



Child Protection and Safeguarding Policy

Named personnel with designated responsibility for Child Protection

Academic Year	Designated Senior Person	Deputy Designated Senior Person	Nominated Governor for Safeguarding	Chair of Governors
2016 - 2017	Corinne Royden	Suzanne Payne	Jane Charsley	tbc
2015 - 2016	Corinne Royden	Suzanne Payne	Laura Murdoch	Jane Charsley
2014 - 2015	Corinne Royden	Laura Bertin	Laura Murdoch	Jane Charsley

Whistle-Blowing

What is whistleblowing?

Whistleblowing is when someone raises a concern about a dangerous or illegal activity or any wrongdoing within their organisation. Raising a concern is known as "blowing the whistle" and is a vital process for identifying risks to people's safety. Sharing information or talking through a concern can be the first step to helping an organisation identify problems and improve their practices.

CHILD PROTECTION - Who to contact:

NSPCC - Contact the Whistleblowing Advice Line

Telephone: 0800 028 0285

Email: help@nspcc.org.uk

Not sure whether to call – Click on the link to seek advice from the

[NSPCC Whistleblowing Advice Line](#)

LADO - Bedford Borough - Call 01234 276693 or e-mail LADO@bedford.gcsx.gov.uk

**If you think a child is in immediate danger
Don't delay – call the Police on 999,
or call NSPCC on 0808 800 5000, straight away.**

Purpose

At Harrold Lower School we recognise:

- Our statutory duty under [Section 175 of the Education Act 2002](#) to ensure that arrangements are in place for safeguarding and promoting the welfare of children.
- Our duty under the [Children Act 2004](#) to work together with other organisations and partners in order to achieve this
- Our Common Law duty to protect and keep children safe whilst in our care.

We fully acknowledge our responsibilities for child protection and recognise that through our day to day contact with children, school staff are well placed to identify signs of risk and harm.

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

We will make all parents/carers aware of the role and responsibilities of the school with regards to safeguarding and promoting welfare and of the existence of the school's Child Protection and Safeguarding Policy through publication of this document on the school website. The policy forms part of the school's recruitment pack when a vacancy for a post in the school is advertised.

A copy of this policy will be made available to parents/carers upon request.

This policy is based upon the Model Child Protection/Safeguarding Policy of Schools published jointly by [Bedford Borough Safeguarding Children's Board](#) and [Central Beds Safeguarding Children's Board](#) and amended for implementation by the staff, Governors and the school community of Harrold Lower School.

Aim

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

1. Establishing an environment in which children are and feel safe and can learn, develop and have a voice.
2. Adopting safe recruitment practices to check the suitability of both staff and regular volunteers and visitors to the school. We will also ensure that procedures are in place to prevent the unsupervised access to children of adults who have not undergone such a checking process.
3. Raising the awareness of children and equipping them with the skills and knowledge needed to keep safe.
4. Having in place procedures for the identification and reporting of cases where harm or risk of harm to a child is suspected and ensuring that all staff are aware of such procedures.
5. Supporting pupils who have suffered abuse or neglect or who are otherwise vulnerable (for example, children living away from home), where appropriate, in accordance with their agreed child protection/care plan.
6. Having measures in place to facilitate and promote the safe use of technology (in line with the Local Authority Guidance [e-Safeguarding: Creating Working Procedures in Schools \(2009\)](#))
7. Monitoring and reviewing our safeguarding and child protection practices and procedures.

Roles and Responsibilities

We recognise that all staff, regardless of their role, have a duty to safeguard children and promote their welfare. Our policy applies to the whole school community: all teaching and non-teaching staff, governors,

students/pupils and volunteers and visitors working in the school. The Governors and Designated Lead for Child Protection will have particular responsibility for safeguarding and child protection within the school.

Together we will:

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

1.1 Ensuring that our buildings and site are secure and that visitors to the school are properly checked in and supervised if necessary whilst on the school premises.

