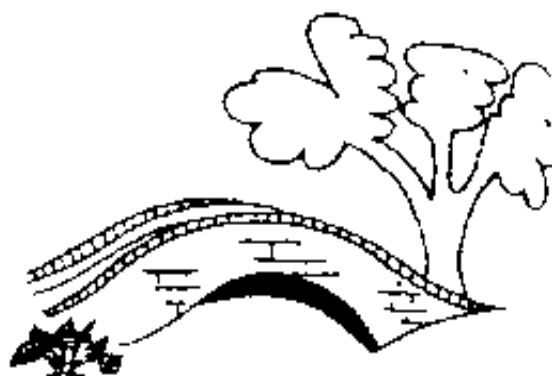


Whixall CE Primary School and Nursery

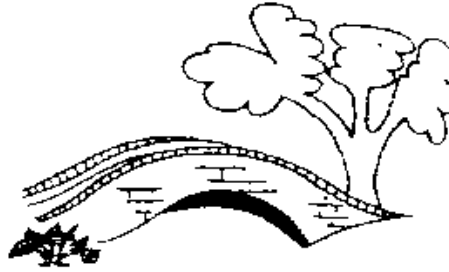


Part of Fields Multi Academy Trust

Safeguarding and Child Protection Policy

Policy adopted: September 2016
Agreed by staff and Governors: October 2016
Reviewed: October 2019
To be reviewed: September 2020

“Whixall CE Primary School and Nursery is committed to safeguarding and promoting the welfare of children and adults at all times and expects everybody working with us to share this commitment.”



Whixall C.E Primary School and Nursery

Through our distinctive Christian ethos, we develop a loving and supportive atmosphere that nurtures the uniqueness and talents of all.

Through our inspiring curriculum, we aim that all children achieve their true potential, embrace challenge and become resilient individuals who are empowered to embrace the fullness of life.

At Whixall CE Primary School and Nursery we believe that it is always unacceptable for a child or young person to experience abuse of any kind and recognise that safeguarding the welfare of **all** children and young people is everyone's responsibility. We follow Shropshire Safeguarding Partnership (SSP) procedures and acknowledge that the welfare of the child is paramount.

At Whixall CE Primary School and Nursery it is our duty to respond promptly and appropriately to all concerns, incidents or allegations of abuse or neglect of a child. We work in partnership with children, young people, their parents, carers and other agencies. Our statutory duties and supporting guidance are set out in 'The Safeguarding and Welfare Requirements in the Statutory Framework for the Early Years Foundation Stage (EYFS) 2017', the 'Compulsory Childcare Register', 'Working Together to Safeguard Children 2018' and 'Keeping Children Safe in Education 2019'.

This policy also takes into account the following:

- **The Children Act 1989 and 2004** - Safeguarding and promoting the welfare of children is defined as; protecting children from maltreatment, preventing impairment of children's health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Section 3 (5) of the Children Act 1989 states that the law empowers anyone who has care of a child to do all that is reasonable in the circumstances to safeguard his/her welfare.

- **Counter-terrorism and Security Act 2015** – preventing people being drawn into terrorism and promotion of British values to ensure children are kept safe from radicalisation.
- **Female Genital Mutilation Act 2003 – Serious Crime Act 2015** - mandatory reporting of FGM from 31st October 2015.

This policy and procedure also links to other school policies as listed below:

Allegations of abuse against staff
Anti-bullying Policy
Attendance Policy
Behaviour Policy
Code of Conduct for Staff
E-safety policy
Health and Safety Policy
Intimate Care Policy
Mobile Phone Policy
Positive Handling Policy
Preventing Extremism and Radicalisation Policy
Safer Recruitment Policy
SEND Policy
Social Media Policy
Whistleblowing Policy

Procedures

Adult Roles

All staff (including students and volunteers) at Whixall CE Primary School and Nursery are familiar with the definitions and signs and symptoms of abuse or neglect stated in 'Working Together to Safeguard Children March 2018' as set out in:

<http://www.safeguardingshropshireschildren.org.uk/search/?q=contacts>

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

As part of induction, training will include the school's behaviour policy and the school's procedures for managing children who are missing education, as well as the staff code of conduct, and the Safeguarding and Child Protection policy. 'Keeping Children Safe in Education 2019 Part 1' will be read by all members of the staff on an annual basis and everyone working directly with children must also be issued with Annex A.

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

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

Nicola Brayford – October 2019

Deputy Designated Safeguarding Lead (DSLs)

Nichola Aspinall– October 2019

Jackie Higgs – November 2018

Safeguarding and Child Protection Governor and Board Member who oversees this work is

Neale Sadler- November 2018

(

Our Designated Safeguarding Leads update their child protection/safeguarding training every two years and have specific responsibilities as listed in **Appendix A and B**,

Record Keeping

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

All records are stored in a separate confidential file in a locked, secure place with restricted access. When a child transfers to another school/setting within this or another authority, the confidential information held is forwarded under confidential cover and

separate from the child's main file to the DSL for child protection in the receiving school/setting immediately.

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

In addition to the Child Protection file, the DSL will consider sharing information with the new school/setting in advance of a child leaving.

Information is shared as necessary to protect children from harm. We follow the guidance in the HMG 2018 guide '*Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers*'

(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf)

and the HMG 2015 guide '*What to do if you are worried a child is being abused*'.

(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)

When information is being accumulated prior to possible referral, we will start a chronology of events. (**Appendix E**) The Designated Lead will regularly review all child protection chronologies to decide if the accumulation of events is having a detrimental impact on a child and must be referred to Compass. If the Designated Lead decides not to refer, the reason will be noted on the child's chronology.

Records will be reviewed half termly to ensure that concerns are being addressed and to ascertain if there is any detrimental impact on the child. Records will be reviewed more regularly if needed.

Decision making – 'Accessing the right service at the right time'

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

(<http://westmidlands.procedures.org.uk/assets/clients/6/Shropshire%20Downloads/Threshold%20document%20-%20Accessing%20the%20right%20service%20at%20the%20right%20time.pdf>)

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

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

Level 1 – Universal

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

We follow the Statutory Framework for the Early Years Foundation Stage 2017 to provide individual support for all children. Each child is allocated a key person who will make a relationship both with the child and his or her family. The key person will make observations and keep records to ensure there are no barriers to a child's learning and establish stable and affectionate relationships.

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

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

Level 2 – Children in need of Early Help

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

Sometimes in discussion with parents and carers and through our observations and records we may think a child and their family could benefit from additional support from outside agencies to ensure he/she reaches his/her full potential. This process is known as Early Help. We have knowledge of the different agencies which may be able to offer support and we will work with parents and carers to decide which support would be most appropriate for their family. We will work with parents to complete any Early Help referral forms required to access this support. The Designated Lead or Deputy is usually the person who works with families to undertake Early Help referrals.

If we are unsure of where to access support we will contact Compass for advice.

