



South West Partnership Safeguarding and Child Protection Policy

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1) LEGAL BASIS AND GUIDANCE

The South West Partnership schools will fulfil their local and National Safeguarding responsibilities as laid out in the following documents:

- Safeguarding Roles and Responsibilities issued by States of Jersey 2016.
- Guidance from the Jersey Safeguarding Board.
- Guidance from CYPES
- The most recent version of Keeping Children Safe in Education: Statutory guidance for schools and colleges (DfE) 2019 (published 2nd Sept 2019).
- The most recent version of Working Together to Safeguard Children (DfE) February 2019

1.1) INTRODUCTION and DEFINITIONS

Children learn and thrive best when they are healthy, safe and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them. South West Partnership schools aim to offer an environment where children feel welcome, safe, stimulated and where children are able to enjoy learning and developing in confidence. The South West Partnership believes that no child or young person should ever experience abuse, maltreatment or neglect of any kind, and that it is our responsibility to keep children safe.

At South West Partnership schools we are fully aware and committed to the on-going protection and safety of our pupils, staff and wider community in accordance with CYPES and Jersey Safeguarding Partnership Board guidance.

In order to take all necessary steps to keep children safe and well, South West Partnership schools will safeguard children; ensure the suitability of adults who have contact with children; promote good health; manage behaviour; and maintain records, policies and procedures.

We recognize our role as educators to support parents and the community at wide to develop more effective parenting and behaviour management strategies, and to challenge any behaviour that puts children at risk.

The purpose of this policy is to safeguard and promote the welfare of children at South West Partnership schools. Safeguarding and promoting the welfare of children is defined for the purposes of this policy as:

- Protecting children from maltreatment;
- Preventing impairment of children’s health (emotional, mental, physical) or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- Taking action to enable all children to have the best outcomes;
- This policy applies to all staff, including paid staff, volunteers and sessional workers, agency staff, one-off visitors, students or anyone working on behalf of South West Partnership Schools;
- This policy relates to all children (anyone up to their 18th birthday) with whom the South West Partnership Schools works.

This policy will be available via our website www.lamoye.sch.je and www.belroyal.sch.je for professionals, parents and partners. The policy will be shared with parents prior to children commencing, and following each update.

2) THE SAFEGUARDING TEAM

Everyone is individually responsible for safeguarding. All staff working in the South West Partnership have a duty to share information about children that cause concern to ensure the safety and well-being of all our pupils. However, safeguarding is never a clear-cut matter, and requires expertise and experience to guide practice.

Therefore, alongside this shared individual responsibility, there is a safeguarding team to support both staff and children & young people, and to monitor compliance, ensure adequate and appropriate training, act as a liaison with other agencies and make difficult and complex decisions.

Partnership Designated Safeguarding and Child Protection Lead: Leading Headteacher, Mr. John Baudains	
Safeguarding and Child Protection Lead (La Moye): Head of School, Ms. Nasima Rashid	Safeguarding and Child Protection Lead (Bel Royal): Head of School, Mr. David Mills
Deputy Safeguarding and Child Protection Lead (La Moye): Assistant Headteacher, Mr. Michael Steigenberger	Deputy Safeguarding and Child Protection Lead (Bel Royal): Senior Teacher, Mrs. Diane Marsay
Digital Safeguarding (LMY): Mrs. Stacey Nolan	Digital Safeguarding (BLR): Mr. David Mills
Health and Safety (LMY): Mr. Michael Steigenberger/Mrs. Julie Rothery	Health and Safety (BLR): Mr. David Mills/Mrs. Julie Rothery
Early Help (LMY): Ms. Nasima Rashid	Early Help (BLR): Mrs. Diane Marsay
ELSA (LMY): Mrs. Sarah Sheridan/Mrs. Julie Siham	ELSA (BLR): Mrs. Taryn Nash
Records Management: Mrs. Julie Rothery	
First Aid (LMY): Mrs. Melanie Paine	First Aid (BLR): Mrs. Tracey Arthur

Attendance (LMY): Mrs. Julie Siham	Attendance (BLR): Mrs. Diane Marsay
Education Department Designated Safeguarding Lead: Shirley Dimaro- 449477 or s.dimaro@gov.je	

The Safeguarding Team will meet half termly to discuss and update policies and procedures and monitor issues that arise.

2.1 THE DESIGNATED SAFEGUARDING LEAD

This person should have the appropriate status and authority within the school to carry out the duties of the post. They should be given the time, funding, training, resources and support to provide advice and support to other staff on child welfare and child protection matters, to take part in strategy discussions and inter-agency meetings, and/or to support other staff to do so, and to contribute to the assessment of children.'

Key Tasks of the Designated Safeguarding Lead (DSL) Role

- Work with others
- Raising Safeguarding Awareness with children, professionals and parents
- Managing the child protection file & transfers for incoming and leaving pupils
- Ensure availability and cover
- Managing referrals to children's social care and the Channel programme
- Supporting staff around referrals
- Policy development, review & compliance
- Raising awareness
- Managing annual safeguarding training of all staff
- Take a lead on decision-making in relation to blemished DBS disclosures of candidates and referring cases to the DBS

Availability

- During term time the designated safeguarding lead (or a deputy) should always be available (during school or college hours) for staff in the school or college to discuss any safeguarding concerns. Whilst generally speaking the designated safeguarding lead (or deputy) would be expected to be available in person, it is a matter for individual schools and colleges, working with the designated safeguarding lead, to define what "available" means and whether in exceptional circumstances availability via phone and or Skype or other such media is acceptable.
- It is a matter for individual schools and colleges and the designated safeguarding lead to arrange adequate and appropriate cover arrangements for any out of hours/out of term activities.

Deputy Designated Leads

- Settings can choose to have one or more deputy designated safeguarding lead(s) who can cover and deputise. Any deputies should be trained to the same standard as the designated safeguarding lead.
- Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate lead responsibility for child protection, as set out above, remains with the designated safeguarding lead, this lead responsibility should not be delegated.

School Transfers: child protection file

- Where children leave the school the designated safeguarding lead should ensure their child protection file is transferred to the new setting as soon as possible. This should be

transferred separately from the main pupil file, ensuring secure transit, and confirmation of receipt should be obtained.

- Receiving settings should ensure key staff such as designated safeguarding leads and SENCOs or the named person with oversight for SEN in colleges, are aware as required.
- In addition to the child protection file, the designated safeguarding lead should also consider if it would be appropriate to share any information with the new school or college in advance of a child leaving. For example, information that would allow the new school or college to continue supporting victims of abuse and have that support in place for when the child arrives.

3) GUIDING PRINCIPLES

- The United Nations Convention on the Rights of the Child states that the welfare of the child is paramount
- It is the responsibility of all adults to have a child-centred approach to safeguard and promote the welfare of all children and young people
- Providing early help is more effective in promoting the welfare of children than reacting later
- All those working with children and young people have a responsibility to promote inter-agency cooperation to promote the welfare of children
- This responsibility extends to a duty of care for those adults employed, commissioned or contracted to work with pupils
- Adults who work with children are responsible for their own actions and behaviour and should avoid any conduct that could lead any reasonable person to question their motivation and intentions
- Adults should work and be seen to work, in an open and transparent way
- The same professional standards should always be applied regardless of culture, disability, gender, language, racial origin, religious beliefs, personal beliefs and/or sexual identity
- Adults should continually monitor and review their practice and ensure they follow the guidance contained in this document

3.1) EQUALITY STATEMENT

We are committed to contributing to a fairer society by promoting equality and good relations for children, young people, parents and carers, partner organisations, staff and job applicants. We believe in giving every individual the opportunity to fulfil their potential. We are committed to treating all individuals with respect and dignity.