1.2 Having a Health & Safety Policy and procedures and ensuring that they are understood by all staff. In accordance with LA policy and guidance, other procedures which refer to Safeguarding include:

1.3 Having an Intimate/Personal Care Policy which is understood by all relevant staff.

1.4 Ensuring that the Safe Handling Policy is understood by all staff.

1.5 Ensuring that all staff are risk aware and routinely conduct risk assessments, as appropriate to their individual role and responsibilities and activities undertaken.

1.6 Having policies for dealing with behaviour, bullying and racist and other discriminatory incidents and ensuring that staff adhere to these policies and promote the principles of value, respect, tolerance and acceptable behaviour amongst our pupils/students. (See [Appendix 5](#) for issues relating to safeguarding and discrimination)

1.7 Ensuring that all staff, governors and regular visitors and volunteers have been made aware of relevant and up to date government statutory guidelines including:

- [Working Together to Safeguard Children \(2015\)](#)
- [What to do if you're worried a child is being abused \(2015\)](#)
- [Keeping Children Safe in Education \(2016\)](#)
- [Information Sharing – Advice for practitioners providing safeguarding services to vulnerable children, young people, parents and carers \(2015\)](#)
- [Statutory framework for the early years foundation stage \(2014\)](#)

Consideration will also be given to the relevance of communicating guidance around safe working practices to occasional visitors and volunteers as part of the risk assessment process.

1.8 Following the LSCBs procedures ([Managing Allegations and Concerns Regarding Staff, Carers and Volunteers Working with Children and Young People: 2011](#)) for dealing with **allegations and concerns about staff** (paid or unpaid, temporary or permanent). Where such an allegation or concern arises, the Head Teacher should be notified. He/she will notify the authority's the Local Authority Designated Officer or LADO. Where such an allegation is made against the Head Teacher, the matter will be referred to the Chair of Governors who will likewise notify the LADO.

1.9 Ensuring that where there are concerns or allegations about **peer on peer abuse** the school staff must report concerns to the school's Designated Lead for discussion to discriminate between what constitutes exploratory play that is appropriate to the child's developmental stage and what may constitute peer sex abuse.

Factors affecting decision making as to reporting should include:

- The possible impact on the child/victim.
- Any disparity in age between the abusing and abused child.
- Whether there is any element of coercion or violence.

Exploratory play should be dealt with in school, involving parents as appropriate, however, allegations of peer sex abuse must be referred to the MASH Team following the school's referral procedures, for all of the children involved.

The referral should be made to the MASH team covering the area in which the child is living.

1.10 Ensuring that all staff and volunteers feel able to raise concerns about poor or unsafe practice with regard to children. Deficiencies or weaknesses will be brought to the notice of the Governing Body and steps taken to remedy these without delay. The Head Teacher will have responsibility for this. Procedures for this are set out in the Confidential Reporting (Whistle-Blowing) Policy, copies of which are in the staff room and on the Drive.

1.11 Having a whistle-blowing and complaints procedure which is communicated to pupils, parents and staff (as appropriate).

1.12 Should a complaint be made that is of or relating to a safeguarding matter, the school's Complaints Policy will be followed. Please see [Harrod Lower School's Complaints Policy](#) for further information.

1.13 Maintaining an environment where children feel safe, equal and valued, and are encouraged to talk and are listened to. The school is committed to ensuring that pupils are aware of behaviour towards them that is not acceptable and how they can keep themselves safe. We inform pupils of whom they might talk to, both in and out of school, their right to be listened to and heard and what steps can be taken to protect them from harm.

The following Information is made available to pupils:

Childline posters with contact details

School's arrangements for consulting with and listening to pupils are:-

Eco-school Council,

Worry Box in the Classrooms

We make pupils aware of these arrangements by discussions, in assembly and with pupils in the classroom.