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

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

Level 3 –children with complex needs

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

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

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

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

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

Level 4 – children with acute specialist needs/ child protection

These are children whose needs and care at the present time are likely to be significantly compromised thereby requiring assessment under Section 47 or Section 17 of the Children Act 1989. These children may become subject to a child protection plan and need to be accommodated (taken into care) by Children's Social Care either on a voluntary basis or by way of Court Order. Section 17- 1989 Children Act states a child shall be taken to be in need if: (a) S/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part; (b) His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or (c) S/he is disabled.

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

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

It may be:

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

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

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

Consider:

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

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

Partnership with families

A copy of this policy is made available to all families prior to their child joining our school or Nursery, as well as details of the complaints procedure. In general, any concerns will be discussed with parents and we will offer support.

All conversations, whatever the outcome, should be recorded appropriately in order to show that they took place, identify what was agreed and evaluate how effectively they enabled needs to be met. In this way quality conversations can demonstrate their impact on successful practice, including improvements in decision making and joint working. Conversations should continue in order to inform the on-going planning and reviewing.

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

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

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

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

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

If consent is withheld by the parent:

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

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

When making a level 4 referral to Compass we will ensure we have a record of all details required detailed on a [Shropshire Multi-Agency Referral Form \(Appendix F\)](#)

Specific legal duties to report

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

- **Radicalisation and the Prevent Duty**

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

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

Our setting promotes these values to ensure that children build resilience – see **Appendix G**

If a member of staff has a concern about a particular child/children they should follow the school's normal safeguarding procedures, including discussing with the school's Designated Safeguarding Lead as set out in the Safeguarding and Child Protection Policy.

The Designated Lead should contact West Mercia Prevent Team:

Detective Sergeant Stuart Clark: 01386 591835

PC Manjit Sidhu: 01386 591815

The Prevent Team email is: prevent@warwickshireandwestmercia.pnn.police.uk

We have a separate policy '**Preventing Extremism and Radicalisation Policy**'

- **Female Genital Mutilation (FGM)**

Whilst all staff should speak with the DSL about any concerns about female genital mutilation (FGM), there is a specific duty on teachers. If a teacher in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher must report this to the police.

Please refer to:

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

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

- **Domestic abuse and honour based violence**

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

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

Specific safeguarding issues

To ensure that our children and young people are protected from harm, we need to understand what types of behaviour constitute abuse and neglect. Staff are made aware of specific safeguarding issues (listed below) through child protection training, reading up to date guidance such as 'Keeping Children Safe in Education September 2019 Part 1 and Annex A', 'Statutory Framework for the Early Years Foundation Stage' stated in Section 3 – 'The Safeguarding and Welfare Requirements' and accessing SSP procedures at <http://www.safeguardingshropshireschildren.org.uk>

We ensure that the DSL is continually updated in all areas below. They must be familiar with the referral pathways and specific toolkits and guidance available on the SSP website.

Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example information for schools, colleges and early years settings can be found on the TES, MindEd and the NSPCC websites. Staff can access government guidance as required on the issues listed below via GOV.UK and other government websites.

- Bullying including cyberbullying
- Child Criminal Exploitation: County Lines
- Children missing education, - home or care
- Child sexual exploitation (CSE)
- Children and the Court System
- Children with family members in prison
- Domestic violence
- Drugs
- Health and Wellbeing - Fabricated or induced illness, medical conditions, mental health and behaviour
- Faith based abuse
- So called honour based violence (including Female Genital Mutilation and Forced Marriage, Gang and youth violence
- Gender-based violence/violence against women and girls (VAWG)
- Homelessness
- Hate
- Missing children and adults' strategy
- Online Safety
- Private fostering
- Preventing radicalisation
- Relationship abuse
- Peer on peer abuse e.g. sexting (youth produced sexual imagery)
- Sexual Violence
- Sexual Harassment

Where incidents and or behaviours are associated with factors outside the school and/or occur between children outside the school, the DSL should be contextual safeguarding. This simply means assessments of children in such cases should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. Children's social care assessments should consider such factors and so it is important that we provide as much information as possible as part of the referral process. This will allow any assessment to consider all the evidence and the full context of any abuse. Supporting information regarding contextual safeguarding, and where schools fit into the wider environment is available here:

<https://contextualsafeguarding.org.uk>

Peer on Peer Abuse

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

Peer on peer abuse occurs when a young person is exploited, bullied and/or harmed by their peers who are the same age or similar age.

Staff are aware, that safeguarding issues can manifest themselves via peer on peer abuse. This is not likely to include, but may not be limited to:

- bullying (including cyberbullying);
- physical abuse such as hitting, kicking, shaking, biting, hair pulling or otherwise causing physical harm;
- sexual violence and sexual harassment;
- upskirting, typically involves taking a picture under a person’s clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm
- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals.

All staff should be aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs.

All staff should be aware of the associated risks and understand the measures in place to manage these. Advice for schools and colleges is provided in the Home Office’s Preventing youth violence and gang involvement and its Criminal exploitation of children and vulnerable adults: county lines guidance.

Compliance with the Public-Sector Equality Duty (PSED) is a legal requirement for schools that are public bodies.

Under the PSED, schools that are public bodies have a general duty to have regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between different groups and to foster good relations between different groups. The duty applies to all protected characteristics and means that whenever significant decisions are being made or policies developed, thought must be given to the equality implications such as for example, the elimination of sexual violence and sexual harassment.

At Whixall CE Primary School and Nursery, we ensure that the following areas are covered within the curriculum to try and minimise the risk of peer on peer abuse:

- healthy and respectful relationships;
- what respectful behaviour looks like;
- consent;
- gender roles, stereotyping, equality;
- body confidence and self-esteem;
- prejudiced behaviour;
- that sexual violence and sexual harassment is always wrong; and
- addressing cultures of sexual harassment.

We deliver these areas currently through planned, high-quality, Relationship and Sex Education (RSE) and Personal, Social, Health and Economic (PSHE)

We would respond to an incident of Peer on Peer abuse by recording the incident on a Hate Related Crime Form (**Appendix I**) and by following guidance as set out in 'Sexual Violence and Sexual Harassment between Children in schools and colleges' (published by Department for Education)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/719902/Sexual_violence_and_sexual_harassment_between_children_in_schools_and_colleges.pdf

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

Staff must be able to use their professional judgement in identifying when what may be perceived as 'normal developmental childhood behaviour' becomes abusive, dangerous and harmful to others. The DSL may need to consult with the SSCB Threshold document to help with their decision making as well as Brook Traffic Light Tool.

Safeguarding children with special educational needs and disabilities

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

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

Any reports involving children with SEND will therefore require close liaison with the Designated Safeguarding Lead (or deputy) and the SENDCO.

Children Missing Education

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

A child going missing from education is a potential indicator of abuse or neglect and such children are at risk of being victims of harm, exploitation or radicalisation. School and college staff should follow their procedures for unauthorised absence and for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future. Where reasonably possible, we hold at least three emergency contacts for every child in school in case of emergency and in case there are welfare concerns at home.

