every week. (British Crime Survey 2008)
- At least 32% of children, mostly girls, experience some form of child sexual abuse. (HO)
- Gypsy and Traveller children experience racist abuse on a daily basis (e.g. "dirty pikey") at organisation and in other settings, from children and adults in the settled community, making them reluctant to attend.
- 98% of young gay people hear the frequent use of homophobic language ("that's so gay", "poof", "dyke", "queer" "bender")
- 50% of teachers fail to respond to the use of homophobic language.
- 30% of lesbian and gay children report that adults are responsible for homophobic incidents in their organisations
- One third of young lesbian, gay, bisexual or Transgender young people have self harmed
- 6/10 lesbian and gay organisation children experience homophobic bullying and half of those contemplate killing themselves as a result
- Over three in five young lesbian and gay people feel that there is neither an adult at home nor at organisation who they can talk to about being gay
- In any organisation of 1,000 children there are likely to be 6 who will have transgender experience at some point in their lives. Trans people are susceptible to depression and at risk of suicide. 33% of Trans Adults in the UK attempt suicide at least once. This is considerably higher than the risk in many other groups and should serve to underline that Trans people would not subject themselves to such experiences unless, for them, there was no better option.

# APPENDIX 12

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## Safeguarding Guidance for Commissioned Extended School Provision and Lettings

### Rationale and Requirements

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any other services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. **(Chapter 2 - Working Together 2015)**

In relation to extended school provision and lettings, these include: -

- A clear line of accountability for the commissioning and /or provision of services designed to safeguard and promote the welfare of children
- A designated professional lead for safeguarding
- Safe recruitment practices for individuals whom the organisation will permit to work regularly with children
- Clear policies, in line with those from the LSCB for dealing with allegations against people who work with children.

*'Employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role.'* - Working Together 2015

### Procedures to Support the School and Children's Centre in Meeting the Requirements

Where extended school provision is offered directly under the supervision or management of school staff, for example an after school sports club led by a member of school staff, the school's safeguarding arrangements will apply.

Where services or activities are provided separately by another body, the Governing Body will seek assurance that the body concerned has **appropriate policies and procedures in place** in regard to safeguarding children and child protection and there are arrangements to liaise with the school on these matters where appropriate.

Our organisation will have arrangements in place with extended school providers and contractors to make sure that anyone who will be coming onto school site and working with children has been subject to the appropriate level of DBS check and safer recruitment processes.

Our organisation will only agree to lettings or commissioned provision when we are satisfied that organisations meet the safeguarding requirements and will make it clear that should they fail to maintain the safeguarding requirements, agreements will be terminated. Forms should be checked and signed off by the Headteacher or a member of staff with designated authority to represent the school in matters such as these, and who has attended LSCB multi-agency child protection training.

Where children and/or young people are present during a letting or commissioned extended provision, organisations will be required to notify schools of changes in: Ofsted registration; adults regularly present, as relevant. Any changes will need to meet the same safeguarding criteria applied for the original application. Notification should be in writing and attached to the original application checklist, having been approved by the Headteacher or Designated Member of Staff.

Where there are long-term arrangements in place with organisations, annual reviews will be completed, or if there have been minor or no changes since the original application to amend, re-sign and re-date the original forms.

## **Monitoring**

The organisation's audit requires those completing it to evaluate extended school provision and governors are encouraged to be part of this process.

As part of the safeguarding monitoring visits, schools and colleges can request an external audit of the provision. The following information is required: -

- A complete list of all lettings for the last 12 months
- A complete list of commissioned extended school activities for the last 12 months
- Evidence to demonstrate that the school, and the relevant organisation involved for each letting or extended school activity, have appropriate safeguarding procedures in place. This evidence should include a child protection policy which is in line with LSCB guidance
  - Acknowledge that the organisation should be working within the Central Bedfordshire Child Protection policy
  - State how the organisation will seek to keep children and young people safe
  - Identifies how to make a referral, who to contact both daytime and out of hours
  - Include a statement about the importance of maintaining confidentiality
  - States the process for dealing with allegations against a member of the organisation.
  - Details how training will be accessed and frequency of training.
  - Includes a statement that all staff and/or volunteers regularly attending have to have an enhanced CRB/DBS check, and that all references have to be sought, before the member of staff/volunteer can work with children and young people.
- Where children and/or young people are involved:
  - The organisation has an appropriate child protection policy
  - The school has a list of the names and addresses of adults regularly attending
  - Adults regularly attending have been DBS checked
  - Adults regularly attending have received at least basic child protection training
  - Where relevant, the organisation has Ofsted registration.And:
  - Where there is an adults only letting during school hours, or where adults are present that have not been DBS checked, that the room/area being let is physically segregated from children.

## **Letting School Premises - Occupational Agreements Guidance**

It is important that schools only permit the use of their premises under appropriate and legally binding agreements.

# SOURCES OF REFERENCE

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[Protecting Children information – Central Bedfordshire](#)

[Children Services Procedure Manual – Central Bedfordshire](#)

[Central Bedfordshire Safeguarding Children's Board](#)

[Working together to safeguard children](#)

[Forms and Guidance](#)

[Keeping Children Safe in Education](#)

[Keeping Children Safe in Education \(part 1\)](#)

## **Central Bedfordshire's Children Services Manual**

### **Short cuts to key information**

[Bedford Borough, Central Bedfordshire and Luton Safeguarding Children Boards Procedures Manual](#)

[BSCB - Responding to Abuse and Neglect](#)

[BSCB - Referral, Investigation and Assessment](#)

[National Contacts](#)

[Keywords](#)

[Central Bedfordshire Safeguarding Children Board](#)