1.14 Through staff training, staff and Governors understand the definition of and are able to identify children who may be suffering significant harm. (Please refer to [**Definition of and Identifying Children who may be Suffering Significant Harm](#) on page 10 of this policy)

1.15 We recognise that there are specific safeguarding issues as listed below. 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 and colleges can be found on the [TES website](#) and [NSPCC website](#). Schools and colleges can also access broad government guidance on the issues listed below via the GOV.UK website ([Keeping Children Safe in Education](#) - July 2016): Page numbers can be referred in the document [Keeping Children Safe in Education](#) – July 2016.

- child missing from education –see page 13
- child missing from home or care
- child sexual exploitation (CSE) –see page 14 (see also - [Child sexual exploitation – DfE – February 2017](#))
- bullying including cyberbullying
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM) –see page 14

- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- private fostering
- preventing radicalisation –see page 15
- sexting
- teenage relationship abuse
- trafficking

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

2.1 Following Department for Education (DfE) guidance as set out in Part three: Safer recruitment of [Keeping Children Safe in Education \(July 2016\)](#) to ensure that safe recruitment and selection practices are carried out. Enhanced Disclosure and Barring Service checks (DBS) will be completed and references and identification verified. All staff and regular volunteers, visitors and contractors will be vetted in accordance with these guidelines.

2.2 Ensuring that all staff are aware that where occasional or one-off visitors, contractors or volunteers have not undergone such a process, they will not have unsupervised access to children and as appropriate formal risk assessment processes will be undertaken.

2.3 Maintaining a regularly updated Single Central Record (SCR) that accurately records vetting check data for all employees, volunteers and contractors which will be scrutinised as part of an Ofsted Inspection.

2.4 Ensuring that at least one member of the Governing Body and the Head Teacher have received training on safer recruitment practices.

2.5 Ensuring that all interviews for staff have at least one person on the panel who has completed safer recruitment training.

2.6 Ensuring that during the process of advertising and recruiting for staff vacancies, the school's commitment to safeguarding and safer recruitment practices will be made explicit.

2.7 Referring concerns about the suitability of staff to work with children and young people to the Independent Safeguarding Authority in cases where that individual is believed to have harmed or to pose a risk of harm children or vulnerable adults.

2.8 Ensuring that Adults involved in the provision to children of extended services and school activities outside of normal school hours are subjected to the same level of vetting and or security arrangements as other staff and volunteers.

2.9 Ensuring that if the school premises are used by other bodies both during and outside school hours, the Governing Body will be responsible for seeking assurance that the body concerned has appropriate policies and procedures in place with regard to safeguarding children and child protection.

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

3.1 Including opportunities through the PSHE education curriculum for children to develop the skills they need to recognise and stay safe from abuse.

3.2 Ensuring that children know that there are adults in the school whom they can approach if they are worried.

3.3 Displaying/distributing appropriate safeguarding materials and information, for example [NSPCC PANTS Campaign](#)

4. Have procedures for the identification and reporting of cases where harm or risk of harm to a child is suspected and ensure that all staff are aware of such procedures. We will do this (in adherence with the guidance set down in Safeguarding Children and Safer Recruitment in Education (2006) LSCB Inter-Agency Child Protection Procedures, [What to do if You're Worried a Child is Being Abused](#) (2015) and [Working Together to Safeguard Children](#) (2015)) by:

4.1 Allocating a member of the school's leadership team to the role of lead 'Designated Lead' for child protection. This role is currently carried out by the Head Teacher.

4.2 Having at least one named member of staff to deputise in the absence the main Designated Lead and to provide support to the lead Designated Lead. This role is currently carried out by **Mrs Suzanne Payne (Assistant Head)**

4.3 Providing time and support for these roles if and when necessary.

4.4 Ensuring that appropriate training for staff performing this role is enabled and updated as necessary or in any case, every 2 years as a minimum. This is the Responsibility of Governing Body.

4.5 Having a nominated governor responsible for child protection/safeguarding, who will review our safeguarding and child protection policies, procedures and practices regularly and be the link person between the designated member of staff for child protection and the Governing Body. The designated Governor is **Mrs Laura Murdoch**.