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

(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550416/Children_Missing_Education_-_statutory_guidance.pdf)

There are many reasons why we want young children to have regular attendance at our school. As well as supporting their learning and development, we want to try to make sure that children are kept safe, their wellbeing is promoted and they do not miss out on their entitlements and opportunities. In a small minority of cases, good attendance practice may also lead to the earlier identification of more serious concerns for a child or family and may have a vital part to play in keeping a child or other family members safe from harm.

In our school, we have procedures for recording and following up any unexplained non-attendance and know how to respond to different problems and where to access advice, support or whom to alert if concerns arise.

Safeguarding children who are Looked After

Staff are aware the most important common reason for children becoming looked after is because of abuse or neglect. Appropriate staff have the information they need in relation to a child's looked after legal status (whether they are looked after under voluntary arrangements with consent of parents or on an interim or full care order) and contact arrangements with birth parents or those with parental responsibility. Appropriate staff members also have information about the child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her. The DSL has details of the child's social worker and the name of the virtual school head in the authority that looks after the child.

The designated teacher for looked after children will work with the Local Authority to promote the educational achievement of registered pupils who are looked after or who have left care through adoption, special guardianship, child arrangement orders or who are adopted from state care outside of England and Wales. The appointment of a designated teacher is a statutory requirement for the proprietors of academies.

The Designated Safeguarding Lead should have details of the children's social worker and the name of the virtual headteacher. The designated safeguarding lead should work closely with the designated teacher.

Injuries

We encourage parent/s to notify us of any accidents, incidents or injuries which may affect their child before leaving him/her at the school. A note will be made of any existing injuries and how the injury was received will be recorded in the class file. A body map may be used to indicate any marks/bruises (**Appendix C**)

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

Escalating / de-escalating concerns

Just because a child is assessed at a point in time as meeting a certain threshold criteria does not mean that they always will. An assessment is an on-going process, not an event; children's needs often change over time. The Designated Lead for Safeguarding will maintain an overview of all children with a plan to ensure children's needs are being met at the right level of intervention. Of central importance in understanding where a child's needs might lie on this continuum, is the cooperation and engagement of the parents and carers – a lack of co-operation or appreciation about the concern may in itself raise the level of the need and required response.

The impact of abuse

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

Taking action

Key points to remember for taking action are:

- in an emergency take the action necessary to help the child, for example, call 999;
- report your concern to the DSL immediately;
- if the DSL or Deputy DSL is not able to be contacted ensure action is taken to report the concern to children's social care;
- do not start your own investigation;
- share information on a need-to-know basis only – do not discuss the issue with colleagues, friends or family;
- complete a record of concern;
- seek support for yourself if you are distressed.

If you suspect a child is at risk of harm

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

We use the Concerns Reporting Form (Appendix C) to record these early concerns. If the child does begin to reveal that they are being harmed you should follow the advice in the section 'If a child discloses to you'.

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

If a child discloses information to you

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

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

During your conversation with the child:

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

See **Appendix C** for record of concern

Prevention in the Curriculum

We recognise the importance of developing children’s awareness of behaviour that is unacceptable towards them and others, and how they can help keep themselves and others safe. We undertake activities such as Safety week, and Anti Bullying week as well as engage in activities with the NSPCC looking at personal safety and the CSO focusing on internet safety.

The PSHE programme *in each Key Stage* provides personal development opportunities for pupils to learn about keeping safe and who to ask for help if their safety is threatened. As part of developing a healthy, safer lifestyle, pupils are taught to, for example:

- safely explore their own and others' attitudes;
- recognise and manage risks in different situations and how to behave responsibly.
- judge what kind of physical contact is acceptable and unacceptable;
- recognise when pressure from others (including people they know) threatens their personal safety and well-being and develop effective ways of resisting pressure; including knowing when and where to get help;
- use assertiveness techniques to resist unhelpful pressure;
- the importance of Internet safety.

Managing allegations of abuse made against staff (this includes apprentices), students or volunteers (see Appendix I)

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

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children.

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

In the first instance the Designated Lead for Safeguarding will meet with the Senior Manager identified in the employer's procedure to consider the nature, content and context of the allegation and agree a course of action. The Senior Manager identified in the employer's procedure will then contact the Local Authority Designated Officer (LADO) to confirm the course of action.

If there are concerns about a staff member then this should be referred to the Head teacher. Where there are concerns about the Head teacher, this should be referred to the Chair of Governors.

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

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

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

In all cases, we will notify Ofsted within 14 days of the allegations first being made and inform them about what actions are being taken by completing the on-line form at: https://ofstedonline.ofsted.gov.uk/ofsted/Ofsted_Early_Years_Notification.ofml

If the member of staff/volunteer is found to be a risk to children and vulnerable adults, the Disclosure & Barring Service will be notified.

If an allegation is made against the Designated Lead, the Deputy Designated Lead will make the referral.

If we are aware of the details of a child who has or may have been harmed by a member of staff or volunteer, we will contact Compass to make a referral to seek support for the child.

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

[SAFEGUARDING VULNERABLE GROUPS ACT 2006](#)

Whistleblowing

Whistle blowing is a mechanism by which adults can voice their concerns in good faith, without fear of repercussion. Any behaviour by colleagues that raises concern regardless of source will be recorded and reported to the designated practitioner or appropriate agency. See separate Whistleblowing policy.

Recruiting Staff - Refer to *Safer Recruitment Policy*

We provide adequate and appropriate staffing resources to meet the needs of children. (More information can be found in our recruitment and retention policy).

Job adverts and application packs make reference to our safeguarding policy and procedures.

Applicants for posts are clearly informed that positions are exempt from the Rehabilitation of Offenders Act 1974. We ensure that we meet our responsibilities under the Safeguarding Vulnerable Groups Act 2006.

Where applicants are rejected because of information that has been disclosed, we will inform the applicant about their right to know and to challenge incorrect information.

We comply with the Safeguarding and Welfare Requirements in the Statutory Framework for the Early Years Foundation Stage (EYFS) 2017 and the Compulsory Childcare Register, Keeping Children Safe in Education 2019 in respect of references and Enhanced Disclosure and Barring Service checks for staff and volunteers to ensure that no disqualified or unsuitable person works with or has access to the children.

Keeping Children Safe in Education 2019, states that schools will be required to complete a risk assessment for each volunteer to decide whether they need to do an enhanced DBS check or not. Whether we complete an enhanced DBS check or not, if the volunteer is not in regulated activity, then we are not legally allowed to do a barred list check.

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

Staff Supervision (including students and volunteers)

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

Staff supervision is also used to ensure that all staff remain suitable to work with children. This means staff are required to inform their manager of any medication they are taking and provide medical evidence that this will not impair their ability to look after children properly. Staff are also required to disclose any information, which may lead to their disqualification as outlined in *The Statutory Framework for the EYFS 2017* 3.14-3.18 and *Keeping Children Safe in Education 2019*.