Research clearly shows that diversity in safe environments produces more creative and effective work products than homogenous groups. We recognise that differences and diversity enrich society and practice, and celebrating diversity is always at the heart of our practice.

All staff is committed to anti-discriminatory practice, and to giving all children and young people the same offer of support, response and protection regardless of:

- Age
- Cultural identity
- Disability / ability / SEND
- Ethnicity
- Financial status
- Gender
- Gender identity (e.g., Trans / gender non-specific)
- Gender reassignment status
- Health status (e.g., mental health / HIV / substance misuse)
- Housing status
- Immigration status
- Political beliefs
- Pregnancy / maternity / parenthood
- Sexual orientation (e.g., LGBTQ)

- Social class
- Social status
- Relationship status
- Religion / beliefs

4) OVERALL AIMS

This policy will contribute to safeguarding our children by:

- Clarifying standards of behaviour for staff and children;
- Contributing to the establishment of a safe, resilient and robust ethos in the school, built on mutual respect, and shared values;
- Identifying and protecting the most vulnerable;
- Identifying individual needs where possible; and
- Designing plans to meet those needs;
- Introducing appropriate work within the curriculum;
- Alerting staff to the signs and indicators that all might not be well;
- Developing staff awareness of the risks and vulnerabilities children might face;
- Procedures for staff to follow once a child is seen to be at risk of harm;
- Addressing concerns at the earliest possible stage.

5 SAFEGUARDING FOR ALL STAKEHOLDERS

At South West Partnership Schools safeguarding is EVERYONE's responsibility. A culture of Safeguarding is embodied in school through:

- Helping children keep themselves safe
- Staff and visitors' responsibilities
- Parents and Carers responsibilities

5.1 HELPING CHILDREN KEEP THEMSELVES SAFE

Children's understanding of how to keep themselves safe is key to safeguarding. All children are supported in recognising and managing risks in different situations.

This includes when using the internet and social media. Along with being able to judge what kind of physical contact is acceptable, unacceptable along with recognising when pressure from others, including people they know, threatens their personal safety and well-being. They are also supported in developing effective ways of resisting pressure.

Children are taught to understand and manage risk through our personal, social, health and economic (PSHE) education and Relationship and Sex education lessons and through all aspects of school life. Our approach is designed to help children to think about risks they may encounter and with the support of staff work out how those risks might be reduced or managed.

Discussions about risk are empowering and enabling for all children and promote sensible behaviour rather than fear or anxiety. Children are taught how to conduct themselves and how to behave in a responsible manner

Children are also reminded regularly about online safety, the risks of sharing content and images online and tackling bullying, including cyber bullying procedures.

The school continually promotes an ethos of respect for children. Pupils are encouraged to speak to a member of staff of their choosing about any worries they may have. In the early years setting children know that there are adults in the setting whom they can approach if worried or in difficulty.

Pupils are made aware that they can contact the designated safeguarding lead or any other member of staff to report concerns that they have and that they have a right to speak to this member of staff in confidence. Children are reminded that confidentiality cannot be guaranteed, but that they will be listened

to, heard and informed of what steps can be taken to protect them from harm and that feedback will be sought, so that their views about actions are known.

Children at South West Partnership Schools:

- Know they have legal rights according to the UNCRC
- Know what to do and who to talk to when they feel worried/anxious/ fearful/bullied
- Are aware of Stranger Danger
- Show respect/care to each other and adults in school
- Show respect/ care to animals and living things around the school
- Understand how to be safe around animals in school
- Understand about hygiene and follow hygiene routines after animal handling and outdoor play.
- Can respond appropriately to Fire drills
- Eat Healthy snacks.
- Show Body awareness
- Are aware about the protocols of E-safety
- Are aware of school routines.

5.2 STAFF RESPONSIBILITIES

Staff at South West Partnership Schools:

- Be curious and question i.e. notice when things are troubling children and are alert to signs of abuse, be observant of children's changing behaviour
- Show understanding and action i.e. understand what is happening, ensure children are heard and understood and act on that understanding
- Provide stability by developing an on-going relationship of trust with children especially those who need help
- Respect children's rights by informing and involving them of procedures, decisions, concerns and plans
- Know how to report and handle a disclosure
- Record concerns and give the record to the Designated Lead or in their absence to Deputy Designated Lead
- Deal with a disclosure of abuse from a child in line with this policy
- Be involved, where appropriate, in the implementation of individual education programmes, integrated support plans, Child in Need plans and Child Protection plans
- Ask for support: Safeguarding is most effective when it is a collaborative process. If no help is at hand, be sure that you refer to children's social care (e.g., MASH or LADO) or to the police/ambulance without delay
- Be subject to Safer Recruitment processes and checks, whether they are new staff, supply staff, contractors, volunteers etc
- Include safeguarding topics in curriculum planning
- Understand and know what to do in regards to FGM and Radicalisation
- Model good behaviour and safe practices to children
- Undertake relevant safeguarding training (first aid, fire awareness, CP)
- Maintain confidentiality
- Implement and keep up to date knowledge of school policies and have a clear understanding and follow safety and safeguarding protocols
- Keep accident logs
- Arrange/ attend transition and handover meetings
- Manage partnership with parents on children's wellbeing, permission for trips etc
- Undertake regular risk assessments and health and safety checks
- Follow intimate care protocols
- Monitor attendance and take prompt action
- Review their own practice to ensure children are safe at all times
- Follow e-safety protocols
- Maintain statutory ratios
- Contribute to school site security and safety at all times.

5.3 PARENTS AND CARERS

Parents and carers have the main responsibility for safeguarding and promoting their child's welfare and the school recognises the importance of working in partnership with them to ensure the welfare and safety of pupils.

- Have access to schools safeguarding and other relevant policies
- Understand their parental responsibility in keeping their children safe
- Communicate to school about child's absence and any delay in dropping or picking up their child
- Understand the school's responsibility to monitor children's wellbeing, health and safety not just at school
- Have opportunities for to discuss any problems with class teachers and other relevant staff

6) IDENTIFYING CHILDREN AT RISK OF 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.

- 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, another child, children or young people.

The **warning signs and symptoms** of child abuse and neglect can vary from child to child. Disabled children may be especially vulnerable to abuse, including because they may have an impaired capacity to resist or avoid abuse. They may have speech, language and communication needs which may make it difficult to tell others what is happening. Children also develop and mature at different rates so what appears to be worrying for a younger child might be normal behaviour for an older child.

Parental behaviours may also indicate child abuse or neglect, so you should also be alert to parent-child interactions which are concerning and other parental behaviours. This could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health.

By understanding the warning signs, you can respond to problems as early as possible and provide the right support and services for the child and their family. It is important to recognise that a warning sign doesn't automatically mean a child is being abused.