4.6 Having processes in place to ensure that all new staff receive safeguarding training appropriate to their role, as part of their induction and thereafter have access to refresher training as required, or in any case, every 2 years as a minimum. The Designated Lead for Child Protection will have responsibility. These processes may include whole school training; attending LSCB training or approved LSCB training ie Borough training.

4.7 Ensuring that every member of staff (employed directly or indirectly via another organisation; permanent and temporary), volunteer and Governor is aware of this policy together with other relevant safeguarding policies or guidance and that they are also aware of their own role in safeguarding/ promoting welfare and of the identity and role of the Designated Lead/s. This policy will be reviewed annually and any changes will be communicated to staff and Governors at the start of the academic year in September. Staff will sign to say they are aware of updates and changes and these will be kept on file.

4.8 Requiring all staff and volunteers, to report **any** safeguarding concerns, in writing, to the Designated Lead for Child Protection, regardless of whether or not they feel that the concern is either serious or substantiated. This expectation will be communicated through regular training, staff briefings and induction training.

A chronology form is available for the first time a concern is reported about a pupil. A Record of Concern is available for completion.

4.9 Enabling the Designated Lead for Child Protection to make decisions regarding the action to be taken following a concern being brought to his/her attention.

4.10 Ensuring that where there is a suspicion that a child might have suffered or be at risk of suffering significant harm, the matter will be referred to Children's Social Care or the Police Service in accordance with LSCBs Inter-Agency Child Protection Procedures. This will normally be done via the Designated Lead for Child Protection or their deputy; unless they are not available and to wait for them to become available would pose a delay which would be unacceptable given the individual circumstances of the case.

4.11 Sharing information (in line with the LSCBs Information Sharing Protocol) with relevant professionals in order to monitor, support and protect children thought to be at risk of harm.

4.12 Ensuring that where the Designated Lead believes that a decision made by another professional exposes a child to risk/continuing risk of significant harm, they will ensure that the fact that they disagree with that decision is recorded; both by them and where possible on relevant minutes and case papers held by other professionals involved. They will also escalate the matter, as per the Local Authority Protocol. ([Appendix 3](#))

4.13 Making the Designated Lead/s for Child Protection responsible for creating and maintaining written records in respect of all children for whom child protection concerns have been identified, regardless of whether there is a need to make an immediate referral. These confidential records, which will be kept securely and separate from the main pupil file, will include a chronology of events. The Provision Map of vulnerable children (on the school's Drive accessed by members of staff) will indicate the existence of a separate safeguarding/child protection file.

4.14 Providing and, as appropriate, soliciting additional support from other professionals, for all vulnerable pupils/students including those with disabilities, minority status and those with a history of abuse. Where a child is believed to be a 'child in need' of additional support/services and the threshold for significant harm or Children's Services Social Care intervention is not met, the Designated Lead will seek the consent of parents/carers/child/young person (as appropriate) to assess the needs and solicit support as appropriate. Needs may sometimes be met within the school community or by making a single agency referral or through multiagency collaboration via the 'Early Help Assessment' Form (EHA) and Team around the Child (TAC) process as appropriate.

4.15 Ensuring that issues of confidentiality are understood by all staff and Governors, including the need not to offer confidentiality in certain situations. This will be communicated through training.

4.16 Developing effective links with agencies which provide support to our vulnerable pupils and co-operate as required with their enquiries regarding child protection matters.

4.17 Providing advice and support for all staff members who are dealing with a pupil for whom their concerns are stressful and upsetting.

4.18 Supporting the Authority's policies on school attendance and children missing education and in particular by adhering to the missing children procedures.

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

5.1 Maintaining close communication between the Designated Lead and allocated social worker and ensuring that the social worker will be informed of any issue that gives cause for concern.

5.2 The Head Teacher having responsibility for ensuring that sufficient resources and time are allocated to safeguarding and that staff are released to participate in safeguarding/child protection processes, core groups and meetings (especially child protection conferences and child in need meetings).

5.3 Closely monitoring any child subject to a child protection plan, or otherwise believed to be at risk of harm.

5.4 Completing activities as required in accordance with a child protection/care plan.

5.5 Ensuring (through the Designated Lead for Child Protection) that the attendance of any child subject to a child protection plan, or otherwise believed to be at risk of harm, is closely monitored.

5.6 Ensuring that where there are concerns about the absence from school of a child for whom there are child protection concerns, the Head Teacher will bring the absence to the immediate attention of the Borough's Inclusion Service. In these circumstances, a Local Authority School Attendance Officer will prioritise a visit to the child's home. Where the child is an open case to Children's Services Social Care, they should also be notified.

5.7 Notifying the MASH Team when children come to our attention as being cared for in 'private fostering arrangements' in accordance with LSCBs [Inter agency Safeguarding Policy on Private Fostering](#) (2011). (See [Appendix 4](#) for definition of 'private fostering')

5.9 Making the Designated Lead/s for Child Protection responsible for arrangements to ensure that a copy of a pupil/student's child protection file (where one exists) is securely transferred in a timely fashion to the Designated Lead at the receiving school/college when a pupil/student transfers. This file will be transferred separately from the main pupil record and a written acknowledgement of receipt will be obtained. The original file will be retained by this school.

5.10 Ensuring that where a child has an allocated social worker, the Designated Lead takes responsibility for notifying the social worker or their office, of any change in that child's circumstances, including any changes to schooling arrangements.

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

6.1 E-Security: keeping the electronic data we hold about pupils and families secure.

6.2 E-Safety: Promoting e-safety awareness amongst children and their parents/carers through the teaching of an e-safety curriculum & making specific mention of topics such as cyber-bullying) and ensuring all members of the school community know their access rights and responsibilities in using ICT.

6.3 Having an Acceptable Use Policy in relation to the use of technology (including mobile phones and photographic equipment) in the school and which contains the detail of how we will achieve e-security and promote e-safety. This will be reviewed as the Technology is developed in the school to ensure Acceptable use Policy is current and up to date.

6.4 Conducting, through the Governing Body, an regular review of the school's Acceptable Use Policy.

6.5 Ensuring that the school's internet connection and any system connected to it, is filtered using a filtering system which is accredited to current approved standards thus ensuring inappropriate content of whatever nature is blocked (*including racist, discriminatory and hate material, material which promotes violence or attacks on individuals or institutions on the basis of disability, race, religion/belief, gender, gender reassignment or sexual orientation grounds*).

6.6 Ensuring that all members of staff with access to ICT systems are responsible for taking the appropriate steps to select and secure their passwords.

6.7 Making staff and pupils/students aware that all school ICT activity and online communications may be monitored, including any personal and private communications made via the school network. Staff are made aware of their responsibilities through the school's Social Media Policy.

6.8 Conducting an regular at least on a bi-annual assessment of information risks, which will be reported to the Governing Body.

6.9 Making all staff and pupils aware that they have a responsibility to report e-safety or e-security incidents.

6.10 Establishing an incident reporting procedure and recording reported incidents in an Incident Log (in line with Local Authority Guidance [e-Safeguarding: Creating Working procedures in Schools \(2009\)](#)). The Incident Log shall be formally reviewed and any outstanding actions delegated, by the Senior Leadership Team at a minimum frequency of once per term. Through this review process, management shall update the risk assessment in light of new incidents as appropriate.

6.11 Carrying out, through The Governing Body, an annual review of this Incident Log and accompanying action plans.

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

7.1 Ensuring accountability by placing ultimate responsibility for safeguarding, child protection and this policy with the Governing Body and responsibility for the implementation of this policy with the Head Teacher.

7.2 Ensuring that the Designated Governor for Safeguarding and child protection has regular meetings with the Designated Member of Staff for Child Protection, in order to monitor and assess the effectiveness of the school's response to safeguarding and promoting welfare, in line with this policy. As necessary, action plans will be formulated to address areas for development. This will happen as required or in any case, as a minimum, once every term.

7.3 Identifying and responding to new/revised guidance issued by government bodies, the Local Safeguarding Children Board and the Local Authority.

7.4 Reviewing this policy on an annual basis.

Reviewed by: Harrold Lower School Staff and Governing Body

Date: October 2015 (updated March 2016)

Date to be Reviewed: September 2016

****Definition of and Identifying Children who may be Suffering Significant Harm**

Teachers and other adults in school are well placed to observe any physical, emotional or behavioural signs which indicate that a child may be suffering significant harm. The relationships between staff, pupils, parents and the public which foster respect, confidence and trust can lead to disclosures of abuse, and/or school staff being alerted to concerns.

Definitions

As in the Children Acts 1989 and 2004, a **child** is anyone who has not yet reached his/her 18th birthday.

Harm means ill-treatment or impairment of health and development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another; **Development** means physical, intellectual, emotional, social or behavioural development; **Health** includes physical and mental health; **Ill-treatment** includes sexual abuse and other forms of ill-treatment which are not physical.

Abuse and Neglect are forms of maltreatment. Somebody may abuse or neglect a child by inflicting harm or failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them, or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children.

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

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 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 commit acts of sexual abuse, as can other children.

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

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

- provide adequate food and clothing, 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 caretakers)
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Appendix 1

First Aid and Administration of Medication

It is expected that adults working with children and young people should be aware of basic first aid techniques. It is not however, a contractual requirement and whilst adults may volunteer to undertake such tasks, they should be suitably trained and qualified before administering first aid and/or any agreed medication. Health and Safety legislation places duties on all employers to ensure appropriate health and safety policies are in place and an appropriate person is appointed to take charge of first aid arrangements. Therefore all schools must have trained first aiders/appointed persons. Appropriate regard should be paid to current guidance:

- Managing medicine in schools and Early Years (Ref 1448 – 2005)
- Supporting pupils at school with medical conditions (September 2014)

Pupils may need medication during school hours. In circumstances where children need medication regularly a health care plan should have been established to ensure the safety and protection of children and the adults who are working with them.

Depending upon the age and understanding of the child, they should where appropriate (and with the permission of the parents as necessary) be encouraged to self administer medication or treatment including, for example any ointment, use of inhalers. Where possible the view of the relevant GP should be obtained.

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

This means that schools should:

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

This means that staff/adults should:

- Adhere to the school's Safety Policy (and Policy for Administering First Aid or Medication).
- Adhere to the school's intimate care policy.
- Make other staff aware of the task being undertaken.
- Comply with the necessary reporting requirements.
- Report and record any administration of first aid or training.
- Always act and be seen to act in the child's best interest.
- Ensure that an appropriate health/risk assessment is undertaken prior to undertaking certain activities.
- Explain to the child what is happening.
- Have regard to any health plan which is in place.

Appendix 2

Whistle-blowing

Employees are often the first to realise that there may be something seriously wrong within the Council. However, they may not express their concerns because they feel that speaking up would be disloyal to their colleagues or to the Council. They may also fear harassment or victimisation. In these circumstances it may be easier to ignore the concern rather than report what may just be a suspicion of malpractice.

Staff should acknowledge their individual responsibilities to bring matters or concern to the attention of senior management and/or external agencies. This is particularly important where the welfare of children may be at risk.

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

As a first step, concerns should normally be raised with an individual's immediate manager or their superior. This depends however, on the seriousness and sensitivity of the issues involved and who is suspected of the malpractice. For example, if an individual believes that management is involved, they should approach the Chief Executive, Chief Finance Officer, Monitoring Officer or the Assistant Director Audit and Risk.

Staff are asked to refer to the school's Whistleblowing Policy

Appendix 3

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

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

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

Appendix 4

Definition of Private Fostering

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

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

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

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

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

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

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

Exemptions

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

Children will not be privately fostered:

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

Appendix 5

Equality & Diversity Issues in Safeguarding & Child Protection

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

General/Factors to consider

- Communication difficulties may exist as a result of language barriers, physical & learning disability or age. Children and young people with communication difficulties may not easily be able to let someone know that they are being abused.
- Some Ethnic Minority families are less likely to understand the role of Social Services, often because of language or cultural differences.
- The personal care or behaviour management of a child with disabilities may leave some families more vulnerable to accusations of abuse. Some practices, such as personal care, medical interventions, or restraint may be seen to be abusive.
- Parents and carers with a disability / health issue (including learning disabilities, mental health and addiction problems) may be unfairly viewed as less able to care for their children.
- Parents in same – sex relationships may have concerns that their sexual orientation will be seen as a risk factor for their child.
- An Ofsted evaluation of serious case reviews April 2008 to March 2009 concluded that issues of disability often masked child protection concerns and that in half of cases involving children with disabilities, there was a failure to recognise the increased vulnerability of disabled children, for example to child sex abuse.
- Children who grow up in poverty are less likely to get qualifications or go on to higher education, and are more likely to become young parents. People with low levels of educational achievement can expect to be less employable, therefore poorer, therefore less healthy and probably less likely to participate in civic activity. The kinds of people who are less likely to be employed are also more likely to be involved in crime, to have shorter life-spans and to have less fulfilling family lives. Whole families can be locked into cycles of deprivation.
- Racial harassment is often not seen as a child protection issue or as a factor in neighbours maliciously reporting concerns.
- Women are more likely to report, consult for and be diagnosed with depression and anxiety.
- Boys are four times as likely as girls to be identified as having a behavioural, emotional and social difficulty (BESD).
- It is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men.
- All forms of substance abuse are more common in men.
- Alcohol disorders are twice as common in men, although binge drinking is increasing at a faster rate among young women.
- Incidence rates of most sexually transmitted infections are rising, with the increase being greater in women than men.
- An estimated 66,000 women living in the UK have undergone female genital mutilation and 21,000 girls under 16 are currently at risk. (HO & WRC)

- In 2008 the Forced Marriage Unit received over 1600 calls to its helpline on suspected incidences of forced marriage. (HO)

Bullying & Discrimination

- Studies claim that at least **16 children commit suicide as a direct result of bullying in the UK every year.**
- In an Ofsted analysis of serious case reviews (April 2008 – March 2009) **10 out of the 25 children** who died in the 11+ age group, committed suicide.
- There is a need to **educate children about diversity** from lower school level and to **teach young children not to stereotype and to respect differences.**
- Eight out of ten children with learning disabilities have been bullied at school and six out of ten have been physically hurt.
- Disabled children and those with visible medical conditions can be twice as likely as their peers to become targets for bullying behaviour.
- Over 75% of 11-12 year old boys think it is acceptable that women get hit if they make men angry. More boys than girls of all ages believe that some women deserve to be hit.
- Close to 10,000 women are sexually assaulted and 2,000 women are raped every week. (British Crime Survey 2008)
- At least 32% of children, mostly girls, experience some form of child sexual abuse. (HO)
- Gypsy and Traveller children experience racist abuse on a daily basis (e.g. "dirty pikey") at school and in other settings, from children and adults in the settled community, making them reluctant to attend.
- 98% of young gay people hear the frequent use of homophobic language ("that's so gay", "poof", "dyke", "queer" "bender")
- 50% of teachers fail to respond to the use of homophobic language.
- 30% of lesbian and gay pupils report that adults are responsible for homophobic incidents in their schools
- One third of young lesbian, gay, bisexual or Transgender young people have self harmed
- 6/10 lesbian and gay school children experience homophobic bullying and half of those contemplate killing themselves as a result
- Over three in five young lesbian and gay people feel that there is neither an adult at home nor at school who they can talk to about being gay
- In any school of 1,000 pupils there are likely to be 6 who will have transgender experience at some point in their lives. Transgender people are susceptible to depression and at risk of suicide. 33% of Trans Adults in the UK attempt suicide at least once. This is considerably higher than the risk in many other groups and should serve to underline that Trans people would not subject themselves to such experiences unless, for them, there was no better option.

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