If you are aware that a child could be at risk of, or is being abused it is important that you let the right people know so that the right help can be given to the child and their family.

Doing nothing is not an option!

Phone Shropshire Council Dedicated Safeguarding Line

First Point of Contact (FPOC) transfers callers to Compass	0345 678 9021
Compass deals with all Child Protection and Welfare concerns	
Telford and Wrekin Referral Number	01952 385385
Designated Officer in the Local Authority (LADO) (If you have a Safeguarding concern about the behaviour of a member of staff or volunteer)	0345 678 9021

Out of hours Emergency Duty Teams:

Shropshire	03456 789040	Telford & Wrekin	01952 676500
Public Protection Unit (West Mercia Police)			0300 333 3000
Police Emergency 999		Non-emergency	101
<u>www.shropshire.gov.uk</u> click 'report it' button on home page			

Support Services

AXIS (for adult and child survivors of sexual abuse)	01743 357777	01952 278000
Child Trafficking and Advice Centre (CTAC)		0800 107 7057
ChildLine		0800 1111
Domestic Abuse Helpline (24 hour run by women's aid)		0800 783 1359
ISVA (Independent Sexual Violence Advisor) service		01743 243007
Men's advice line support for male victims of domestic abuse		08088 010327
NSPCC (24 hour)		0808 800 5000
Prevent radicalisation		01386 591835
	<u>prevent@warwickshireandwestmercia.pnn.police.uk</u>	
Respect Helpline (for perpetrators of domestic abuse)		0808 802 4040
Samaritans		08457 909090
Shropshire Family Information Service		01743 254400
Victim Support (24 hours)		0808 168 9111
Young Addiction		01743 294700
<u>info@shropshirerecovery.com</u>		



Early help means taking action to support a child, young person or their family as soon as a problem emerges. It can be required at any stage in a child's life, from pre-birth to adulthood, and applies to any problem or need that the family can't deal with alone.

<http://new.shropshire.gov.uk/early-help>

email: earlyhelp@shropshire.gov.uk

View training available on the SSCB Multi-agency Safeguarding Training Schedule and book courses via the webpage

http://www.safeguardingshropshireschildren.org.uk/scb/prof_training.html

New training courses and workshops to complement the Early Help process include:

The role of the lead professional

Capturing the voice of the child and family

Assessment and analysis skills

SMART action planning

Information sharing and consent

ECINS process training and support has been designed to meet the needs of frontline workers and their managers

Introduction to ECINS (for those interested in using ECINS)

For those signed up to use ECINS

Look up and recording on ECINS Creating a case on ECINS

Using the Family Action Plan Effectively & Case Closure on ECINS

Locality meetings are offered every half term across the county.

DEFINITIONS OF ABUSE

Emotional Abuse

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

Working Together to Safeguard Children 2018

Emotional – Behavioural Observations

- Physical, mental and emotional development lags,
- An extreme change in views,
- Acceptance of punishment which appears excessive,
- Over-reaction to mistakes,
- Continual self-deprecation,
- Sudden speech disorders,
- Language delay,
- Fear of new situations.
- Inappropriate emotional responses to painful situations,
- Repetitive or habitual behaviours (such as hair twisting, thumb sucking, rocking),
- Self-mutilation,
- Fear of parents being contacted,
- Extremes of passivity or aggression,
- Being the scapegoat in the family,
- Coldness/hostility/constant criticism.
- Online privacy settings are not activated.

Domestic Abuse

The cross-government definition of domestic violence and abuse is:

any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, emotional,

Controlling Behaviour

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour

Coercive Behaviour

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

<https://www.gov.uk/domestic-violence-and-abuse>

Prevent

Prevent is one of the most challenging parts of the counter terrorism strategy, because it operates in the pre-criminal space, before any criminal activity has taken place.

It is about safeguarding - supporting and protecting those people who might be susceptible to radicalisation, and ensuring that individuals and communities have the resilience to resist violent extremism.

<https://www.westmercia.police.uk/article/7818/Prevent---Play-your-part>

The aim of the *Prevent* strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

Prevent Duty Guidance: for England and Wales July 2015. HM Government

Neglect

The persistent failure to meet the 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.

Working Together to Safeguard Children 2018

Neglect – Physical Observations

These may include:

- Poor personal hygiene,
- Poor state of clothing,
- Poor growth pattern,
- Untreated medical problems,
- Non-organic 'failure to thrive,'
- Poor skin tone and hair tone,
- Emaciation, pot belly, short stature, obesity.

Neglect – Behavioural Observations

These may include:

- Constant hunger or tiredness,
- Frequent lateness or non-attendance at school,
- Arrive early or leaving late from school,
- Destructive tendencies,
- Low self-esteem,
- Obsessive, ritualistic or unusual behaviours,
- No social relationships,
- Running away,
- Compulsive stealing or scavenging.

Graded Care Profile (GCP2) Licensed by NSPCC

GCP2 is an evidence based assessment tool which evaluates levels of parental care, assessing a child's lived experience. Helps to identify children at risk of neglect at the earliest opportunity, enabling professionals to work collaboratively, responding promptly and effectively to address the underlying factors with parents. Using GCP2 effectively helps to ensure that our focus is on the experiences of children, that children are protected from harm and the long term effects of childhood neglect are minimised.

Become an accredited user of GCP2

http://www.safeguardingshropshireschildren.org.uk/scb/prof_training.html

Physical Abuse

A form of abuse which 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.

Working Together to Safeguard Children 2018

Common Sites for Accidental Injuries

Nose, forehead, chin, forearm, elbows, bony spine, hip, knees

Common Sites for Non-accidental Injuries

Eyes, ears and mouth, skull and neck, cheek, side of the face, genitals, upper and inner arm, chest and shoulders, back, buttocks, thighs, knees.

Signs of Non-accidental Injuries may be:

- Bruising, grasp marks, linear marks, scalds or burns and other types of injuries i.e. fractures, torn frenulum.
- Burns and scalds,
- Cigarette burns,
- Swelling and lack of normal use of limbs,
- Human bite marks,
- Untreated injuries,
- Any serious injury with no explanation or conflicting explanations,
- Ligature marks.

Physical - Behavioural Observations

These may include:

- Unusually fearful with adults,
- Unnaturally compliant to parents,
- Refusal to discuss injuries or a fear of medical help,
- Withdrawal from physical contact,
- Aggression towards others,
- Wearing cover-up clothing,
- Any behaviours that you would not expect to see in a child, at their age or stage in development.