There are a number of warning indicators which might suggest that a child may be being abused or neglected. Some of the following **signs might be indicators of abuse or neglect**:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed
- Children with clothes which are ill-fitting and/or dirty
- Children with consistently poor hygiene
- Children who make strong efforts to avoid specific family members or friends
- Children who don't want to change clothes in front of others or participate in physical activities
- Children who are having problems at school
- Children who appear to be tired and hungry
- Children who talk about being left home alone, with inappropriate carers or with strangers
- Children who reach developmental milestones late, with no medical reason
- Children who are regularly missing from school or education

- Children who are reluctant to go home after school
- Children with poor school attendance and punctuality / consistently late being picked up
- Parents who are dismissive and non-responsive to practitioners' concerns
- Parents who collect their children from school when drunk, or under the influence of drugs
- Children who drink alcohol regularly from an early age
- Children who are concerned for younger siblings without explaining why
- Children who talk about running away
- Children who shy away from being touched or flinch at sudden movements.

6.1) CATEGORIES OF ABUSE

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by 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 others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

There are four main categories of abuse and neglect:

- physical abuse
- emotional abuse
- sexual abuse
- neglect.

Physical Abuse

Physical abuse is deliberately physically hurting a child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

- Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens.
- Babies and disabled children also have a higher risk of suffering physical abuse.
- Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

Indicators may include:

- Children with frequent injuries;
- Children with unexplained or unusual fractures or broken bones; and
- Children with unexplained bruises or cuts, burns or scalds; or bite marks.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.

Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example, in the way that a parent interacts with their child. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities. 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 a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), 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, although it may occur alone.

Indicators may include:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder';
- Parents or carers blaming their problems on their child;

- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

Sexual Abuse & Exploitation

Sexual abuse is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong.

Sexual abuse can have a long-term impact on mental health. Sexual abuse 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. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch 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.

Indicators may include:

- Children who display knowledge or interest in sexual acts inappropriate to their age
- Children who use sexual language / have sexual knowledge that you wouldn't expect them to have
- Children who ask others to behave sexually or play sexual games
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy

Child Sexual Exploitation (CSE) is a form of sexual abuse where children are sexually exploited for Money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Indicators may include:

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

Neglect

Neglect is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child's health or development.

There are many different aspects in which neglect can manifest: educational neglect, medical neglect, emotional neglect, physical neglect, and so on.

Neglect usually indicates a relationship issue between the parent and child. Emotional neglect can be as detrimental if not worse than physical neglect.

Emotional Neglect is a parent's failure to respond *enough* to a child's emotional needs; it's a failure to notice, attend to or respond appropriately to a child's feelings. It results in children having difficulty trusting or knowing their own feelings or others because theirs were never validated.

Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action. However, while you may be concerned about a child, neglect is not always straightforward to identify.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

Indicators may include:

- Children who are living in a home that is indisputably dirty or unsafe
- Children who are left hungry or dirty
- Children who are left without adequate clothing – e.g. not having a winter coat
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence
- Children who are often angry, aggressive or self-harm
- Children who fail to receive basic health care
- Parents who fail to seek medical treatment when their children are ill or are injured

Domestic Abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes any emotional, physical, sexual, financial or psychological abuse. It can happen in any relationship, and even after the relationship has ended. Both men and women can be abused or abusers. Witnessing domestic abuse is really distressing and scary for a child, and causes serious harm. Children living in a home where domestic abuse is happening are at risk of other types of abuse too. Children can experience domestic abuse or violence in lots of different ways. They might:

- see the abuse
- hear it from another room
- see a parent's injuries or distress afterwards
- be hurt by being nearby or trying to stop the abuse.

Domestic abuse can happen in any relationship, and it affects young people too. They may not realise that what's happening is abuse. Even if they do, they might not tell anyone about it because they're scared of what will happen, or ashamed about what people will think.

Schools/colleges should refer children/young people to MASH if they believe that a child/ren are being affected by domestic violence. School staff can also support and refer victims of DA to the Independent Domestic Violence Advisor (IDVA). IDVAs provide confidential emotional support and practical guidance for victims in order to reduce risk and help them to identify solutions in order that they may leave their abusive relationship.

6.2) SPECIFIC SAFEGUARDING ISSUES

All staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as **youth produced sexual imagery**) put children in danger.

All staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most 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;
- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals.

Peer on peer abuse

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to)

- bullying (including cyberbullying)
- sexual violence and sexual harassment

- physical abuse such as hitting, kicking, shaking, biting, hair pulling, otherwise causing physical harm
- sexting initiating/hazing type violence and rituals.

Sexual Violence and Sexual Harassment between children

Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment.

Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk.

Evidence shows girls, children with SEND and LGBT children are at greater risk.

Staff should be aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

Sexual harassment

When referring to sexual harassment we mean ‘unwanted conduct of a sexual nature’ that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment.

Sexual harassment is likely to:

- violate a child’s dignity,
- and/or make them feel intimidated, degraded or humiliated
- and/or create a hostile, offensive or sexualised environment.

Whilst not intended to be an exhaustive list, sexual harassment can include:

- sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names
- sexual “jokes” or taunting
- physical behaviour, such as:
 - deliberately brushing against someone,
 - interfering with someone’s clothes
 - displaying pictures, photos or drawings of a sexual nature
 - online sexual harassment.
- This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:
 - non-consensual sharing of sexual images and videos
 - sexualised online bullying
 - unwanted sexual comments and messages, including, on social media
 - sexual exploitation
 - coercion and threats

The response to a report of sexual violence or sexual harassment

The initial response to a report from a child is important. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. Nor should a victim ever be made to feel ashamed for making a report.

If staff have a concern about a child or a child makes a report to them, they should follow the referral process. As always, if staff are in any doubt as to what to do they should speak to the designated safeguarding lead (or a deputy).

6.3 CHILDREN WITH SPECIAL EDUCATIONAL NEEDS & DISABILITIES (SEND) AND OTHER ADDITIONAL NEEDS

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

This can include;

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

To ensure that all of our pupils receive equal protection we will give special consideration to children who are:

- Young carers
- Transgender children / young people
- Affected by parental substance misuse, domestic violence or parental mental health needs
- Asylum seekers
- Living away from home
- Vulnerable to being bullied, or engaging in bullying
- Living in temporary accommodation
- Live transient lifestyles
- Living in chaotic and unsupportive home situations
- Vulnerable to discrimination on the grounds of race, ethnicity, religion, disability or sexuality
- At risk of sexual exploitation
- Do not have English as a first language
- At risk of female genital mutilation (FGM)
- At risk of forced marriage
- At risk of being drawn into extremism.

This list provides examples of additionally vulnerable groups and is not exhaustive. Special consideration includes the provision of safeguarding information and resources in community languages and accessible formats for children with communication needs.

6.4 EARLY HELP/JERSEY CHILDREN FIRST

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.

Effective early help relies upon local organisations and agencies working together to:

- identify children and families who would benefit from early help
- undertake an assessment of the need for early help
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child

The team will consider:

- If a child is in need
- Her/his stage of needs
- Which needs must be met as a priority
- Which is the most appropriate service or services to meet these needs

These referrals to Early Help and Intervention Services will also highlight the level of need and may sometimes accelerate the intervention to other services.

In addition, a lack of progress and improved outcomes for children and families through Early Help could trigger more robust support and intervention, meeting the Level 3 threshold.

Identifying children and families who would benefit from early help

Practitioners must be able to identify new and emerging threats, including online abuse, grooming, sexual exploitation, criminal exploitation and radicalisation. To enable this, the three safeguarding partners should consider what training is needed locally and how they will monitor and evaluate the effectiveness of any training they commission.

Effective assessment of the need for early help

Children and families may need support from a wide range of local organisations and agencies. Where a child and family would benefit from coordinated support from more than one organisation or agency (e.g. education, health, housing, police) there should be an inter-agency assessment.