Female Genital Mutilation (FGM)

Is illegal in the UK. It's also illegal to take a British national or permanent resident abroad for FGM or to help someone trying to do this. The maximum sentence for carrying out FGM or helping it to take place is 14 years in prison. FGM is any procedure that's designed to alter or injure a girl's (or woman's) genital organs for non-medical reasons. It's sometimes known as 'female circumcision' or 'female genital cutting'. It's mostly carried out on young girls. FGM procedures can cause: severe bleeding, infections, problems with giving birth later in life - including the death of the baby

Department of Health, last updated November 2014

60,000 girls living in the UK could be at risk of female genital mutilation (FGM).

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.

Working Together to Safeguard Children 2018

Sexual Abuse - Physical Observations

- Damage/ soreness in genital area, anus or Mouth
- Sexually transmitted infections
- Unexpected pregnancy especially in very young girls

Sexual Abuse - Behavioural Observations

- Sexual knowledge inappropriate for age,
- Sexualised behaviour in young children,
- Sexually provocative or promiscuous behaviour,
- Hinting at sexual activity, and about secrets they cannot tell,
- Secretive behaviour online or offline,
- Inexplicable falling off in school performance,
- Sudden apparent changes in personality,
- Lack of concentration, restlessness, aimlessness,
- Low self-image/ low self-esteem,

- Bruising giving the impression of sexual assault
- Unexplained recurrent urinary tract infections and discharges or abdominal pain

- Increased or excessively secretive use of mobile phone and/or internet activity,
- Socially withdrawn,
- Poor trust in significant adults,
- Regressive behaviour, onset of wetting, by day or night,
- Onset of insecure, clinging behaviour,
- Running away from home,
- Suicide attempts, self-mutilation, self-disgust,
- Eating disorders,
- Exaggerated or uncontrollable emotions,
- Substance, alcohol misuse,
- Severe sleep disturbance.

Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Home Office February 2017

Recognise - Respond - Record

To do list:

- Put the contact number for FPOC (Compass) somewhere where it will be easily available
- Look at Shropshire Safeguarding Children Network website and put it in your 'favourites'
- Look at your agencies Safeguarding and Child Protection policy
- Identify your Designated Safeguarding Lead
- Find out how and where you are expected to record concerns, who you should report them to/share information with in a timely manner
- Think about any further Safeguarding/Child Protection training needs you or your agency might have
- Consider how you ensure that your Safeguarding-Child Protection responsibilities are known to those who use your services

Useful Websites

www.actionforprisonersfamilies.org.uk promotes the needs of families affected by imprisonment

www.axiscounselling.org.uk support service for adult and child survivors of sexual abuse

www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool -Brook sexual behaviours traffic light tool supports professionals working with children and young people by helping them to identify and respond appropriately to sexual behaviours.

www.ceop.police.uk online safety and protection

www.childline.org.uk supporting children and Young People to identify and report abuse

www.educateagainsthate.com gives parents, teachers and school leaders practical advice on protecting children from extremism and radicalisation.

www.karmanirvana.org.uk/help-line supporting victims of honour crimes and forced

www.mensadvice.org.uk/ advice and support for men experiencing domestic violence and Abuse

www.mappa.justice.gov.uk MAPPA - Multi-Agency Public Protection Arrangements. It is the process through which the Police, Probation and Prison Services work together with other agencies to manage the risks posed by violent and sexual offenders living in the community in order to protect the public

These arrangements are coordinated across West Mercia by the Warwickshire and West Mercia Community Rehabilitation Company (WWMCRC)

www.westmerciamap.org.uk/article/5970/Managing-sexual-offenders-and-violent-offenders

www.new.shropshire.gov.uk/early-help early help means taking action to support a child, young person or their family as soon as a problem emerges.

<https://new.shropshire.gov.uk/crime-and-community-safety/domestic-abuse/>

www.nspcc.org.uk working to identify and prevent Child abuse

www.nspcc.org.uk/.../research-and-resources/sign-up-to-caspar receive regularly newsletters by subscribing to CASPAR, NSPCC current awareness service for child protection practice, policy and research

www.safeguardingshropshireschildren.org.uk

Shropshire Safeguarding Children Board website - designed to provide useful information and advice for professionals, parents and children.

<https://www.shropshire.gov.uk/crime-and-criminal-justice/domestic-violence/marac---multi-agency-risk-assessment-conference/> - The MARAC, which stands for Multi Agency Risk Assessment Conference, is a meeting between representatives from different organisations in Shropshire to discuss the safety, health and wellbeing of people experiencing domestic abuse, and to provide a safety plan for them and their children.

www.stopitnow.org.uk preventing Child Sexual Abuse

www.talktofrank.com/ - friendly confidential drugs advice, including drugs A-Z, know whats what, glossary of drugs has all the information and the slang.

www.westmercia.police.uk/article/7818/Prevent---Play-your-part is about safeguarding - supporting and protecting those people who might be susceptible to radicalisation, and ensuring that individuals and communities have the resilience to resist violent extremism.

<http://westmidlands.procedures.org.uk/> These child protection and safeguarding procedures are for Shropshire along with 9 other Local Safeguarding Children Boards in the West Midlands.

www.womensaid.org.uk supporting women and children experiencing domestic abuse

Recommended Publications to Support Training

- Bentley, H., et al. (2016) **How safe are our children? The most comprehensive overview of child protection in the UK 2016**. London: NSPCC.
- **Information Sharing: advice for practitioners providing safeguarding services.** (2015) www.education.gov.uk
- Brandon et al. (2014) **Missed opportunities: indicators of neglect – what is ignored, why, and what can be done?** Research report..
- **Multi-agency Guidance on Threshold Criteria to help support Children, Young People and their Families in Shropshire. Accessing the Right Service at the Right Time.** (2017). SSCB
- **Protecting children from harm: A critical assessment of child sexual abuse in the family network in England and priorities for action.** (2015) Children’s Commissioner.
- **Reflections on child sexual exploitation: a report by Louise Casey CB.** (2015)
- Sidebotham, P. et al. (2016) **Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014: final report.** [London]: Department for Education
- **What’s affected children in April 2014 – March 2015. “Always there when I need you”** Childline review
- **What to do if you’re worried a child is being abused, Advice for Practitioners.** (2015) www.education.gov.uk
- **Working Together to Safeguard Children, A guide to interagency working to safeguard and promote the welfare of children.** (2015) www.education.gov.uk

The role of the Designated Safeguarding Lead

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

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

- the Department for Education's (DfE's) statutory guidance for schools and colleges, 'Keeping Children Safe in Education' 2019
- 'Working Together to Safeguard Children' 2018
- Ofsted Common 'Inspection framework: safeguarding in maintained schools and academies' September 2015
- The Prevent duty July 2015
- Early Years Foundation Stage Statutory Framework 2014 (EYFS)
- Shropshire Safeguarding Partnership (SSP) Threshold Guidance Document

The Designated Safeguarding Lead must:

- Be a senior member of staff, from the school **leadership team**.
- Take **lead responsibility** and is accountable for safeguarding and child protection, (lead responsibility must never be delegated).
- Be fully conversant with the Shropshire Safeguarding Partnership (SSP) child protection (CP) procedures and to co-ordinate action on child abuse within school, ensuring that all staff are aware of their responsibilities in relation to CP.
- Provide supervision and guidance to deputy designated safeguarding leads.
- Ensure that all deputy designated safeguarding leads are trained to the same standard as themselves.
- Should liaise with designated staff for Looked After Children (LAC) and 14-19 placements.
- Refer individual cases of suspected abuse to relevant Local Authority (LA) Children Services area (following SSCB guidelines) and to liaise with them and other agencies on individual cases and on general issues relating to CP.
- Undertake "Prevent" awareness training and lead on this within the school/college and must assume responsibility for organising training on all aspects of CP within school, and to act as a school-based resource on CP issues for staff. In greater detail, this involves the following:

Ensuring that all staff, both teaching and non-teaching, know about, and have access to the SSCB procedures for CP and that all cases of suspected abuse are reported in the correct way.

Supporting staff who make referrals to LA children's social care.

Referring cases to the Channel programme where there is a radicalisation concern as required.

Supporting staff who make referrals to the Channel programme

Referring cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service (DBS) as required and ensuring that the Designated Officer in the Local Authority (LADO) is informed.

Referring cases where a crime may have been committed to the Police as required

Ensuring that all staff have regular child protection updates (at least annually)

Ensuring that all teaching and non-teaching staff attend Shropshire Safeguarding Children Board endorsed child protection awareness training every three years.

Ensuring all Deputy Designated Safeguarding Leads regularly update their child protection training (at least annually) and attend Shropshire Safeguarding Partnership endorsed child protection update training every two years

Ensuring the school/college is compliant with the 'Prevent' duty requirements so that:

All staff are trained in awareness of "Prevent".

All teachers are trained in "Prevent" curriculum requirements including British Values.

The school can demonstrate the impact on the pupils of promoting British Values.

The Deputy Designated Safeguarding Leads are clear about their lead role in respect of "Prevent" and the process of a "Prevent" referral.

The job description of the Deputy Designated Safeguarding leads also includes the "Prevent" duty.

The e-safety policy and the child protection policy clearly state the "Prevent" duty.

Working with others.

The Designated Safeguarding lead must:

Liaise with the head teacher or principal to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations.

As required, liaise with the "case manager" and the LADO if relevant i.e. if there are safeguarding or child protection concerns relating to a staff member. ☞ Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff.

Lead on or participate in Early Help Multi-Agency interventions

Training

The Designated Safeguarding Lead must:

Ensure that they and any deputies should undergo training to provide them with the knowledge and skills required to carry out the role.

Ensure that they and any deputies, in addition to the formal training set out above, should refresh their knowledge and skills (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, but at least annually, to allow them to understand and keep up with any developments relevant to their role so they:

Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments.

Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.

Ensure each member of staff has access to and understands the school's or college's child protection policy and procedures, especially new and part time staff.

Are alerted to the specific needs of children in need, those with special educational needs and young carers.

Can keep detailed, accurate, secure written records of concerns and referrals.

Are aware of the guidance that is available in respect of Female Genital Mutilation (FGM) and should be vigilant to the risk of it being practised and inform the Police if they suspect a child has suffered FGM (this is a legal requirement for all Teachers; Serious Crime Act 2015).

Child Protection files

The Designated Safeguarding Lead must:

Consider if it would be appropriate to share any information with the new school in advance of the child leaving

Ensure that all child protection files are stored securely and accessed only by authorised individuals compliant with the Data Protection Act 1998.

Where children leave the school or college, ensure their child protection file is transferred to the new school or college as soon as possible and is transferred separately and securely from the main pupil file, and ensure that confirmation of receipt is obtained.

Availability

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

The role of the Designated Safeguarding Lead 'Deputy'

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

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

the Department for Education's (DfE's) statutory guidance for schools and colleges, 'Keeping Children Safe in Education' 2019

'Working Together to Safeguard Children' 2018

Ofsted Common 'Inspection framework: safeguarding in maintained schools and academies' September 2015

The Prevent duty July 2015

Shropshire Safeguarding Partnership (SSP) Threshold Guidance Document

Early Years Foundation Stage Statutory Framework 2014 (EYFS)

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

Should be an experienced member of staff, from the school.

Must take responsibility for safeguarding and child protection.

Should be fully conversant with the SSCB child protection (CP) procedures and take action on child abuse within school.

Provide support and guidance to all members of staff.

Should liaise with designated staff for Looked After Children (LAC) and 14-19 placements.

Are responsible for referring individual cases of suspected abuse to relevant Local Authority (LA) Children Services area (following SSP guidelines) and to liaise with them and other agencies on individual cases and on general issues relating to CP.

Should undertake "Prevent" awareness training and support with this within the school/college.

Will have responsibility to act as a school-based resource on CP issues for staff. In greater detail, this involves the following:

Supporting staff, both teaching and non-teaching, to have access to the SSP procedures for CP and that all cases of suspected abuse are reported in the correct way.

Supporting staff who make referrals to local authority children's social care.

Referring cases to the "Channel" programme where there is a radicalisation concern as required.

Supporting staff who make referrals to the "Channel" programme.

Supporting the school to be compliant with the 'Prevent' duty requirements so that:

all staff are trained in awareness of "Prevent"

You are clear about your supporting role in respect of "Prevent" and the process of a "Prevent" referral.

Working with others

As DEPUTY Designated Safeguarding Lead, you will:

Liaise with the senior Designated Safeguarding Lead or head teacher to inform him or her of issues especially on-going enquiries under section 47 of the Children Act 1989 and police investigations.

As required, liaise with the "case manager" and the Designated Officer in the Local Authority (LADO) for child protection concerns.

Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff.

Training

As DEPUTY designated safeguarding lead you should ensure that you undergo training to provide yourself with the knowledge and skills required to carry out your role.

As DEPUTY designated safeguarding lead you should ensure that in addition to the formal training set out above, your knowledge and skills continue to be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, but at least annually, to allow you to understand and keep up with any developments relevant to your role so you:

Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments.

Have a working knowledge of how Local Authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.

Are alert to the specific needs of children in need, those with special educational needs and young carers.

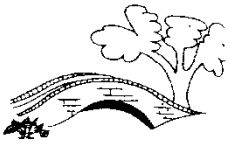
Can keep detailed, accurate, secure written records of concerns and referrals.