These early help assessments should be evidence-based, be clear about the action to be taken and services to be provided and identify what help the child and family require to prevent needs escalating to a point where intervention would be needed through a statutory assessment.

A lead practitioner should undertake the assessment, provide help to the child and family, and act as an advocate on their behalf and co-ordinate the delivery of support services.

For an early help assessment to be effective:

- It should be undertaken with the agreement of the child and their parents or carers, involving the child and family as well as all the practitioners who are working with them. It should take account of the child's wishes and feelings wherever possible, their age, family circumstances and the wider community context in which they are living
- Practitioners should be able to discuss concerns they may have about a child and family with a social worker in the local authority. Local authority children's social care should set out the process for how this will happen

In cases where consent is not given for an early help assessment, practitioners should consider how the needs of the child might be met. If at any time it is considered that the child may be a child in need, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to MASH. This referral can be made by any practitioner.

7 SAFER SCHOOL CULTURE

7.1 SAFER RECRUITMENT AND INDUCTION

- The partnership pays full regard to 'Keeping Children Safe in Education'. Safer recruitment practice includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional and character references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job.
- All staff that are appointed to work in school have a criminal records check called a Disclosure and Barring search (DBS check). This search highlights people who have a criminal record or if previous allegations have been made against them. If staff are found to have a criminal record the appointment is reconsidered by the Head teacher. CYPES is informed directly by the Disclosure and Barring Service.
- The Head teacher and/or Head of Schools sit on all appointment panels.
- New staff are inducted into safeguarding practices. Newly appointed staff is assigned a mentor for the induction period. It is the responsibility of the mentors to familiarise new staff with procedures and policy, which affect the health and safety of all at school but especially the children.

Induction Training will cover:

- the safeguarding policy and procedures;
- the role of the designated safeguarding team (including the identity of the designated safeguarding lead and any deputies).
- the behaviour policy;
- the staff handbook (code of conduct);

In addition, all staff should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, and at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

Training will ensure that ALL staff:

- Are aware of their local early help process and understand their role in it.
- Are aware of the process for making referrals to MASH
- Are aware of the process for making referrals of allegations against professionals to the local authority's Designated Officer
- Know what to do if a child tells them he/she is being abused or neglected.
- Know how to manage the requirement to maintain an appropriate level of confidentiality.

7.2 SCHOOL SECURITY

South West Partnership Schools provides a safe and secure environment for pupils and staff to work in however the school is only as secure as the people who use it. Therefore all people on the site have to adhere to the rules, which govern it. Laxity can cause potential problems to safeguarding. Therefore:

- Playground gates other than the main entrance remain locked throughout the day except at the start and end of each day.
- Visitors and volunteers must only enter through the main entrance and must sign in at the office
- All staff and visitors must sign in and wear identification badges
- Staff should access/leave the building through the front door and sign out if they leave during the day.
- Children will only be allowed home with adults with parental responsibility or confirmed permission
- Children should never be allowed to leave school alone during school hours, and if collected by an adult, signed out
- Staff should challenge unidentified/unknown people on school premises
- Pupils may only enter the secure pond when there is an adult present to supervise
- Adults and parents visiting the school should use staff toilets only and not children's toilets
- Unaccompanied children may only cross the main road with a road crossing patrol trained member of staff.
- Staff are aware of any alternative adults to those who normally do pick up i.e. parents, grandparents etc. and will challenge any one different or unknown

Should a child leave the school premises without permission then the Safeguarding team must be informed immediately. Parents will then be informed of the incident and the police if necessary.

7.3 Digital Safeguarding

A range of devices can be used for E-Learning and education is currently facing an explosive growth in the use of ICT. Incidents and activities that could compromise Digital Safeguarding include:

- receiving, creating and /or sending offensive or sexually explicit content
 - capturing images for the purpose of ridicule, bullying, exploitation or grooming
 - accessing websites that contain unacceptable material
 - inappropriate electronic contact between adults, children / young people
 - deliberate attempts to circumvent the e-safety environment that is provided by CYPES
-
- Children should be encouraged to use the internet as much as is possible, but at all times in a safe way.
 - Parents are asked to sign paperwork agreeing to their child using the internet, which includes a Code of Conduct for children.
 - Pupils must never be left unattended whilst online and teachers should ensure that this does not happen. If teachers know of misuse, either by a teacher or child the issue should be reported to the Digital Safeguarding Lead without delay.
 - As Designated Lead, the Head teacher has overall responsibility for internet safety.
 - The ICT Subject Leader and ICT technicians have direct access to all email addresses and passwords.
 - Parents have had opportunities to attend Digital Safety information sessions about internet safety. Pupils should receive a regular entitlement to develop their own Digital Safety awareness.
 - Staff and children are not permitted to log onto the Internet via the school WiFi using their own devices.
 - Devices may be brought into school by staff but staff must be willing for the Head teacher to monitor their use and their content if they do so. These devices must not be used to photograph or video children. This includes phones, tablets and cameras.
 - Children, staff and parent users are asked to sign an AUP/RUA to use the internet at school.

Please refer to the DfESC and school's Online Safety Safeguarding policy for further information.

7.4 FIRST AID AND MEDICINES

In school there are always trained members of staff who volunteer to oversee first aid, including a number of Paediatric trained staff. Almost all staff hold a first aid qualification. There is always a nominated First Aider on the playground at break and lunchtimes. There are a number of first aid kits situated around school.

When a child is unwell, or has suffered an accident in school or on the playground there is a protocol for staff to follow:

- A trained first aider is consulted if needed, although this is not necessary for minor scrapes and grazes, which can be treated by any member of staff
- The incident is logged on the accident record and a slip is filled in for the child to take home to their parent or carer
- For head injuries a first aider must be consulted and a "Head Note" and sticker issued and the class teacher informed. The injured person should be monitored to ascertain whether any other symptoms associated with a head injury have presented. If there is any doubt at all a parent is contacted immediately
- If an injury requires Accident and Emergency treatment the Head Teacher (if deliberate/critical incident) must be notified if accidental/not critical Head of School must be notified, an accident form is completed and sent to CYPES.
- Further guidance can be found in the Parent Handbook which is shared and discussed with parents and carers prior to the child starting. We will take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.
- Please see our Supporting Pupils with Medical Conditions policy (currently being updated) for administering medicines to children. This includes systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date. Staff will be given appropriate training to administer medicines that require medical or technical training, as appropriate. Prescription medicines will only be administered when they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

Medicine (both prescription and non-prescription) will only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. We will keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.

- Medicines for children must be stored securely.
- South West Partnership schools do not allow smoking in or on the premises.
- Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children.
- If staff are taking medication, which may affect their ability to care for children, they should seek medical advice and only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly. Staff medication on the premises must be securely stored, and out of reach of children, at all times.

7.5 INDUCTION OF VOLUNTEERS

- For extended contact with children, where children may be left alone with an adult, or when an adult visitor may be in and around the school building regularly a full DBS check will be conducted
- The school admin team organise the online process for this
- Visitors who do not yet have clearance will under no circumstance be left alone with a child or group of children.

7.6 INTIMATE CARE

- Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which can demand direct or indirect contact with or exposure of the genitals.
- Intimate care includes: Feeding, oral care, washing, changing clothes, toileting, including cleaning after soiling, first aid and medical assistance, menstrual management and supervision of a child involved in intimate self-care.
- Under our new guidance, parents are asked to fill in a form agreeing to intimate care by staff when their child starts school.
- Staff should refer to the Intimate Care policy before dealing with such an incident.

7.7 PARTNERSHIPS WITH PARENTS/CARERS

- Keeping our children safe is an objective that is shared with parents/carers. Parents/carers are worked with positively, openly and honestly and are treated with respect, dignity and courtesy.
- Parents' rights to privacy and confidentiality are respected and sensitive information will not be shared unless permission has been given or it is necessary to do so in order to protect a child.
- All concerns are discussed with parents about their children unless there are exceptional circumstances relating to disclosures of a child protection nature.

7.8 PHYSICAL ACTIVITY LESSONS

When PE lessons/outdoor learning lessons take place on the field or the nature trail the member of staff should take a mobile phone with them and a basic first aid kit. This is particularly important if they are not accompanied by a second member of staff.

7.9 PHOTOGRAPHING, IMAGES AND VIDEOING

- We often take photos of the children at school. We may use these images within classrooms, in corridors and in our school's information booklet or in other printed publications, as well as our school website, Facebook page etc. We may also make video or web cam recordings of school events such as residential trips or assemblies.
- From time to time, our school may be visited by the media who will take photographs or video /film footage. Pupils will often appear in these images which may be used in the JEP or on televised news programmes.
- School photographs that are for use outside of school are anonymous unless specific permission has been received from parents. If an outside company from the UK is involved in filming they will be asked to complete a separate data protection agreement form.

- Parents are asked to sign a consent form upon entry to school stating whether they are happy for such photographs and videos to include their son or daughter. Conditions of use of photos and video footage are clearly stated on the back of the consent form. This consent can be changed at any time.
- Teachers are informed of pupils who do not have parental consent.
- Staff MUST only use the registered school devices to record images and videos of children and store this data securely.

7.10 BULLYING

- Bullying is deliberately hurtful behaviour that is repeated over a period of time, making it difficult for the person concerned to defend themselves. The school works hard to ensure that all children know the difference between bullying and simply "falling out."
- Bullying generally takes one of four forms:
 - Indirect
 - Physical
 - Verbal
 - Cyber
- It may include being unfriendly, spreading rumours, excluding, tormenting (e.g. hiding bags or books) pushing, kicking, hitting, punching, slapping or any form of violence name-calling, teasing, threats, sarcasm. It may include homophobic, transphobic or biphobic bullying. It may also include all areas of internet misuse, such as nasty and/or threatening emails, misuse of blogs, gaming websites, internet chat rooms and instant messaging, mobile threats by text messaging and calls, misuse of associated technology, ie) camera and video facilities.
- At South West Partnership Schools, we are committed to providing a caring, friendly and safe environment for all of our pupils so they can learn in a relaxed and secure atmosphere. Bullying is an anti-social behaviour and affects everyone. All types of bullying are unacceptable at our school and will not be tolerated; we have a firm zero-tolerance approach.
- Please see our Anti-bullying Policy for more details.

7.11 SCHOOL TRIPS

- We encourage staff to take children out of school on visits to enhance their learning, and recognise the value of such visits when carefully focused. These trips should be carefully planned to minimise risk and safeguard our pupils in accordance with our Visits Policy.
- On these trips the school's Safeguarding / Health and Safety Policy applies.
- If other organisations provide services or activities on the school site or as part of a visit, the school will check they have appropriate procedures in place, including safe recruitment procedures and risk assessments.

The following guidance should be followed on school trips:

- The minibus may only be driven by a minibus trained member of staff with the MIDAS qualification.
- Ratios for visits must be maintained at all times –1:4 for Early years 1: 6 for KS1 and 1:10 for KS2
- A first aid kit, emergency contact details and school mobile phone must be taken on all trips.
- A risk assessment and visit form must be handed to the Senior teacher a minimum of 5 days before any visit for approval
- All children and staff should wear a high visibility vest when walking on public paths and pavements (if it is whole school, as many children as possible and accompanying adults)

7.12 TRAVELLING TO AND FROM SCHOOL

- Some older children walk or cycle to school unaccompanied by a parent or carer.
- If this is the case a letter must be written by the parent to the school explaining this if the child is in year 4 or below.
- Pupils cycling to school alone must hold the Bike Ability 'Silver' certificate.
- Pupils cycling or walking unaccompanied may bring a mobile phone to school for safety purposes but this must remain switched off during the day.

7.13 DATA MANAGEMENT

- The school is compliant with Jersey Data Protection (2018) Law.
- Our school will endeavour to keep up to date and accurate information in order to keep children safe and provide appropriate care for them.
- This is stored centrally in the office in a locked/secure filing cabinet. This information will not be shared with anyone apart from staff members unless a child is 'at risk'.
- Any paper work including personal information/data should be destroyed appropriately and placed in the bins for shredding according to the data retention schedules.
- Staff have a responsibility to manage children's data safely, and store data in a locked cupboard, which are available in all classrooms.
- Electronic data can only be stored using encrypted drives or on the school network
- All staff have a responsibility to report data loses to the Headteacher immediately.
- For more details please refer to the Staff Handbook.

7.14 RACIAL TOLERANCE

- The school will work hard to promote racial equality and harmony by preventing and challenging racism.
- Racism is tackled in both the PSHE and in the RE curriculum, as well as through our Rights Respecting Schools work.
- The children take part in discussions designed to raise awareness and address prejudice.

7.15 FOOD AND DRINK

- All staff handling and preparing children's food / snack will undergo food and hygiene certification
- We encourage healthy food and snacks. Where children are provided with meals, snacks and drinks, they must be healthy, balanced and nutritious. This includes reading labels (even where foods are labelled 'with no added sugars') for 'hidden sugars' (such as, sucrose, dextrose, maltose, fructose, lactose, glucose, honey, grape juice), artificial sweeteners, palm oil, and preservatives.
- Before a child is admitted to our school we will obtain information about any special dietary requirements, preferences and food allergies that the child has, and any special health requirements. We will keep records of and act on information from parents and carers about a child's dietary needs.
- Fresh drinking water will be available and accessible at all times.

7.16 GENERAL SCHOOL ENVIRONMENT

- For more details, please refer to Health and Safety policy
- Careful attention should be paid by all to the physical environment and how the space is used to promote learning, while at the same time ensuring that the children's safety and well-being are protected.
- Hygiene, cleanliness and tidiness in all areas of school should be given high priority; hazards and clutter should be routinely removed to prevent accidents or incidents. All staff have a duty to report immediately any hazards they spot in and around the school.
- Premises and accommodation should be maintained to high standards, with any faults or defects being rectified without delay.
- As a school we recognise the importance of caring for pupils' emotional wellbeing and the importance of making them feel safe and secure. At times it may be necessary for staff to agree locations where children who feel vulnerable or at risk can go for additional support or guidance.

7.17 CRITICAL INCIDENTS (Inc. FIRE)

- Staff should refer to the Critical Incident Plan in the event of a critical incident.
- SLT should ensure that staff know how to cope with critical incidents or emergencies such as fire.
- In the event of a Fire Alarm, staff should follow the evacuation procedures. These will be practiced termly.

7.18 VISITORS

- It is assumed that visitors with a professional role i.e. the School Nurse or members of the police already have relevant clearance but the office will endeavour to check this before admittance is granted and a note made of anyone entering without clearance. These visitors will be accompanied.

- Any visitors to the building must be signed in and out of the school building at the office and must wear a visitor badge/lanyard which can be clearly seen.
- When being signed in, reference must be made to the evacuation and safeguarding information on the back of the badge.
- They should enter the school building by the main entrance only.
- All staff have a duty to challenge any visitors that are seen without wearing a 'visitor badge'

7.19 WHISTLEBLOWING

- If members of staff ever have any concerns about people in school, paid or unpaid, they have a professional duty to inform a member of SLT accordingly.
- This can be done in writing or verbally but staff should be prepared to discuss issues in the confidence that any such matter will be dealt with sensitively and with the necessary degree of confidentiality.
- The school follows the Government of Jersey policy and procedures on whistleblowing, available on: <https://www.gov.je/sitecollectiondocuments/government%20and%20administration/whistleblowing%20policy.pdf>

7.20 ANIMALS IN SCHOOL

- The school has the ethos of handling animals in school with respect and care along with taking appropriate safety measures.
- Parental permission is sought before children can handle animals in school.
- Staff should refer to the CLEAPSS guidance on contact with animals in school, and also for guidance on visits to places where children may come into contact with animals, e.g a farm visit. CLEAPSS guidance is available <http://www.cleapss.org.uk/>
- Appropriate handling and hygiene routines are followed by all children and staff during activities that involve animals

7.21 RADICALISATION

- The South West Partnership is clear that exploitation and radicalisation should be viewed as a safeguarding concern and that protecting children from the risk of radicalisation is part of the school's safeguarding duty.
- The schools have duty to be alert to any attempt to radicalise vulnerable children to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.
- The South West Partnership seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right/Neo-Nazi/White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements
- The Designated CP lead will lead regular case monitoring reviews of vulnerable children. These reviews must be evidenced by minutes and recorded in case files.
- When the school has concerns about a child, the Designated Safeguarding Lead will decide what steps should be taken.

PART B

8) PROCEDURES

8.1 WHAT DO WE DO WHEN WE HAVE A CAUSE FOR CONCERN- **UPDATED 2020**

Safeguarding information for all staff.

It is not the responsibility of the school staff to investigate welfare concerns or determine the truth of any disclosure or allegation. All staff; however, have a duty to recognise concerns and maintain an open mind.

Accordingly all concerns regarding the welfare of pupils will be recorded and discussed with the designated safeguarding lead (or the deputy designated safeguarding lead in the absence of the designated person) prior to any discussion with parents.

Staff must immediately report:

- Any suspicion that a child is injured, marked, or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play
- Any explanation given which appears inconsistent or suspicious
- Any behaviours which give rise to suspicions that a child may have suffered harm
- Any concerns that a child may be suffering from inadequate care, ill treatment, or emotional maltreatment
- Any concerns that a child is presenting signs or symptoms of abuse or neglect
- Any significant changes in a child's presentation, including non-attendance
- Any hint or disclosure of abuse about or by a child / young person
- Any concerns regarding person(s) who may pose a risk to children (e.g. living in a household with children present)
- Information which indicates that the child is living with someone who does not have parental responsibility for them (private fostering).

There will be occasions when staff may suspect that a pupil may be at risk, but have no 'real' evidence. The pupil's behaviour may have changed, their artwork could be bizarre, they may write stories or poetry that reveal confusion or distress, or physical but inconclusive signs may have been noticed.

In these circumstances, staff will try to give the pupil the opportunity to talk. The signs they have noticed may be due to a variety of factors, for example, a parent has moved out, a pet has died, a grandparent is very ill or an accident has occurred.

Procedure:

- **School Staff should log concern online using My Concern.**
- **Lunchtime supervisors/Visitors/Visiting professionals should continue to use PINK Welfare Concern Form to record these early concerns.**
- Any non-safeguarding concerns should be recorded by teachers on SIMS or on a BLUE file note form.

Responding to Disclosure/Concerns

Disclosures or information may be received from pupils, parents or other members of the public. The school recognises that those who disclose such information may do so with difficulty, having chosen carefully to whom they will speak.

Accordingly all staff will handle disclosures with sensitivity. Such information cannot remain confidential and staff will immediately communicate what they have been told to the designated person and make a contemporaneous record.

Principles for All Staff:

Staff will not investigate but will, wherever possible, listen, record and pass on information to the designated safeguarding lead in order that s/he can make an informed decision of what to do next. Staff will:

- Listen to and take seriously any disclosure or information that a child may be at risk of harm
- Clarify the information
- **Make a written record of what the child has said and as soon as possible.**
- **Log into My Concern: <https://www.myconcern.education/> Login details- Username is email address. Password- individual.**
- **Click on 'Report a Concern' and input the full information from your notes.** The child's name and details will automatically appear when you start typing their surname.
- My Concern can be accessed from anywhere where there is internet access- school, home etc.
- As soon as a record is made in My Concern, the DSL is automatically alerted.
- **If no internet is available, or the person does not have access to My Concern, they must use a PINK Record Form (Appendix 1). Take the form immediately to the DSL/Deputy DSL.**

Whichever method is used, the following still applies:

- Accurately record the date, time, your name and details of the concern.
- Be objective and factual with a verbatim reporting of what the child has said / done;
- Do not make assumptions;
- Opinions are fine but record the information on which you base this opinion;
- State the source of the information; hearsay is fine if you record it as hearsay;
- State whether you shared the information with the parent.
- Try to keep questions to a minimum and of an 'open' nature e.g. 'Can you tell me what happened?' rather than 'Did x hit you?'
- Use TED questions (Tell me about...Explain what you mean by...Describe what I would have seen if I was there)
- Try not to show signs of shock, horror or surprise
- Not express feelings or judgements regarding any person alleged to have harmed the child
- Explain sensitively to the person that they have a responsibility to refer the information to the designated safeguarding officer
- Reassure and support the person as far as possible
- Explain that only those who 'need to know' will be told
- Explain what will happen next and that the person will be involved as appropriate action by the Designated Safeguarding Lead (or the Deputy Designated Safeguarding Lead in their absence)

Key points for staff to remember for taking action are:

- in an emergency take the action necessary to help the child, if necessary call 999 or 612612, or call MASH directly, 449213.
- report your concern immediately to the DSL, ASAP through My Concern or PINK form. **This MUST be done by the end of the session (morning/afternoon) at the latest and NOT left overnight under any circumstance.**
- 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
- seek support for yourself if you are distressed through your line manager.

Following any information raising concern, the designated safeguarding officer will:

- Consider the child's wishes and feelings, but not promise confidentiality
- Consider any urgent medical needs of the child
- Contact the MASH Coordinator if there is any doubt about whether concerns raised meet the thresholds for a MASH Enquiry to obtain advice on how to proceed.
- Inform parents that a referral is being made to MASH. *Parental consent must be sought prior to the enquiry being made, unless seeking consent would place the child at risk of further harm.*

- Make the MASH Enquiry in the absence of 'parental agreement' and the parent made aware if your view is that the child has suffered harm, or in your professional opinion remains at risk of suffering significant harm.
- Contact the Social Worker, if the child already has an allocated Social Worker, and make them aware of your concerns and record these.
- The MASH Decision-maker will acknowledge all enquiries within 24 hours and inform the referrer of what action will be taken Make an immediate MASH enquiry verbally or on an enquiry form to the Jersey MASH Team if there has been a disclosure and/or allegation of abuse or there are clear grounds for concerns about the child's safety and well-being
- Review Action when a child has suffered or is likely to suffer harm and consider Early Help.
- If you decide not to make a referral at this stage, retain the information in written notes in the Safeguarding School file (Headteacher's Office)
- File the Pink form and if appropriate DSL to start a Chronology form for the child and monitor
- Consider if it would be appropriate to undertake an Early Help Assessment and/or make a referral for other services.
- All information and actions taken, including the reasons for any decisions made, will be fully documented.

Making an Enquiry to MASH

1. Initial submission (enquiry)

- a) Complete the online MASH form, obtained from www.safeguarding.je
- b) Complete/Update the My Concern form/chronology.
- c) Follow up by telephone if no automated response confirming delivery has been received

2. Tasking process (replying to MASH tasking forms)

- a) Following a submission to MASH, you may receive a Tasking Form to gather information
- b) Follow instructions provided. Normally replies to tasking forms go to Education-MASH@gov.je

Following MASH if a referral to Social Care has been made, the designated safeguarding lead or other appropriate member of staff will:

- Maintain contact with the allocated Social Worker
- Contribute to the Strategy Discussion and Strategy Meeting
- Provide a report for, attend and contribute to any Initial Child Protection Conference
- Share the content of this report with the parent, prior to the meeting
- Attend Core Group Meetings for any child subject to a Child Protection Plan or Child in Need Meeting for any child subject to a Child in Need Plan
- Where a child on a Child Protection Plan moves from the school or goes missing, immediately inform the key worker in Social Care or the Education Welfare Officer.

The designated safeguarding lead or other appropriate member of staff will:

- Contact the Education Department's Designated Safeguarding Officer if they consider that the social care response has not led to the child being adequately safeguarded and follow this up in writing.
- Contact the Education Department's Designated Safeguarding Officer if they consider that the child is not being adequately safeguarded by the child protection plan and follow this up in writing
- We will provide a secure, caring, supportive and protective relationship for the child
- We recognise that the child's welfare is paramount. Good child protection practice and a good outcome for the child relies on a positive, open and honest working partnership with parents
- Whilst we may, on occasion, need to make referrals without consultation with parents, we will make every effort to maintain a positive working relationship with them whilst fulfilling our duties to protect any child
- Children will be given a proper explanation (appropriate to age & understanding) of what action is being taken on their behalf and why
- We will endeavour always to preserve the privacy, dignity and right to confidentiality of the child and parents.

- **The Designated Safeguarding Lead will determine which members of staff “need to know” personal information and what they “need to know” for the purpose of supporting and protecting the child.**

8.2 CONFIDENTIALITY AND INFORMATION SHARING

- The Data Protection (Jersey) Law 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children.
- Effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe.
- Serious case reviews (SCRs) have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have severe consequences for the safety and welfare of children.
- Practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to local authority children’s social care (e.g. they are being supported as a child in need or have a child protection plan). Practitioners should be alert to sharing important information about any adults with whom that child has contact, which may impact the child’s safety or welfare.
- Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children, which must always be the paramount concern.
- Practitioners must never assume that someone else will pass on information that they think may be critical to keeping a child safe, even if another has agreed to make a referral.
- All practitioners should be particularly alert to the importance of sharing information when a child moves from one school to another, due to the risk that knowledge pertinent to keeping a child safe could be lost
- Practitioners should aim to gain consent to share information, but should be mindful of situations where to do so would place a child at increased risk of harm
- Information may be shared without consent if a practitioner has reason to believe that there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner. When decisions are made to share or withhold information, practitioners should record who has been given the information and why

Practitioners must have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the Data Protection (Jersey) Law 2018.

To share information effectively:

- all practitioners should be confident of the processing conditions under the Jersey Data Protection Act 2018 which allows them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as ‘special category personal data’
- Practitioners should always report a breach of data protection to their lead data officer in the organisation so that it can be considered for referral to the Information Commissioner’s Office.
- Only relevant information should be disclosed to those professionals who ‘need to know’. Always ensure you are adhering to the Data Protection (Jersey) Law 2018. Staff should consider the purpose of the disclosure, and remind recipients that the information is confidential and only to be used for the stated purpose.

The Data Protection (Jersey) Law 2018 allows practitioners to share information without consent when –

- it is not possible to gain consent,
- it cannot be reasonably expected that a practitioner gains consent
- if to gain consent would place a child at risk

The seven golden rules to sharing information

1. Remember that the Data Protection (Jersey) Law 2018 and human rights law is **not a barrier to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.**

2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection (Jersey) Law 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

8.3 PARTNERSHIP WITH OTHER AGENCIES

- South West Partnership Schools recognises that it is essential to establish positive and effective working relationships with external agencies such as Social Services, Educational Psychologists, Education Welfare Team and Children's Services. There is a joint responsibility on all these agencies to share information to ensure the safeguarding of all children.
- Referrals should be made by the Designated CP Lead to the Multi-Agency Safeguarding Hub where the child already has a safeguarding social worker, the request for service should go immediately to the social worker involved, or in their absence to their team manager.
- We will co-operate with any child protection enquiries conducted by children's social care the school will ensure representation at appropriate inter-agency meetings such as integrated support plan meetings initial and review child protection conferences, and core group meetings.
- We will provide reports as required for these meetings. If the school is unable to attend, a written report will be sent. The report will, wherever possible, be shared with parents / carers at least 24 hours prior to the meeting.

8.4 REPORTING FEMALE GENITAL MUTILATION

- Female genital mutilation (FGM) involves injury to the female genital organs. It is illegal in the UK and a form of child abuse.
- If staff have a concern, they should activate safeguarding procedures as schools have a statutory duty to report these matters to the police.
- Staff are not required to carry out checks on individual children.
- When a teacher within the South West Partnership has reasons to suspect that an act of FGM has been carried out on a pupil s/he will discuss the situation with the Designated Safeguarding Lead, who may consult children's social care before a decision is made as to whether the mandatory reporting duty applies.

8.5 ALLEGATIONS REGARDING PERSON(S) WORKING IN OR ON BEHALF OF THE SCHOOL (INCLUDING VOLUNTEERS)

When an allegation is made against a member of staff, set procedures must be followed in accordance with the Education Department's policy. It is rare for a child to make an entirely false or malicious allegation, although misunderstandings and misinterpretations of events do happen.

A child may also make an allegation against an innocent party because they are too afraid to name the real perpetrator. Even so, we must accept that some professionals do pose a serious risk to pupils and we must act on every allegation.

Staff who are the subject of an allegation have the right to have their case dealt with fairly, quickly and consistently and to be kept informed of its progress, where possible.

Allegations concerning staff who no longer work at the school, or historical allegations will be reported to the police.

Where an allegation is made against any person working in or on behalf of the school that 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 if they work regularly or closely with children.

We will apply the same principles as in the rest of this document, as well as always follow the procedures outlined in the above-mentioned document. This includes allegations against staff in their personal lives. Whilst we acknowledge such allegations, (as all others), may be false, malicious or misplaced, we also acknowledge they may be founded. It is, therefore, essential that all allegations are investigated properly, in line with agreed procedures and outcomes recorded.

Initial Response to an allegation or concern:

Initial Action by person receiving or identifying an allegation or concern:

- Treat the matter seriously and keep an open mind.
- Make a written record of the information, including the time, date and place of incident/s, persons present and what was said and sign and date this.
- **Immediately report the matter to the most senior person in the organization and DO NOTHING ELSE. DO NOT TRY TO INVESTIGATE ANY ASPECT OF THE ALLEGATION or TELL THE PERSON/PEOPLE INVOLVED- this could jeopardise an investigation.**

Initial Action by the Designated Safeguarding Manager (The DSM will normally be the Head Teacher).

- Obtain written details of the concern or allegation, but do not investigate or interview child, adult or witnesses, nor inform anyone involved unless instructed.
- Contact the Education Department's Safeguarding Lead within 1 working day
- Discuss with the DfE's Safeguarding lead next steps
- Conduct a disciplinary investigation, if an allegation indicates the need for this
- Contribute to the child protection process by attending professional strategy meetings
- Ensure clear and comprehensive records regarding the allegation, and action taken and outcome are retained on the staff member's personnel file
- Consider along with Human Resources and the DfE's Safeguarding Lead whether a referral to the DBS should be made.

Non-recent & historical allegations of abuse

- Allegations concerning staff who no longer work at the setting or historical allegations will be reported to the police without delay.

8.5 MONITORING AND REVIEW

It is the responsibility of the SLT to monitor the effectiveness of the Safeguarding Policy through continual self-evaluation.

The SLT will ensure that:

- the school has a safeguarding and child protection policy and it is reviewed annually
- all other linked policies are kept up to date and shared with staff
- the school operates safe recruitment procedures and makes sure that all appropriate checks are carried out on staff and volunteers who work with children
- the school has procedures for dealing with allegations of abuse against staff and volunteers
- a senior member of the school's leadership team is designated to take lead responsibility for child protection (and deputy)
- staff undertake appropriate child protection training
- the policy is reviewed annually and is read by all staff
- staff receive child protection training as part of their induction
- The DSL and other senior staff are trained to at least Level 3.

Appendix 1: PINK Welfare Concern Form

South West Partnership Safeguarding and Concern Reporting Form
For the Attention of Headteacher / Designated Safeguarding Lead

Name of child	
Date of Birth: Age: School Year of child	
Date of concern / incident	
Name of person reporting concern /incident Please PRINT Name: Position Held in School:	
What is your concern? – please record details of concern or incident using statement of facts. If any there were any witnesses at the time please include their details	
What did you say or do?	
With whom did you share this information?	
NAME: Designation / Position	
When? Date:	Time:
Have details been added to the Safeguarding Record and Chronology?	Yes/No* *delete as appropriate
Please state reasons for the response above	
PRINT name of person raising concern: Received by:	Signature: Signature:
In order for this concern to be acknowledged, this form must be countersigned in your presence	
Date	
Further guidance can be found in the Safeguarding and Child Protection Policy Guidelines. If a MASH referral is required, please contact 519000	

Safeguarding Children: Record and Chronology

Details of the Child or Young Person for whom there are concerns

Name			
Date of Birth			
School		Unique Pupil Number (UPN)	

Relevant and / or significant information relating to the child or young person for whom you have concerns

Date	Print name	Chronology of Events / Relevant or Additional Provisions in Place / Referrals <i>Record any actions to meet safeguarding needs</i>

Insert new rows as required

Details of Concern(s)

Concern 1			
<i>Date and nature of safeguarding concern: e.g. physical/emotional presentation, change of evident behaviour, information received:</i>			
Date:	Time:	Name of person reporting concern;	

		<p><i>Example - child, class teacher, lunch time supervisor, music teacher, parent</i></p>	
<p>Give details of concern - <i>example: discussion with parent, consultation with DSO or MASH and outcomes:</i></p>			
<p><i>Voice of the Child – example: Did the child say anything and if so, what did they say?</i></p>			
<p>Name:</p>		<p>Designation</p>	

Concern 2			
<i>Date and nature of safeguarding concern: e.g. physical/emotional presentation, change of evident behaviour, information received</i>			
Date	Time	Name of person reporting concern: <i>Example - child, class teacher, lunch time supervisor, music teacher, parent</i>	
Give details of concern - <i>example: discussion with parent, consultation with DSO or MASH and outcomes:</i>			
<i>Voice of the Child – example: Did the child say anything and if so, what did they say?</i>			
Actions taken		Outcomes	
Name:		Designation:	

Concern 3			
<i>Date and nature of safeguarding concern: e.g. physical/emotional presentation, change of evident behaviour, information received</i>			

Date	Time	Name of person reporting concern: <i>Example - child, class teacher, lunch time supervisor, music teacher, parent</i>	
Give details of concern - <i>example: discussion with parent, consultation with DSO or MASH and outcomes:</i>			
<i>Voice of the Child – example: Did the child say anything and if so, what did they say?</i>			
Actions taken		Outcomes	
Name:		Designation:	

Concern 4			
<i>Date and nature of safeguarding concern: e.g. physical/emotional presentation, change of evident behaviour, information received</i>			
Date	Time	Name of person reporting concern: <i>Example - child, class teacher, lunch time supervisor, music teacher, parent</i>	

Give details of concern - *example: discussion with parent, consultation with DSO or MASH and outcomes:*

Voice of the Child – example: Did the child say anything and if so, what did they say?

Actions taken	Outcomes
Name:	Designation:

Referral Safeguarding Concern Form for

Designated Safeguarding Officer (DSO)

About the person raising the concern	
Date of Initial Concern	
Name and designation of person raising the concern	
School/College contact details	

About the child or young person for whom you have concerns			
Name of Child/Young Person for whom there are concerns		UPN Unique <i>Pupil</i> <i>Number</i>	
Name of Child/Young Person's Parent/ Carer or Other? <i>Please specify</i>			
Contact details for adult with parental responsibility (PR)			

Is the Child/Young Person aware that you are escalating a concern?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the next of kin aware that you are escalating a concern?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Child Looked After?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Does the Child have a CP Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Have you completed and sent a MASH Enquiry Form? Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, you DO NOT need to complete the next section, but attach your MASH Enquiry Form with this referral

What is your concern? <i>Please note that the boxes will expand automatically to accommodate the length of your statement</i>

Which other agencies are involved and what is their role?
--

In your opinion, does your concern meet Children’s Multi-Agency Safeguarding thresholds? Yes <input type="checkbox"/> No <input type="checkbox"/>

Add here any specific information that may be relevant

Have you contacted the Designated Safeguarding Officer at the ED to discuss your concern

Yes **Date of Contact:**

TO BE COMPLETED BY: Designated Safeguarding, Education Department

Outcomes

- 1. MASH Enquiry** Yes
- 2. MASH Rejected** Yes
- 3. MASH Referral to CIRT** Yes
- 4. Referral Early Help** Yes
- 5. MASH Referral Child in Need** Yes
- 6. Referred Health Visitor / School Nurse** Yes
- 7. Referral to other agency** Yes
- 8. Other**

File Notes:

Appendix 4: Example TED Questions staff members can use when finding out more information from a child making a disclosure:

TED stands for:

- + Tell
- + Explain
- + Describe

For example:

- Tell me what happened
- Tell me what I would have seen if I had been there
- Tell me what mummy said
- Explain what happened first, next
- Explain where you were when this happened
- Explain how you felt
- Describe what daddy's face looked like
- Describe how you were hurt
- Describe what you saw and heard whilst this was happening

Please remember:

This is NOT a script to work through, just a few examples.

Do not use more questions than necessary.

Do use follow up questions where needed e.g Tell me more...

Record accurately in the child's own words what they say.

Make sure you look after the child and ensure they feel safe.

Appendix 5: South West Partnership Schools Safeguarding Actions 2020