Are aware of the guidance that is available in respect of Female Genital Mutilation (FGM) and should be vigilant to the risk of it being practised

Inform the Police if they suspect a child has suffered FGM (this is a legal requirement for all Teachers; Serious Crime Act 2015)

Availability

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



CONCERN REPORTING FORM

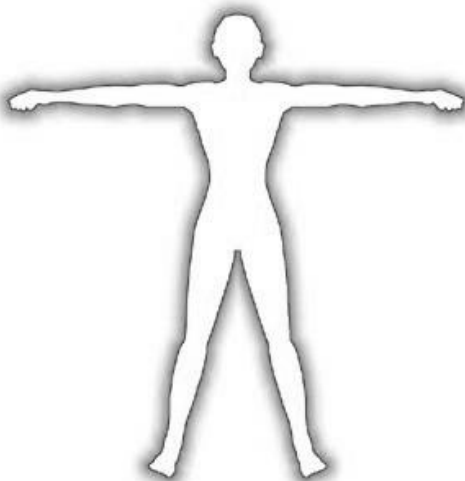
Logging a concern about a child's safety or welfare Part 1 – For staff use

Child Name:			
Date of birth:		Year Group / class:	
Name of referrer:		Role of referrer:	
Details of concern: <i>What are you worried about? Who? What (if recording a verbal disclosure by a child use their words)? Where? When (date and time of incident)? Any witnesses? What is the pupil's account/perspective?</i>	<i>(Use body map if appropriate)</i>		

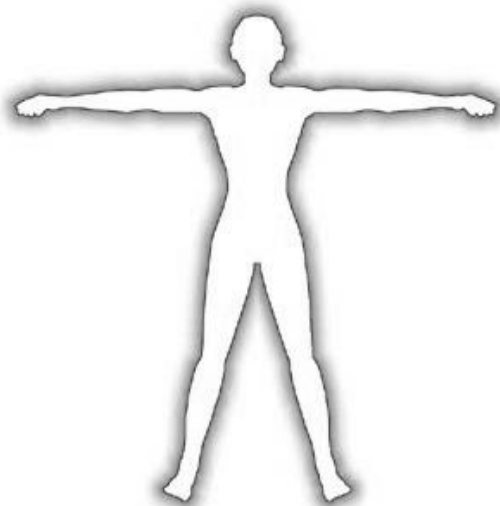
Remember when completing the body map to give an approx. sizes/dimensions of mark/injury

Sites of Injury

FRONT



BACK



Reported to:		Role of person reported to:	
Signed:			
Date:			

Part 2: For DSL/Deputy DSL to complete

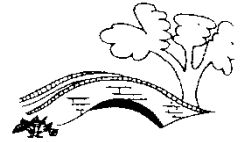
Action taken:		Advice sought: <i>(from whom and what was advice given)</i>	
Concern / referral discussed with parent / carer? If yes note discussion		If not, state reasons why	
Referral made: <i>Record names of individuals/agencies who have given information regarding outcome of any referral (if made).</i>		If not, state reasons why	
Feedback to referring member of staff:			By whom
Response to / action taken with pupil:			By whom
Other notes / information: <i>When making a referral about an acute specialist need/child protection follow up with a MARF</i> Any other action required:			
Signature of DSL		Date	



Part of
Fields Multi Academy Trust

Whixall C.E. Primary School and Nursery

Brownsbrook
Whixall
Nr Whitchurch
Shropshire
SY13 2SB
Telephone: 01948 880330



Headteacher:
Miss N Brayford

e-mail: admin@whixall.shropshire.sch.uk

File Transfer Record and Receipt

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

Name of Child:	
DOB:	
Name of school sending CP file:	
Address of school sending CP file:	
Method of Delivery:	BY HAND SECURE POST ELECTRONICALLY
Date file sent:	
Name of DSL transferring file:	
Name of person transferring to:	
Signature:	

PART 2: To be completed by receiving school or college

Name of school receiving file:	
Address of school receiving file:	
Date received:	
Name of person receiving file:	
Date of confirmation receipt sent:	
Signature:	

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

Shropshire Multi-Agency Referral Form MARF

BEFORE PROCEEDING PLEASE ensure you have referred to the [Threshold Document](#), if you still remain unsure that a referral is needed you can book a Social Work consultation through First Point of Contact (FPOC).

You MUST inform those with parental responsibility of your referral and seek consent.

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

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

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

If the matter is urgent or you are concerned about an immediate risk or significant harm to a child it is essential that you telephone the First Point of Contact (FPOC) to share your concerns.

First Point of Contact (FPOC)	0345 678 9021
Out of hours Emergency Duty Team	0345 678 9040

Following a verbal referral the MARF should be fully completed and password protected and forwarded within 24 hrs to the Compass Team email account: initialcontact@shropshire.gov.uk

Note: Personal or sensitive information should only be sent by secure email or encrypted

Have you obtained parental consent to make this referral and share information?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you haven't obtained parental consent , why not?			
1. Child / Young Person Details			
Child's First Name		Child's Surname / Last Name	
<input type="text"/>		<input type="text"/>	
Any alternative name			
<input type="text"/>			
Date of Birth or Estimated Date of Delivery	Gender (M/F)	Religion	Language or preferred method of communication e.g. sign language
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Parents / Carers: Include all adults involved in the care of the child		Date of Birth	Contact Telephone Number
Who holds parental responsibility?		Does the child have any special needs disability?	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home Address:		Any other relevant addresses:	
Post Code		Post Code	
2. Ethnic Origin			
White <input type="checkbox"/>	White British <input type="checkbox"/>	White Irish <input type="checkbox"/>	Gypsy or Irish Traveller <input type="checkbox"/>
Mixed / Multi Ethnic Group <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>	White and Black African <input type="checkbox"/>	White and Asian <input type="checkbox"/>
Asian / Asian British <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Chinese <input type="checkbox"/>	Any other White background, please write below	Any other Mixed Multi Ethnic background, please write below	Any other Asian background, please write below
3. Other Significant Family Members / Adults and children e.g. siblings, grandparents and any other people residing in the home			
Name	Relationship	Contact Phone Number	Address
4. Contact information: of other agencies involved if known (please add others you think may be relevant)			
Agency	Name	Address	Telephone
GP			
Health Visitor			
School			
School Nurse			
Other Agency			
Other Agency			

Other Agency			
Other Agency			
5. Have you had a consultation with Children's Services about your current concerns? If so what advice were you given?			
6. Have you discussed Early Help with the family prior to making this referral?			
Yes	<input type="checkbox"/>	If yes did the family consent?	No <input type="checkbox"/> If Early Help wasn't discussed why not?
7. Why are you referring this child to Children's Services today? What evidence / information are your concerns based on, please identify your specific concerns and comment on what you think the family need from Children's Services. State how long you have known the child and in what capacity, i.e. as teacher, doctor etc			
8. Which level threshold level do you feel this referral meets			
Level 1 Universal	Level 2 Early Help	Level 3 – Targeted Early Help	Level 4 –Complex Significant Needs
For guidance please refer to the Threshold Document :			

9. Is there a perceived risk of violence or other matters that could place those making contact with this	
10. family in danger	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
If yes, please specify what the identifies risk is:	

If you are making a Child in Need referral, agreement **must** be sought from the parent/carer (and where appropriate the young person). If parental agreement is not obtained it will not be possible to progress a Child in Need referral.

If you are making a referral of a child protection concern and are unsure about whether to advise the parent/carer about the referral, you should consult your agency about this issue. If you remain unsure about whether the parent/carer should be contacted/informed about the referral i.e. due to evidence being compromised, or someone being placed at risk, please consult Children’s Services in the first instance.

11. Referrer details	
Name and Status	
Email Address	
Work Address	
Contact Telephone Number	
Signature	
Date	

The MARF should be fully completed and password protected and forwarded within 24 hrs of a telephone referral to the Compass Team email account: initialcontact@shropshire.gov.uk

Fundamental British Values

Democracy: making decisions together

As part of the focus on self-confidence and self-awareness as cited in Personal, Social and Emotional Development:

- Managers and staff can encourage children to see their role in the bigger picture, encouraging children to know their views count, value each other's views and values and talk about their feelings, for example when they do or do not need help. When appropriate demonstrate democracy in action, for example, children sharing views on what the theme of their role play area could be with a show of hands.
- Staff can support the decisions that children make and provide activities that involve turn-taking, sharing and collaboration. Children should be given opportunities to develop enquiring minds in an atmosphere where questions are valued.

Rule of law: understanding rules matter as cited in Personal Social and Emotional development

As part of the focus on managing feelings and behaviour:

- Staff can ensure that children understand their own and others' behaviour and its consequences, and learn to distinguish right from wrong.
- Staff can collaborate with children to create the rules and the codes of behaviour, for example, to agree the rules about tidying up and ensure that all children understand rules apply to everyone.

Individual liberty: freedom for all

As part of the focus on self-confidence & self-awareness and people & communities as cited in Personal Social and Emotional development and Understanding the World:

- Children should develop a positive sense of themselves. Staff can provide opportunities for children to develop their self-knowledge, self-esteem and increase their confidence in their own abilities, for example through allowing children to take risks on an obstacle course, mixing colours, talking about their experiences and learning.
- Staff should encourage a range of experiences that allow children to explore the language of feelings and responsibility, reflect on their differences and understand we are free to have different opinions, for example in a small group discuss what they feel about transferring into Reception Class.

Mutual respect and tolerance: treat others as you want to be treated

As part of the focus on people & communities, managing feelings & behaviour and making relationships as cited in Personal Social and Emotional development and Understanding the World:

- Managers and leaders should create an ethos of inclusivity and tolerance where views, faiths, cultures and races are valued and children are engaged with the wider community.
- Children should acquire a tolerance and appreciation of and respect for their own and other cultures; know about similarities and differences between themselves and others and among families, faiths, communities, cultures and traditions and share and discuss practices, celebrations and experiences.
- Staff should encourage and explain the importance of tolerant behaviours such as sharing and respecting other's opinions.

- Staff should promote diverse attitudes and challenge stereotypes, for example, sharing stories that reflect and value the diversity of children's experiences and providing resources and activities that challenge gender, cultural and racial stereotyping.

A minimum approach, for example having notices on the walls or multi-faith books on the shelves will fall short of 'actively promoting'.

It is NOT acceptable to:

- actively promote intolerance of other faiths, cultures and races
- fail to challenge gender stereotypes and routinely segregate girls and boys
- isolate children from their wider community
- fail to challenge behaviours (whether of staff, children or parents) that are not in line with the fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs.

APPENDIX H

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

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

Serious injuries are defined as:

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

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

Minor injuries are defined as:

- sprains, strains and bruising
- minor cuts and grazes
- wound infections
- minor burns and scalds
- minor head injuries
- insect and animal bites
- minor eye injuries
- minor injuries to the back, shoulder and chest

The Local Authority Designated Officer (LADO)

Duty to refer

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

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

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

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

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

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

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

The role of the Local Authority Designated Officer

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

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

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

- Liaising with the employer to provide advice and support when required/requested.
- Oversight and management of individual cases.

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

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

The role of the setting's Designated Lead for Safeguarding

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

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

Record keeping

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

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

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

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

Further information

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

http://westmerciaconsortium.proceduresonline.com/chapters/p_all_against_adults.html

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

Shropshire Schools Hate-Related Incident Report Form

As part of the Public Sector Equality Duty (PSED) under the Equality Act 2010, schools are requested to report prejudice/hate-related incidents to Shropshire Council. Completed forms may be submitted by email to EducationImprovementService@shropshire.gov.uk; by Fax to 01743 340034 or by post to *EIS, Shropshire Council, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND*. Reports can also be made verbally on 01743 254386.

Numbers of incidents reported and nature of those incidents are reported to the Hate Crime Reporting Sub-group. The information is used to help inform community-based interventions to counter the problems identified. Specific support at school can be offered on request.

School name

Section A: About the Incident/s

What do you think motivated this incident? (indicate all relevant characteristics)

- Race Religion / culture Sex Disability
 Sexual orientation Gender identity/presentation Age*
 Other (please define)

**age discrimination legislation does not apply to the treatment of pupils or provision of education.*

Section B: Tell us about the incident in your own words; giving as much detail as possible (please use a separate sheet if necessary):

When did the incident take place?

Time Day Date

Where did it happen?

Area of school / Street name or location if outside school / via electronic media (please give details below)

What happened?

What injuries were suffered (Physical? Emotional?) Please give details below:-

Was any property lost or damaged? Yes (If 'yes' please give details below) No

Frequency or duration of behaviour

- Once or twice Persisting over one school term
 Several times a week Persisting for more than a year

Section C: About the Victim

Is the victim Pupil Staff member Other adult Other child

(Name of victim is not needed in this context)

Sex M/F **Is this same as birth?** Y/N

If child - Year Group /Age

If adult - Age Group: 16-24 25-34 35-44 45-55 Over 55

Please indicate in the appropriate box how you would describe the victim:

Religion/belief

- Buddhist Rastafarian Don't know
 Christian Sikh
 Hindu Other
 Jewish No religion
 Muslim Prefer not to say

Sexual orientation

- Heterosexual
 Bisexual
 Gay/Lesbian
 Prefer not to say
 Don't know

Ethnicity

- White British White & Black Caribbean Any other black background
 White & Black African Indian Chinese
 White Irish Pakistani Any other ethnic background
 White & Asian Bangladeshi Prefer not to say
 Other white background Black Caribbean Don't know
 Eastern European

Is the victim from a Gypsy or Traveller background?

- Yes No Don't know

Disability – please describe

Don't know

Section D: About the offender(s)

Details, with Year or age group/s if pupil/s; ethnicity; gender/gender identity; other relevant characteristics

(Name/s of offender/s not needed in this context)

If adult - Age Group:

- 16-24 25-34 35-44 45-55 Over 55

Role / reason for presence at school

If offender/s is/are unknown, can you describe them? (Consider height, ethnicity, build and clothing).

Section E: What now?

Details of actions agreed with everyone involved – including parents and carers where appropriate:

Outcomes of follow up

Section F: Details of person reporting (victim, witness or third party)

Form Completed by:

Role:

Date

✓Date this incident was reported to the authority:

