

CONCORD COLLEGE

SAFEGUARDING AND CHILD PROTECTION POLICY & PROCEDURE

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Introduction

At Concord College we believe that it is always unacceptable for a child or young person to experience abuse of any kind and recognise that safeguarding the welfare of **all** children and young people is everyone's responsibility. We follow Shropshire Safeguarding Partnership (SSP) procedures and acknowledge that the welfare of the child is paramount. This policy and procedure document is based on a model provided by the SSP (-formerly the SSCB) and is updated and reviewed as necessary to include changes in guidance such as KCSIE Sept 2021 ("Keeping Children Safe In Education"). Concord adopts a whole College approach to safeguarding and child protection so that the best interests of children are at the forefront and underpin all that we do.

The College believes that it has a central role and responsibility in caring for the welfare of its students and in both preventing and protecting our students from abuse. All staff share the duty of care to promote the welfare of the child so that actions are taken in the child's best interests and concerns are acted upon immediately.

Given that the majority of students at Concord are full-time boarders from overseas, most Concord students can be deemed "vulnerable" to possible abuse due to living and working away from their previous support networks of families and friends. For this reason, **all** adults (i.e. staff, trustees & volunteers) working at Concord College should be particularly conscious of the importance of maintaining caring, but professional relationships with students. All members of the College community should seek to: listen to others' views; respect their views and differences; be open about their feelings; share their concerns promptly; behave appropriately at all times. (For more information, see the "Staff Code of Conduct Policy" in the Staff Handbook – document 6.19.) Concord College staff should be prepared to "think the unthinkable" and be vigilant to the risk that abuse "could happen here".

In addition, given the age range of Concord's students and its co-educational and diverse student body, there is also the potential for students to experience peer-on-peer abuse (or bullying, cyberbullying, gender based violence, sexual assaults, sexting) at the hands of their peers. Farrer & Co published (Dec 2017) a useful "Peer-on-peer abuse toolkit" document which has been saved in the Staff Handbook as document 11.3.1. (Page 9 usefully distinguishes between types of Harmful Sexual Behaviours or HSB: normal, inappropriate, problematic, abusive & violent. Page 11 contains a useful list of potential signs of peer-on-peer abuse.) A definition of peer-on-peer abuse is offered as follows on p.7: "...any sign of physical, sexual, emotional & financial abuse, and coercive control between children and within children's relationships". For these reasons, particular vigilance is needed by **all** adults who work at Concord College and they should be prepared to deter, detect, share information about and act upon any concerns about possible abuse in a timely manner. Emotional reactions should not be ignored and a child's wishes should be taken into account, in so far as this is possible, when determining what action to take and which services to provide. Incidents and concerns should not be dismissed as "banter" or "a normal part of growing up". Worries about students should be acted upon and raised as "initial concerns" which require early help from internal and/or external agencies. (-See below for procedures and Appendix K for possible signs of Peer-on-peer abuse.) The safeguarding of students and all members of the College community should be a priority for and the responsibility of **every member of staff** whenever and wherever they are covered by the College's duty of care (-including when they are on a school trip or visit). In addition, every member of staff should be aware of the possible safeguarding issues presented by drug taking, alcohol abuse, truanting, sexting.

The procedures below relate to the care of all students who are under 18 years of age. Many welfare needs of students can be met by the pastoral structures within the College in terms of its listeners & medical staff, but some students' problems are more complex & serious and can originate beyond the limits of the College. The College also recognises that it has a "duty of care" to all of its students (& including who are 18 and above). Some students at Concord aged 18 or over could still be referred to Adult Social Services due to being "vulnerable" (-as outlined above).

At Concord College it is our duty to respond promptly and appropriately to all concerns, incidents or allegations of abuse or neglect of a child. All concerns and allegations will be taken seriously by the College and we will work in partnership with children, young people, their parents, carers and other agencies. (This policy and procedure document is published on our College website and available to all our partners.)

Under this policy the College will: operate safe recruitment, selection & vetting procedures for all staff, trustees and volunteers; require the DSL (“Designated Safeguarding Lead”) & DDSLs to receive training in child protection and inter-agency working, which shall be updated every two years; require the Principal and all staff to receive training in child protection, which shall be updated regularly (& at least annually), as well as receiving regular safeguarding and child protection updates (for example, via email, e-bulletins, staff meetings; require that any deficiencies or weaknesses in safeguarding & child protection arrangements be remedied without delay.

Our statutory duties and supporting guidance are set out in “Working Together to Safeguard Children” (Feb 2019) and “Keeping Children Safe in Education” (Sept 2021). This policy is also compliant with current relevant legislation as follows:

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

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

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

Adult Roles

All staff (including students and volunteers) at Concord College are familiar with the definitions and signs and symptoms of abuse or neglect stated in “Working Together to Safeguard Children” as set out in [SSP Contacts and Definitions Handout](#) which can be found in the Concord College Staff Handbook (document 11.17.4).

All staff are aware of their individual roles in safeguarding and promoting the welfare of children including their responsibility to be alert to any issues for concern in the child’s life at home or elsewhere. We ensure that all staff (including students and volunteers) undergo an induction process where they are given copies of the procedures they must follow if they suspect abuse or neglect. Safeguarding training is delivered face-to-face by the DSL as part of induction and INSET each September. For new staff joining the College after September, there is another session provided in the Summer term. Online training (provided by Educare) is also required of staff with access to the College network. On-going support is provided through regular supervision and appraisals to ensure these policies and procedures are put into practice to protect children.

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

Jeremy Kerslake Vice-Principal (Pastoral) & Designated Safeguarding Lead (DSL)	Internal ‘phone numbers: Office = 227 Home = 128 (The Lodge) Or via e-mail: jeremy.kerslake@concordcollege.org.uk
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The Deputy Designated Safeguarding Leads (DDSLs) are:

Rachel Coward Head of Lower School, PTM & Deputy Designated Safeguarding Lead (DDSL)	Internal ‘phone numbers: Office = 190 Home = 199 Or via e-mail: R.Coward@concordcollege.org.uk
Daniel Wilson Assistant Principal, PTM & Deputy Designated Safeguarding Lead (DDSL)	Internal ‘phone numbers: Office = 109 Home = 628

	Or via e-mail: Daniel.Wilson@concordcollege.org.uk
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The Trustee who oversees this work is the Chairperson of the Welfare Committee:

Mr Brian Yates Chair of the Trustees' Welfare Committee	Via e-mail: B.Yates@concordcollege.org.uk
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During Summer Courses, concerns should be reported to the:

The Summer Course Designated Safeguarding Lead (DSL)	SummerDSL@concordcollege.org.uk
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Our Designated Safeguarding Lead will update their child protection/safeguarding training every two years (for schools settings) and has specific responsibilities as listed in **Appendices A and B**.

Record Keeping

When a concern about a child's welfare or safety is raised it will be discussed with the designated lead and recorded. If a serious concern or allegation is raised, the DSL will call a meeting of the Safeguarding Incident Team (or SIT - consisting of the DSL and two DSLs). If Rachel Coward is unavailable, **Julia Kerslake** will deputise for her. If Daniel Wilson is unavailable, Phil Outram will deputise for him. All SIT members (& their deputies) will receive level 3 safeguarding training every two years. If a serious concern is raised, Barnado's and/or the NSPCC are also likely to be consulted for advice. They will discuss the concern and make a decision about whether the concern should be shared with another agency (see **decision making** below) or kept on record in case future concerns arise. The reason for the decision will be noted alongside the record. The Principal will be informed of decisions taken by the SIT.

If a serious incident is under consideration, contact will be made with the College's legal advisers (Farrer & Co) & key areas for discussion will be: steps needed to safeguard the individual (or individuals) involved; actions needed to safeguard other members of the community; any issues involving requests for confidentiality & whether these should be overridden; any risk assessments and action plans needed.

All records will be stored in a separate confidential file in a locked, secure place with restricted access. When a child/pupil transfers to another school/setting within this or another authority, the confidential information held is forwarded under confidential cover and separate from the child's/pupil's main file to the DSL for child protection in the receiving school/setting immediately.

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

Information is shared as necessary to protect children from harm. We follow the guidance in the HMG 2015 guide '*Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers*' and the HMG 2015 guide '*What to do if you are worried a child is being abused*'.

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

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

We take a holistic approach to safeguarding all children in our care and recognise that different families need a different level of support at different times. To enable us to recognise at which level a family might require

support; we use the Shropshire Safeguarding Partnership's *Multi-agency Guidance on Threshold Criteria to help support Children, Young People and their Families in Shropshire*. [Shropshire Threshold Document](#). - This can be found in the Concord Staff Handbook (- document 11.17.5).

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

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

Level 1 – Universal

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

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

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

Level 2 – Children in need of Early Help

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

Sometimes in discussion with parents and carers and through our observations and records we may think a child and their family could benefit from additional support from outside agencies to ensure he/she reaches his/her full potential. This process is known as Early Help. We have knowledge of the different agencies which may be able to offer support and we will work with parents and carers to decide which support would be most appropriate for their family. We will work with parents to complete any Early Help referral forms required to access this support. If we are unsure of where to access support we will contact Compass for advice.

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

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

Level 3 –children with complex needs

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

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

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

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

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

Level 4 – children with acute specialist needs/ child protection

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

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

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

It may be:

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

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

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

Consider:

- *What is the lived experience of the child?*

- *When and how are the child's needs not being met?*
- *What are the effects on the child's current development and long term effects?*
- *What are the child's needs, wishes and feelings regarding intervention and likely outcomes?*

(Taken from: Multi-agency Guidance on Threshold Criteria to help support Children, Young People and their Families in Shropshire 2017) [Shropshire Threshold Document](#). - This can be found in the Concord Staff Handbook (- document 11.17.5).

Partnership with families

A copy of this policy is made available to all parents via the College website as well as details of the complaints procedure. (-For more information about complaints, see Staff Handbook documents 11.6, 11.6.1 & 11.7.) In general any concerns will be discussed with parents and we will offer support.

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

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

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

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

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

The child's interest must be the overriding consideration in making such decisions. Decisions should be recorded. If consent is withheld by the parent:

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

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

When making a level 4 referral to Compass we will ensure we have a record of all details required detailed on a [Shropshire Multi-Agency Referral Form](#). This form can be found in the Concord Staff Handbook (- document 11.17.6).

Specific legal duties to report

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

- **Radicalisation and the Prevent Duty**

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

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

Our College promotes these values to ensure that children build resilience in respect of the Prevent Duty and promotes tolerance and harmony between different cultural traditions. For more information, please refer to Staff Handbook documents 11.17.1.a & 11.17.1.b for further details. Concord College provides a broad and balanced curriculum which promotes the spiritual, moral and cultural development of students and prepares them for the opportunities, responsibilities and experiences of life.

Concord recognises its duty to promote fundamental British values and protect all members of its community from extremism and being drawn into both violent and non-violent forms of terrorism. The College aims to provide a safe place in which young people can understand and discuss sensitive topics, including terrorism and extremist ideas that are a part of terrorist ideology. The College has filters in place to ensure that students are safe from terrorist and extremist material on the internet as well as educating its students about internet safety. (Education about internet safety is delivered via the College's PSHE programme as well as assemblies using "TUC" training materials.)

If a member of staff has a concern about a particular pupil/s they should follow the school's/settings normal safeguarding procedures, including discussing with the school's/settings designated safeguarding lead as set out in the Child Protection/safeguarding policy.

The designated lead should contact West Mercia Prevent Team:

DS Phillip Colley
01386 591835

DC Jamma Greenow
01386 591825

DC Gary Shephard
01386 591816

PC Manjit Sidhu
01386 591815

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

For further information, Concord staff should refer to Staff Handbook on Preventing Radicalisation & Extremism Policy document 11.17.1.a & 11.17.1.b for our Prevent Duty Risk Assessment.

- **Female Genital Mutilation (FGM)**

If we become aware of any cases where girls are at risk of FGM or have actually been harmed, We will contact the Police immediately and follow up with a referral to Compass to ensure that we are meeting our reporting duties. From October 2015, there is a statutory duty placed upon all teachers, along with social workers and healthcare professionals, to report to the police where they discover that an act of FGM appears to have been carried out on a girl under 18 (- as set out in Section 5B of the FGM Act 2003 and by section 74 of the Serious Crime Act 2015, KCSIE Sept 2021 p.13). Please refer to <https://www.gov.uk/government/publications/female-genital-mutilation-leaflet>. **We may not seek parental consent if this may put the girl at increased risk.**

College staff should be aware of possible indicators that FGM is likely to occur, or has occurred. Please refer to Appendix K at the end of this document for a list of possible signs that FGM is likely to occur, or has occurred.

- **Domestic abuse and honour based violence (HBV)**

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

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

Specific safeguarding issues

To ensure that our children and young people are protected from harm, we need to understand what types of behaviour constitute abuse and neglect. For further information on types of abuse & signs of abuse, Concord staff should refer to Staff Handbook documents 11.16.3 ("Types & Signs of Abuse") and/or KCSIE (Sept 2021) which can also be found in the Staff Handbook as document 11.16.

Staff are made aware of specific safeguarding issues (listed below) through child protection training, reading up to date guidance such as Keeping Children Safe in Education Sept 2021 and accessing SSP procedures at <http://www.safeguardingshropshireschildren.org.uk>. Schools and settings are to ensure that the DSL is continually updated in all areas below. They must be familiar with the referral pathways and specific toolkits and guidance available on the SSP website.

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

- Bullying including cyberbullying (& our Anti-Bullying policy doc. 11.3 in the Staff Handbook)
- Children missing education
- Child missing from home or care
- **Child Criminal exploitation (CCE)**
- Child sexual exploitation (CSE)
- Domestic violence
- Drugs
- Fabricated or induced illness
- Faith abuse
- Female genital mutilation (FGM)
- Forced marriage
- Gangs and youth violence
- Gender-based violence/violence against women and girls (VAWG)

- Hate
- Mental health
- Missing children and adults strategy
- Online safety
- Private fostering
- Preventing radicalisation
- Relationship abuse
- Sexting (& the guidance documents contained as documents 11.3.2 & 11.3.3 in the Staff Handbook)
- Sexual violence & sexual harassment between children in schools & colleges (DfE, Sept 2021)
- Trafficking

Peer on Peer Abuse

Staff should recognise that children are capable of abusing their peers inside College, out of College and online. Even if there are no reports of abuse, it does not mean it is not happening. It might be that the abuse is happening, but not being reported and thus all concerns about peer on peer abuse must be taken seriously. Abuse is abuse and should never be tolerated or passed off as “banter” or “part of growing up”. Victims of peer abuse should be supported as they would be if they were the victim of any other form of abuse, in accordance with this policy. However, perpetrators of peer-on-peer abuse are likely to need support as well. While much peer-on-peer abuse is gendered, all such abuse is treated as a serious matter. (- For more detailed guidance, see the College’s Anti-Bullying Policy in the Staff Handbook doc. 11.3 and Farrer & Co’s “Peer-on-peer abuse toolkit” in the Staff Handbook doc. 11.3.1.)

As Concord College is a member of the BSA (or Boarding Schools’ Association), it is required to inform the BSA of any allegation of peer on peer abuse. Under the BSA’s Commitment to Care Charter (v.2 published Sept 2017), the BSA will be informed that an incident has occurred and which statutory agencies are involved. Contacts are as follows:

Dale Wilkins, Head of Safeguarding and Standards at the BSA: dale@boarding.org.uk (Tel. no. 07905 127 650) or e-mail safeguarding@boarding.org.uk.

Peer on peer abuse occurs when a young person is exploited, bullied and/or harmed by their peers who are the same age or similar age. Peer-on-peer abuse can relate to various forms of abuse (not just sexual abuse and exploitation, some forms of peer on peer abuse can occur online as well as in the real world.

Some types of Peer-on-peer abuse are: bullying (including cyberbullying, prejudice-based and discriminatory bullying) sexual violence and harassment; physical abuse; causing someone to engage in sexual activity without consent; abuse within intimate personal relationships between peers; sexting (i.e. the consensual and non-consensual sharing of nudes and semi-nude images and videos); initiation/ hazing; prejudiced behaviour; online abuse and/or cyberbullying.

Cyberbullying

Fresh challenges are presented by young people’s use, misuse, or abuse of new technologies. Cyberbullying can be unintentional - as with other forms of bullying. However, the perpetrator can share electronic bullying materials and thus the bullying can be aggravated by the involvement of bystanders or “accessories”.

Cyberbullying is a particularly pernicious form of bullying because it can be so pervasive and anonymous. There can be no safe haven for the victim who can be targeted at any time or place. The College’s Anti-bullying policy (Staff Handbook 11.3 - with copies available on request) describes the preventative measures and the procedures that will be followed when the College discovers cases of bullying/ cyberbullying.

Students who experience cyberbullying are encouraged to store examples of abusive messages or images for use as evidence against the perpetrators. In addition, students should be aware of the means of stopping or limiting

the spread of bullying material (e.g. blocking, contacting network managers/internet service providers and/or police).

Concord College values all of its pupils equally. It is part of the College's ethos to promote considerate behaviour and to value diversity. Concord students are expected to maintain the same good manners online as in their face-to-face dealings in the real world. **It is recognised that you people can be both victims and perpetrators of online abuse.**

Bullying (including cyberbullying) and harassment in any form should always be reported to a member of staff. It is never the victim's fault, and he or she should not be afraid to come forward.

The creation and sending of nude or semi-nude images

The creation and sending of nude or semi-nude images (formerly referred to as "sexting") is when someone sends or receives a sexually explicit text, image or video. This includes sending 'nude pics', 'rude pics' or 'nude selfies'. Pressuring someone into sending a nude picture can happen in any relationship and to anyone, whatever their age, gender or sexual preference.

However, once the image is taken and sent, the sender has lost control of the image and these images could end up anywhere. By having in their possession, or distributing, indecent images of a person under 18 on to someone else, young people are not even aware that they could be breaking the law as stated as these are offences under the Sexual Offences Act 2003.

When dealing with incidents, staff should inform the College's DSL, or a DDSL, as well as consulting with the UKCIS guidance document, on "Sharing Nude & Semi-Nude Images".

Initiation/Hazing

Hazing is a form of initiation ceremony which is used to induct newcomers into an organisation such as a private school, sports team etc. There are a number of different forms, from relatively mild rituals to severe and sometimes violent ceremonies.

The idea behind this practice is that it welcomes newcomers by subjecting them to a series of trials which promote a bond between them. After the hazing is over, the newcomers also have something in common with older members of the organisation, because they all experienced it as part of a rite of passage. Many rituals involve humiliation, embarrassment, abuse, and harassment.

Prejudiced Behaviour

The term prejudice-related bullying refers to a range of hurtful behaviour, physical or emotional or both, which causes someone to feel powerless, worthless, excluded or marginalised, and which is connected with prejudices around belonging, identity and equality in wider society – in particular, prejudices to do with disabilities and special educational needs, race/ ethnic, cultural and religious backgrounds, gender, home life, (for example in relation to issues of care, parental occupation, poverty and social class) and sexual identity (homosexual, bisexual, transsexual), pregnancy/ maternity.

Sexual violence and sexual harassment between children

Sexual violence and sexual harassment (or "unwanted conduct of a sexual nature") can occur between two children of any age and sex. It can occur through a group of children. Sexual violence and sexual harassment exist on a continuum and the two may overlap; they can occur online and face to face (both physically and verbally) and are never acceptable. All Concord staff are advised to be vigilant and maintain the attitude of "it could happen here". Addressing inappropriate behaviour early and adopting a zero tolerance approach can be an important intervention in preventing more problematic, abusive, or even violent behaviour in the future. Abuse may include insults,

coercion, social sabotage, sexual harassment, threats and/or acts of physical or sexual abuse. The abusive teen uses this pattern of violent and coercive behaviour, in a heterosexual or same gender relationship, in order to gain power and maintain control over the partner. All reports by victims will be taken seriously, kept safe and never be made to feel like they are creating a problem for reporting abuse, sexual violence or sexual harassment. It is recognised that sexual violence and harassment can happen anywhere - inside or outside of College, online.

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

Staff must be able to use their professional judgement in identifying when what may be perceived as “normal developmental childhood behaviour” becomes HSB (or Harmful Sexual Behaviour) or even CSE (or Child Sexual Exploitation). Other factors for staff to consider are: informed consent; any imbalance of power; possible coercion should be held in mind. Staff may need to consult with the College’s DSL, or a DDSL, as well as consulting “Sexual violence & sexual harassment between children in schools & colleges” (DfE, Sept 2021) as well as the SSP Threshold document to help with their decision making. Four scenarios are likely: manage internally; refer for early help; refer to children’s social care; report to the Police. Similarly, four outcome decisions are possible: unsubstantiated, unfounded, false or malicious.

Safeguarding children with special educational needs and disabilities

It is recognised that children with special educational needs or disabilities (SEND) can present additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group of children. These can include: assumptions that indicators of possible abuse such as behaviour, mood and injury, relate to the child’s impairment without further exploration; children with SEND can be disproportionately impacted by issues such as bullying, without necessarily showing outward signs; communication barriers. It is important, therefore, to be particularly sensitive to these issues when considering any aspect of the welfare and safety of such children, and to seek professional advice where necessary.

Children Missing Education

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

A child going missing from education (or CME) is a potential indicator of abuse or neglect and such children are at risk of being victims of harm, exploitation or radicalisation. School and college staff should follow their procedures for unauthorised absence and for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future.

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

There are many reasons why we want young children to have regular attendance at our setting. As well as supporting their learning and development, we want to try to make sure that children are kept safe, their wellbeing is promoted and they do not miss out on their entitlements and opportunities. In a small minority of cases, good

attendance practice may also lead to the earlier identification of more serious concerns for a child or family and may have a vital part to play in keeping a child or other family members safe from harm.

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

For further information, Concord staff should refer to the Staff Handbook document 11.1 – Policy & Procedure on Attendance (which includes a form for use when reporting – as required - the removal of a child from the roll during the course of an academic year).

Injuries

At the beginning of each session or school day parents are requested to notify us of any accidents, incidents or injuries which may affect their child before leaving him/her at the setting/school. A note will be made of any existing injuries and how the injury was received will be recorded. A body map may be used to indicate any marks/bruises **(See Appendix E)**

Injuries to students who are involved in an accident at school or on an activity organised by the school are only reportable to the Health and Safety Executive under RIDDOR if the accident results in:

- the death of the student, and arose out of or in connection with a work activity;
- or an injury that arose out of or in connection with a work activity and the student is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

For further information refer to HSE Information Sheet 'Incident reporting in schools (accidents, diseases and dangerous occurrences).

Safe use of ICT and mobile phones

The use of mobile phones and other electronic devices such as computers, tablets, and game devices is commonplace. However, as a society, we are beginning to recognise that although these devices have brought great benefit we also need to ensure that we help children to understand there are dangers and how to keep themselves safe. This includes:

- Keeping personal details secure
- Understanding that not all content is appropriate, truthful or legal
- What to do if they do accidentally access inappropriate or illegal content
- What to do if they are upset by something they receive
- What to do if they are going to meet someone they have met on-line in the real world

It is essential that children are safeguarded from potentially harmful and inappropriate material online. The College's network filtering and reporting systems help protect children to an extent. However, many children have unlimited and unrestricted access to the internet via mobile 'phone networks. Therefore, annual and ongoing training on the topic of online safety is essential for staff and students along with signing up to the College's Acceptable Use Policy (for staff) & E-Safety Policy (for students) and other awareness raising events such as internet safety awareness days and assemblies. Four areas of risk (or the 4Cs) are recognised: content; contact; conduct; commerce. Appropriate use of mobile phones is essential by all members of the staff and student community here at Concord College. Staff accompanying students on trips off campus should make use of College mobile 'phones instead of their personal mobile 'phones since the latter should not be shared with students. Any student mobile numbers which are on College mobile 'phones should be deleted after use.

College staff are able to use their personal mobile phones during their break times. All staff are made aware of their duty to follow the Acceptable Use Policy (AUP) procedure with regard to computers and other portable devices (document 5.1 in the Staff Handbook), and to challenge anyone not adhering to it. Staff are required to read and confirm their compliance with the policy each academic year.

Visitors to the College should be monitored in terms of their mobile 'phone use by accompanying staff who should keep in mind the potential for inappropriate use – especially in terms of the capturing and consequent sharing of images.

We believe that photographs validate children's experiences and achievements and are a valuable way of recording milestones in a child's life. Parental permission for the different ways in which we use photographs is gained as part of the initial registration process in completing the parent contract with Concord College. We take a mixture of photos that reflect the College environment, sometimes this will be when children are engrossed in an activity either on their own or with their peers. In order to safeguard children and adults and to maintain privacy, cameras are not to be used during intimate care situations by adults or children.

Through induction, staff and volunteers are made aware of our 'acceptable use of technology' policy both at home and in the workplace. If any staff or volunteers breach this policy then we will take disciplinary action which may result in a referral to the Disclosure and Barring Service.

Students are allowed to use and own their own mobile phones, tablets, computers whilst in the care of the College. However, they must comply with the provisions of both the Student Computer & Network Access policy and the separate Mobile Telephones Policy contained in the Student Handbook (documents 9 and 26) held on the O drive. Students are required to read and confirm their understanding and compliance with both policies each academic year. College staff have a duty to monitor and help students understand the importance of keeping themselves safe on line and when using their portable devices.

Escalating / de-escalating concerns

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

Children's Social Work and Safeguarding Step Down Guidance [Step Down Guidance](#)

The impact of abuse

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

Taking action

Key points to remember for taking action are:

- In an emergency take the action necessary to help the child. For example, call 999. Consider moving the child to a safe place.
- Report your concern to the DSL immediately.
- If the DSL is not able to be contacted, then contact one of the DDSLs or ensure action is taken to report the concern to children's social care.
- Do not start your own investigation.
- Be mindful that early information sharing is vital for the effective identification, assessment and provision of appropriate help when problems first emerge, or where a child is already known to be at risk.
- Share information on a need-to-know basis only – do not discuss the issue with colleagues, friends or family. Information should be shared with the right people between and within the right agencies.
- Complete a record of concern & pass a copy to the DSL as soon as possible. (- See Appendix G)

- Seek support for yourself if you are distressed.
- Consider contacting the **NSPCC Helpline** to discuss any concerns about a child. **Tel. no. 0808 800 5000**

If you suspect a child is at risk of harm

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

Use e-mails and/ or the welfare concern form (**see Appendix G**) to record these early concerns and/or record your concerns using CPOMS software. Record your level of safeguarding concern on CPOMS using a RAG rating (i.e. Red for immediate action required by DSL/ DDSLs for likely Child Protection concerns/ incidents, Amber or Green for lower level Safeguarding or Welfare concerns.) Group e-mails can also be sent to Major or Minor student e-mail groups with the appropriate title: “CPOMS new” or “CPOMS updated”. Such group e-mails will alert relevant staff to be more vigilant without breaching confidentiality. Information sharing will occur with staff on a need to know basis using the alert function within CPOMS and will include key staff members and normally the following:

	Day Students	Boarders
Lower School	Tutor + HoY + DSPL	Tutor + HoY + LBP
Upper School	Tutor + HoH + DSPL	Tutor + HoH + LBP

If the child does begin to reveal that they are being harmed you should follow the advice in the section ‘If a child discloses to you’.

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

If a child discloses information to you

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

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

It is important that the child’s wishes and feelings are taken into account when determining what action to take and what services to provide. Children should feel confident when reporting abuse, knowing that: their concerns will be treated seriously; they will be supported and kept safe; they can safely express their views and give feedback. (KCSIE Sept 2021 para. 83)

During your conversation with the child:

- Allow them to speak freely.
- Remain calm and do not over react – the child may stop talking if they feel they are upsetting you.

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

Refer to **Appendix G** for NSPCC record of concern.

Prevention in the Curriculum

Concord College recognises the importance of developing pupils’ awareness of behaviour that is unacceptable towards them and others, and how they can help keep themselves and others safe. Assemblies often focus on enhancing children’s understanding and awareness of safeguarding issues.

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

- Safely explore their own and others’ attitudes.
- Recognise and manage risks in different situations and how to behave responsibly.
- Judge what kind of physical contact is acceptable and unacceptable.
- Recognise when pressure from others (including people they know) threatens their personal safety and wellbeing and develop effective ways of resisting pressure; including knowing when and where to get help.
- Use assertiveness techniques to resist unhelpful pressure.
- The importance of Internet safety

Managing allegations of abuse made against, or concerns raised in relation to, staff (this includes apprentices), students or volunteers (see Appendix H)

Allegations which might indicate that a person would pose a risk of harm to children if they continue to work in regular or close contact with children in their present position will be taken seriously. We have a duty to inform the ISI and BSA of any serious allegations made against a person. **In determining whether an allegation meets the harms threshold, or is a lower level concern, the following 4 points will be considered:**

- behaved in a way that has harmed a child, or may have harmed a child and/or;
- possibly committed a criminal offence against or related to a child and/or;
- behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children and/or
- behaved or may have behaved in a way that indicates they may not be suitable to work with children – including behaviour that may have happened outside of College (also known as transferable risk).

Allegations that meet the harm threshold:

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

Members of staff likely to receive allegations against members of staff are: the Principal, the Chairman of the Board of Trustees, **the DSL or Designated Safeguarding Lead (DSL)**. They must contact the LADO immediately.

The DO (or Designated Officer) or LADO	Ellie Jones and/or Michelle Taylor	Via the First Point of Contact Team (or FPOC) on 0345 678 9021 or via her e-mail address: Ellie.Jones@shropshire.gov.uk , michelle.taylor@shropshire.gov.uk and/or lado@shropshire.gov.uk
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If there are concerns about a staff member, including the DSL or Deputy DSL, then these should be referred to the Principal.

The Principal	Dr Michael Truss	Internal 'phone numbers: Office = 123 (Principal's PA) Home = 601
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Where there are concerns about the Principal, these should be referred to the Chair of the Trustees who can be contacted as follows:

The Chairman of the Board of Trustees	Dr Iain Bride	Via his e-mail address: imbride@concordcollege.org.uk
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As Concord College is a member of the BSA (or Boarding Schools' Association), it is required to inform the BSA, as soon as it is possible and permissible to do so, of any allegation against a member of staff which the school has referred to the LADO, Police or Children's Services. Under the BSA's Commitment to Care Charter (v.2 published Sept 2017), the BSA will be informed that an incident has occurred and which statutory agencies are involved. Contacts are as follows:

Dale Wilkins, Head of Safeguarding and Standards at the BSA: dale@boarding.org.uk (Tel. no. 07905 127 650) or e-mail safeguarding@boarding.org.uk.

Alternatively, staff could choose to follow the Whistleblowing procedure set out below.

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

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

If further action is required we will follow the advice of the LADO and co-operate with any investigations. We will follow instructions about what can be disclosed to the accused and whether he/she should be suspended whilst

further investigations take place. This is not an indication of admission that the alleged incident has taken place, but is to protect the staff as well as children and families throughout the process. Clear advice will be given to workers on the process of investigation by other agencies. We will follow advice about how to inform families about the allegation.

In order for the College to meet its statutory obligations in dealing with Child Protection issues in cases of serious allegations against teachers and/or head teachers, referrals/ reports will be sent to the following:

- the DBS (or Disclosure & Barring Service) – in cases where the school dispenses with a person's services because of unsuitability to work with children, or would have done so had the person not resigned.
- the TRA (Teaching Regulation Agency) – in cases where a teacher has been dismissed (or would have been dismissed had he or she not resigned) and a prohibition order may be appropriate, because of "unacceptable professional conduct", "conduct that may bring the profession into disrepute", or a "conviction at any time for a relevant offence".

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

There is a legal requirement for employers to make a referral to the DBS where they think that an individual has engaged in conduct that harmed (or is likely to harm) a child; or if a person otherwise poses a risk of harm to a child. [SAFEGUARDING VULNERABLE GROUPS ACT 2006](#)

Concerns that do not meet the harm threshold:

As part of a whole College approach to safeguarding, Concord recognises the importance of creating and maintaining an open and transparent culture in which **all** concerns about adults working in, or on behalf of, the College are dealt with promptly and correctly. Concord seeks to: identify and address concerning, problematic or inappropriate behaviour early; minimise the risk of abuse; and ensure that adults working in or on behalf of the College are clear about professional boundaries as set out in our Staff Code of Conduct and act within these boundaries in accordance with our ethos and values. Staff should feel empowered to raise any low level, but not insignificant, concern about their own, or a colleague's behaviour, if it is felt to fall below the high standards expected.

A concern about staff behaviour could be defined as behaviour which causes a sense of unease or a "nagging doubt" that an adult has acted in a way that is inconsistent with the staff code of conduct, including inappropriate conduct outside of work, and does not meet the serious harm threshold for allegations requiring referral to the DO or LADO. Examples of such behaviour could include a wide spectrum, including inadvertent or thoughtless acts or words, but are not limited to:

- being over-friendly with children;
- having favourites;
- taking photographs of children on their mobile 'phone;
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door; or,
- using inappropriate sexualised, intimidating or offensive language. (KCSIE Sept 2021 p.96)

Low level concerns about a member of staff should be shared with the College's DSL, or a DDSL. Where a low-level concern is raised about the DSL, the Principal should be informed. They will gather evidence in the case of a third party report by speaking to the individual raising the concern as well as with any other individuals or witnesses involved. This information will then help to categorise the concerning behaviour and what further action needs to be taken. Support will be offered to individuals to correct unprofessional behaviour at an early stage in a sensitive and proportionate manner.

Confidential records of low level concerns will be kept and will include: details of the concern; the context in which the concern arose; action taken; the name of the individual raising the concern (but respecting requests for anonymity as far as reasonably possible). Records of concerns will be kept by SMT and reviewed annually to detect

patterns and whether further improvements are needed in terms of safeguarding procedures, policies, staff training. Low level concerns will not be included in references except in cases when a concern (or group of concerns) has met the harm threshold for referral to the LADO (as per allegations above) and found to be substantiated.

Whistleblowing

Whistle blowing is a mechanism by which adults can voice their concerns in good faith, without fear of repercussion. Any behaviour by colleagues that raises concern regardless of source will be recorded and reported to the designated practitioner or appropriate agency. However, anyone has the option of directly contacting external agencies themselves and “blowing the whistle” but, where possible, a conversation should normally take place with the DSL first. If, at any point, there is a risk of immediate serious harm to a child a referral should be made to Social Services via the contact ‘phone numbers show in the table below. Anybody can make such a referral directly to children’s social care. The DSL should normally be informed as soon as possible after a referral is made.

(Further information can be found in the separate Staff Handbook policy on Whistle Blowing – document 6.23)

Social Services (-see point 6.i. below)	The First Point of Contact Team (or FPOC)	External tel. no. 0345 678 9021 (weekdays)
	Emergency Social Work Duty Team (after office hours & at weekends)	External tel. no. 08456 789040 (after office hours & at weekends)

Recruiting Staff

We provide appropriate staffing resources to meet the needs of children. (More information can be found in our Staff Handbook documents 6.14 and following).

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

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

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

We comply with the Safeguarding and Welfare Requirements in Keeping Children Safe In Education 2021 in respect of references and Enhanced Disclosure and Barring Service checks for staff, trustees and volunteers to ensure that no disqualified or unsuitable person works with or has access to the children. This includes disqualification by association, where a registered provider or a childcare worker may also be disqualified because they live in the same household as another person who is disqualified, or because they live in the same household where a disqualified person is employed.

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

Staff Supervision (including students and volunteers)

In order to ensure that all staff are alert to any issues for concern, staff receive regular training and updates in safeguarding and child protection through a range of training and supervision activities. This includes both formal and informal supervision, professional reviews, staff meetings and access to SSP approved training. Individual supervision offers staff an opportunity to improve their practice with children and address any issues resulting in poor performance. Individual supervision also provides a safe space in which to raise any concerns they may have about the conduct of other adults connected with the setting. (For more information, see the “[Staff Code of Conduct Policy](#)” in the Staff Handbook – document 6.19.)

Staff supervision is also used to ensure that all staff remain suitable to work with children. This means staff are required to inform their manager of any medication they are taking and provide medical evidence that this will not impair their ability to look after children properly. Staff are also required to disclose any information, which may lead to their disqualification.

Infectious diseases such as Covid-19

Concord College recognises the importance of continuing to safeguard students when staff, students & family members are concerned about the need to minimise the risk of transmission of infectious diseases - such as Covid-19. It is recognised that there will be anxiety about the College's operations during times when infectious diseases are circulating and all parties should feel able to discuss their concerns in an open and honest manner.

The College will continue to consider carefully all relevant official guidance and update its risk assessment & other plans as required so as to ensure that children are being kept safe, well cared for and educated. As part of this, supporting students' emotional wellbeing and mental health is recognised as an ongoing priority.

Concord recognises that individuals might have slightly different approaches and beliefs in relation to issues around infectious disease prevention and will respect others' differing views. The College is keen to avoid any possible form of discrimination, celebrate people's different cultural backgrounds and maintain the equal, diverse and inclusive Concord ethos of harmony which lies at the very heart of our community.

Infection control is **everyone's responsibility**. Each member of our community has a part to play in keeping themselves and others safe from infection as follows:

- Do NOT attend College and isolate if: you show signs or symptoms of infection; have tested positive for Covid-19; you need to self-isolate or quarantine (-due to recent overseas travel, or track and trace)
- Boarders should inform medical and/or boarding staff and day student parents are asked to inform the College. Staff and students should isolate if they have a positive LFD test, but most can return if they have a negative PCR result within 2 days.
- Wash your hands frequently (with soap and water for 20 seconds) or use antibacterial gel if soap and water are not within close proximity. Antibacterial gel/foam dispensing stations are provided in all buildings at entry and exit points and other strategic places such as corridors, classrooms, offices, etc. Use these on arrival and departure and prior to eating, plus at regular intervals throughout the day when moving around the campus.
- Avoid shaking hands and use alternative verbal greetings or elbow bumps etc.
- The wearing of face coverings is a matter of individual choice in many instances, but could be required depending on the circumstances e.g. on dedicated school coaches, public transport and in "enclosed and crowded places" (e.g. assemblies, queues, corridors, residence meetings).
- Practise good respiratory & cough hygiene (- by using tissues to "catch it, bin it, kill it" & coughing into the crook of your elbow) & try to avoid touching your face frequently.
- Assist with cleaning and/or maintaining the cleanliness of surfaces as necessary (e.g. when entering a classroom wiping your desk and chair with the cleaning products which are provided).
- Comply with protective measures put in place (e.g. one-way systems, floor markings when queuing, layouts of furniture, maintain good ventilation).
- We ask that all members of our community co-operate with our PCR & LFD testing programmes to detect and contain the Covid-19 virus. The College encourages all members of our community to be vaccinated against Covid-19 as they become eligible. However, we also recognise the rights of the individual to choose for themselves and are happy to discuss concerns as and when necessary.
- A high quality remote education provision will be maintained in case of need for the coming academic year.

Updating this document

All staff should discuss promptly with the College's DSL or DDSL any concerns about this policy, its effective implementation, poor/unsafe practice & potential failures in the College's safeguarding regime. This policy and procedure is a "living document" which responds to and reflects the changing welfare needs of students.

This document will be approved, endorsed and reviewed by the Board of Trustees annually. The DSL will meet with the Trustee responsible for reviewing safeguarding arrangements (i.e. the Chair of the Welfare Committee) at least once per academic term.

The Safeguarding & Child Protection Policy & Procedure will also be reviewed when legislation changes and/or after any safeguarding incident occurs.

The College will arrange for annual visits by an external agency specialising in Safeguarding (-such as Barnado's) to "stress test" all aspects of the provision.

The College's SIT (or Safeguarding Incident Team) will meet once each half-term, or more frequently if necessary, to review safeguarding arrangements.

Author: Jeremy Kerslake	Date Policy adopted: August 2017. Updated 03/10/17 with BSA contacts. Reviewed & updated 07/05/18 to include points from the Charity Commission's checklist. Updated again on 15/06/18 to include Barnado's guidance from training received. Updated & reviewed 15/08/18, 28/08/18, 26/02/19, 29/08/18 & again on 27/02/19 to include ISI recommendations. Updated 17/04/20 due to the Covid-19 pandemic and again on 20/08/20 in preparation for reopening the College and again in Jan 2021 with the updated edition of KCSIE Jan 2021 (post-Brexit). Last reviewed & updated 25/08/21 to include KCSIE Sept 2021 changes.
Position: Vice-Principal (Pastoral) & DSL	Review Date: Ongoing
Reviewed by the Welfare Committee of the Board of Trustees	Nov 2017 & 07/12/18 & 06/12/19 & 21/04/21

Appendix A – The Role of the Designated Safeguarding Lead

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

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

- the Department for Education's (DfE's) statutory guidance for schools and colleges, 'Keeping Children Safe in Education' Sept 2021
- 'Working Together to Safeguard Children' Feb 2019
- Ofsted Common 'Inspection framework: safeguarding in maintained schools and academies' September 2015
- The Prevent Duty July 2015
- Early Years Foundation Stage Statutory Framework 2014 (EYFS)
- Shropshire Safeguarding Partnership's (SSP) Threshold Guidance Document

The Designated Safeguarding Lead must:

- Be a senior member of staff, from the school or college **leadership team**.
 - Take **lead responsibility** and is accountable for safeguarding and child protection, (lead responsibility must never be delegated).
 - Be fully conversant with the Shropshire Safeguarding Partnership's (SSP) child protection (CP) procedures and to co-ordinate action on child abuse within school, ensuring that all staff are aware of their responsibilities in relation to CP.
 - Provide supervision and guidance to deputy designated safeguarding leads.
 - Ensure that all deputy designated safeguarding leads are trained to the same standard as themselves.
 - Should liaise with designated staff for Looked After Children (LAC) and 14-19 placements.
 - Refer individual cases of suspected abuse to relevant Local Authority (LA) Children Services area (following SSP guidelines) and to liaise with them and other agencies on individual cases and on general issues relating to CP.
 - Undertake "Prevent" awareness training and lead on this within the school/college and must assume responsibility for organising training on all aspects of CP within school, and to act as a school-based resource on CP issues for staff.
- In greater detail, this involves the following:
- ❖ Ensuring that all staff, both teaching and non-teaching, know about, and have access to the SSP (-formerly the SSP or Shropshire Safeguarding Partnership) procedures for CP and that all cases of suspected abuse are reported in the correct way.
 - ❖ Supporting staff who make referrals to LA children's social care.
 - ❖ Referring cases to the Channel programme where there is a radicalisation concern as required.

- ❖ Supporting staff who make referrals to the Channel programme
- ❖ Referring cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service (DBS) as required and ensuring that the Designated Officer in the Local Authority (DO – formerly known as the LADO) is informed.
- ❖ Referring cases where a crime may have been committed to the Police as required
- ❖ Ensuring that all staff have regular child protection updates (at least annually)
- ❖ Ensuring that all teaching and non-teaching staff attend Shropshire Safeguarding Partnership endorsed child protection awareness training every three years.
- ❖ Ensuring all Deputy Designated Safeguarding Leads regularly update their child protection training (at least annually) and attend Shropshire Safeguarding Partnership endorsed child protection update training every two years
- ❖ Ensuring the school/college is compliant with the 'Prevent' duty requirements so that:
 - All staff are trained in awareness of "Prevent".
 - All teachers are trained in "Prevent" curriculum requirements including British Values.
 - The school can demonstrate the impact on the pupils of promoting British Values.
 - The Deputy Designated Safeguarding Leads are clear about their lead role in respect of "Prevent" and the process of a "Prevent" referral.
 - The job description of the Deputy Designated Safeguarding leads also includes the "Prevent" duty.
 - The e-safety policy and the child protection policy clearly state the "Prevent" duty.

● **Working with others. The Designated Safeguarding lead must:**

- ❖ Liaise with the head teacher or principal to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations.
- ❖ As required, liaise with the "case manager" and the DO if relevant i.e. if there are safeguarding or child protection concerns relating to a staff member.
- ❖ Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff.
- ❖ Lead on or participate in Early Help Multi-Agency interventions

▪ **Training – The Designated Safeguarding Lead must:**

- ❖ Ensure that they and any deputies should undergo training to provide them with the knowledge and skills required to carry out the role.
- ❖ Ensure that they and any deputies, in addition to the formal training set out above, should refresh their knowledge and skills (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, but at least annually, to allow them to understand and keep up with any developments relevant to their role so they:
 - Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments.
 - Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.

- Ensure each member of staff has access to and understands the school's or college's child protection policy and procedures, especially new and part time staff.
- Are alerted to the specific needs of children in need, those with special educational needs and young carers.
- Are able to keep detailed, accurate, secure written records of concerns and referrals.
 - Are aware of the guidance that is available in respect of Female Genital Mutilation (FGM) and should be vigilant to the risk of it being practised and inform the Police if they suspect a child has suffered FGM (this is a legal requirement for all Teachers; Serious Crime Act 2015).

Child protection files – The designated safeguarding lead must:

- ❖ Ensure that all child protection files are stored securely and accessed only by authorised individuals compliant with the Data Protection Act 1998.
- ❖ Where children leave the school or college, ensure their child protection file is transferred to the new school or college as soon as possible and is transferred separately and securely from the main pupil file, and ensure that confirmation of receipt is obtained.

Availability

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

Appendix B – The role of the Designated Safeguarding Lead ‘Deputy’

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

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

- the Department for Education (DfE’s) statutory guidance for schools and colleges, ‘Keeping Children Safe in Education’ Sept 2021
- ‘Working Together to Safeguard Children’ Feb 2019
- Ofsted Common ‘Inspection framework: safeguarding in maintained schools and academies’ September 2015
- The Prevent Duty July 2015
- Shropshire Safeguarding Board (SSP) Threshold Guidance Document
- Early Years Foundation Stage Statutory Framework 2014 (EYFS)

As ‘**Deputy**’ Designated Safeguarding Lead you:

- Should be an experienced member of staff, from the school or college.
- Must take **responsibility** for safeguarding and child protection.
- Should be fully conversant with the SSP child protection (CP) procedures and take action on child abuse within school.
- Provide support and guidance to all members of staff
- Should liaise with designated staff for Looked After Children (LAC) and 14-19 placements.
- Are responsible for referring individual cases of suspected abuse to relevant Local Authority (LA) Children Services area (following SSP guidelines) and to liaise with them and other agencies on individual cases and on general issues relating to CP.
- Should undertake “Prevent” awareness training and support with this within the school/college.
- Will have responsibility to act as a school-based resource on CP issues for staff.
In greater detail, this involves the following:
 - ❖ Supporting staff, both teaching and non-teaching, to have access to the SSP procedures for CP and that all cases of suspected abuse are reported in the correct way.
 - ❖ Supporting staff who make referrals to local authority children’s social care.
 - ❖ Referring cases to the “Channel” programme where there is a radicalisation concern as required.
 - ❖ Supporting staff who make referrals to the “Channel” programme.
 - ❖ Supporting the school/college to be compliant with the ‘Prevent’ duty requirements so that:
 - all staff are trained in awareness of “Prevent”
 - You are clear about your supporting role in respect of “Prevent” and the process of a “Prevent” referral.

- **Working with others** – as **DEPUTY** Designated Safeguarding Lead, you will:

- ❖ Liaise with the senior Designated Safeguarding Lead, head teacher or principal to inform him or her of issues especially on-going enquiries under section 47 of the Children Act 1989 and police investigations.
- ❖ As required, liaise with the “case manager” and the Designated Officer in the Local Authority (LADO) for child protection concerns.
- ❖ Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff.

▪ Training

- ❖ As **DEPUTY** designated safeguarding lead you should ensure that you undergo training to provide yourself with the knowledge and skills required to carry out your role.
- ❖ As **DEPUTY** designated safeguarding lead you should ensure that in addition to the formal training set out above, your knowledge and skills continue to be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, but at least annually, to allow you to understand and keep up with any developments relevant to your role so you:
 - Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments.
 - Have a working knowledge of how Local Authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
 - Are alert to the specific needs of children in need, those with special educational needs and young carers.
 - Are able to keep detailed, accurate, secure written records of concerns and referrals.
 - Are aware of the guidance that is available in respect of Female Genital Mutilation (FGM) and should be vigilant to the risk of it being practised
 - Inform the Police if they suspect a child has suffered FGM (this is a legal requirement for all Teachers; Serious Crime Act 2015)

Availability

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

Appendix C – File Transfer Record and Receipt

You may wish to add your school/setting logo on to this proforma

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

NAME OF CHILD:	
DOB:	
NAME OF SCHOOL SENDING CP FILE:	
ADDRESS OF SCHOOL SENDING CP FILE:	
METHOD OF DELIVERY:	BY HAND SECURE POST ELECTRONICALLY
DATE FILE SENT:	
NAME OF DSL TRANSFERRING FILE:	
NAME OF PERSON TRANSFERRING TO:	
SIGNATURE:	

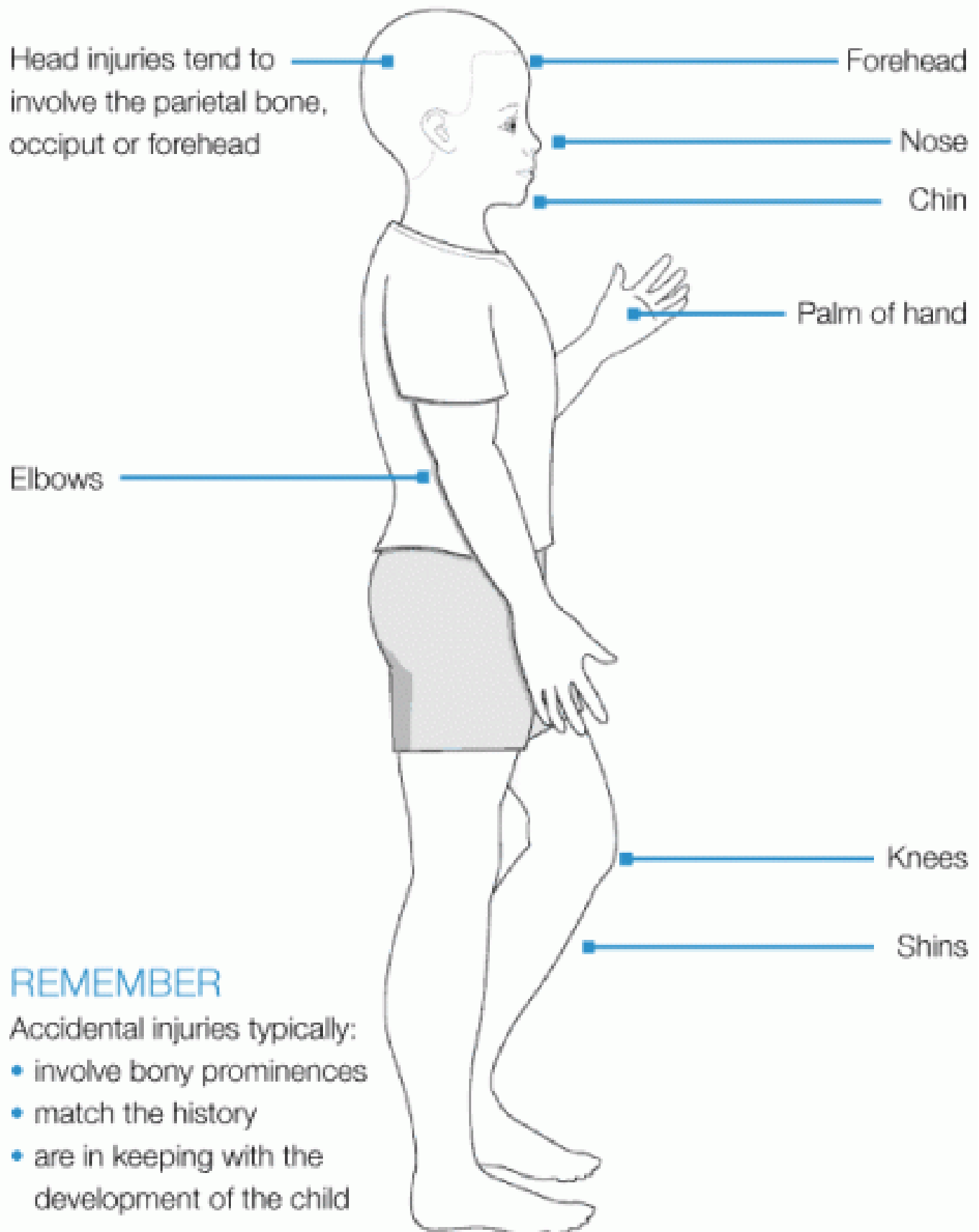
PART 2: To be completed by receiving school or college

NAME OF SCHOOL RECEIVING FILE:	
ADDRESS OF SCHOOL RECEIVING FILE:	
DATE RECEIVED:	
NAME OF PERSON RECEIVING FILE:	
DATE CONFIRMATION OF RECEIPT SENT:	
SIGNATURE:	

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

Appendix E - Body Maps

Body map 1



Body Map 2

Ears – especially pinch marks involving both sides of the ear

The “triangle of safety” (ears, side of face, and neck, top of shoulders): accidental injuries in this area are unusual

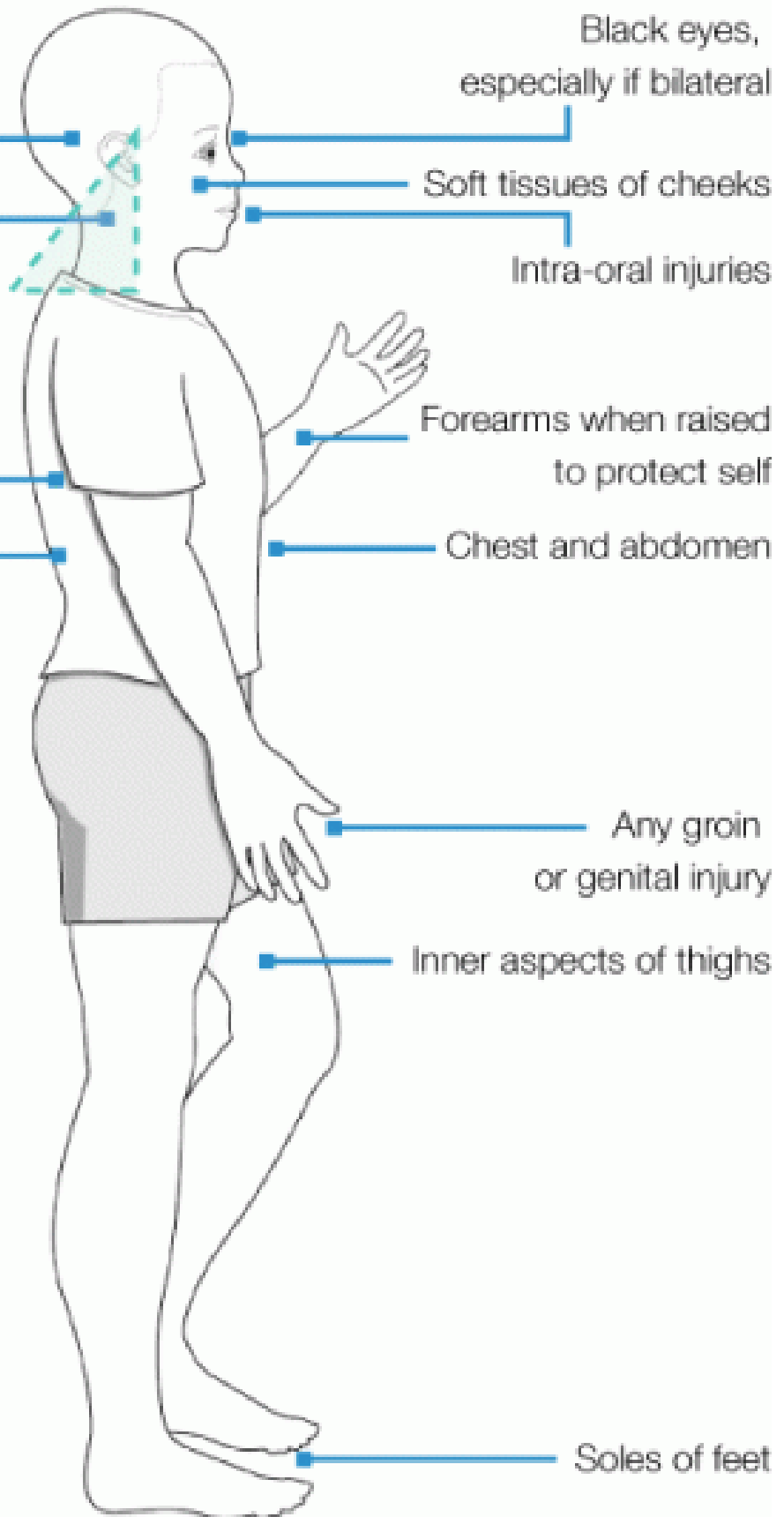
Inner aspects of arms

Back and side of trunk, except directly over the bony spine

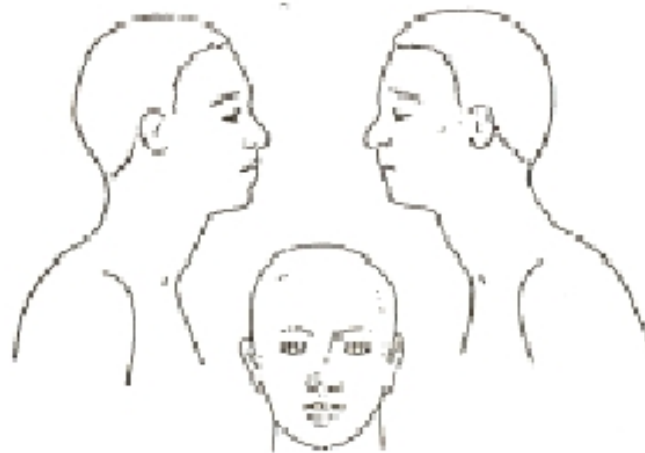
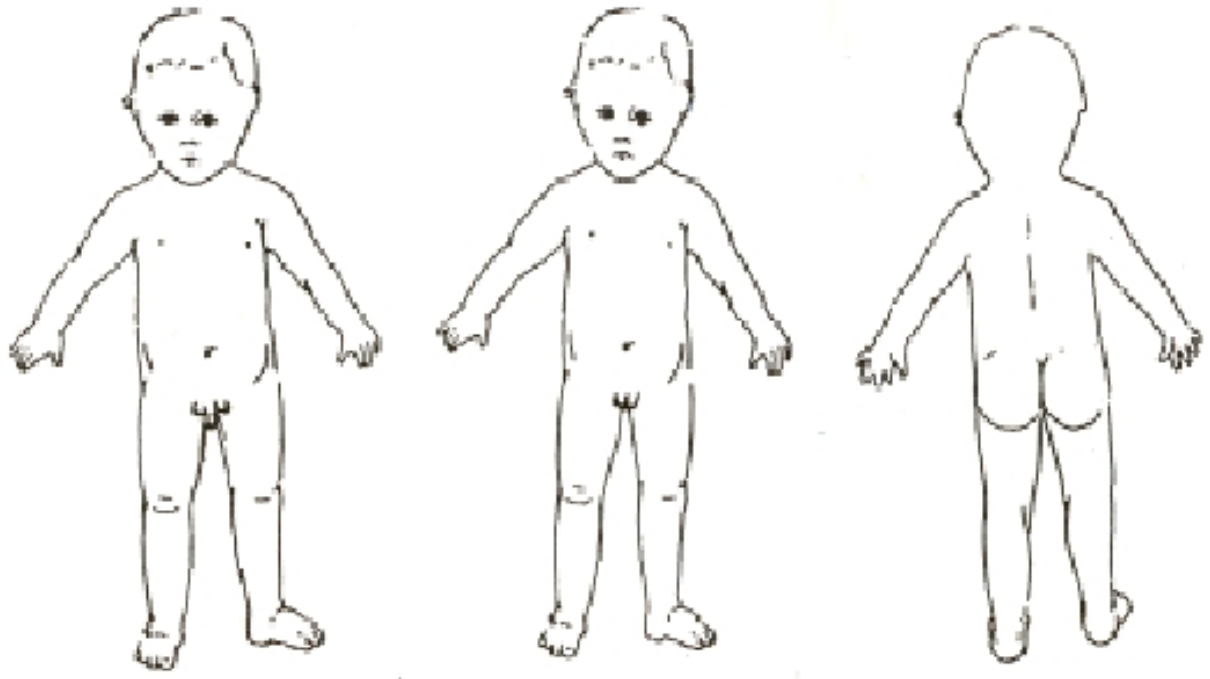
REMEMBER

Concerns are raised by:

- injuries to both sides of the body
- injuries to soft tissue
- injuries with particular patterns
- any injury that doesn't fit the explanation
- delays in presentation
- untreated injuries



Body Map 3



Appendix F – Serious accidents, injuries and deaths – what you must notify to Ofsted:

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

Serious injuries are defined as:

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

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

Minor injuries are defined as:

- sprains, strains and bruising
- minor cuts and grazes
- wound infections
- minor burns and scalds
- minor head injuries
- insect and animal bites

- minor eye injuries
- minor injuries to the back, shoulder and chest

Appendix G – Sample form for recording and reporting concerns about a child

Details of child and parents/carers

Name of child:		
Gender:	Age:	Date of birth:
Ethnicity:	Language:	Additional needs:
Name(s) of parent(s)/carer(s)		
Child's home address and address(es) of parents (if different from child's)		

Your details

Your name:	Your position:	Date and time of incident (if applicable):
------------	----------------	--

Are you reporting your own concerns or responding to concerns raised by someone else? (delete as appropriate)

- Reporting own concerns
- Responding to concerns raised by someone else

If you are responding to concerns raised by someone else, please provide their name and position within the organisation:

Please provide details of the incident or concerns you have, including times, dates, description of any injuries, whether information in first hand or the account of others, including any other relevant details:

The child's account/ perspective:

Please provide details of anyone alleged to have caused the incident or to be the source of any concerns:

Provide details of anyone who witnessed the incident or who shares the concerns:

Please note: concerns should be discussed with the family **unless**:

- The view is that a family member might be responsible for abusing the child
- Someone may be put in danger by the parents being informed
- Informing the family might interfere with a criminal investigation.

If any of these circumstances apply, consult with the local authority children's social care department to decide whether or not discussions with the family should take place.

Have you spoken to the child's parents/carers? If so, please provide details of what was said. If not, please state the reason for this:

Are you aware of any previous incidents or concerns relating to this child and of any current risk management plan/ support plan? If so, please give details:

<p>Summary of discussion with supervisor/ manager:</p>
<p>Has the situation been discussed with the named person for child protection?</p> <p>Yes/ No (delete as appropriate)</p> <p>If so, please summarise the discussion:</p>
<p>Have you informed the statutory child protection authorities?</p> <p>Police: Yes/No (delete as appropriate) Date and time: Name and phone number of the person you spoke you spoke to:</p> <p>Local authority children’s social care: Yes/No (delete as appropriate) Date and time: Name and phone number of the person you spoke you spoke to:</p> <p>Action agreed with child protection authorities:</p>
<p>What has happened since referring to statutory agency(ies)? Include the date and nature of feedback from referral, outcome and relevant dates:</p>
<p>If the concerns are not about child protection, details of any further steps taken to provide support to child and family and any other agencies involved:</p>

Name.....	Position.....
Date.....	Signed.....
Managers name.....	Position.....
Date.....	Signed.....

Appendix H – The Local Authority Designated Officer (LADO)

Duty to refer

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

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

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

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

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

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

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

The role of the Local Authority Designated Officer

The LADO will advise the employer of any action that may be necessary, whether an investigation will take place, and if so what form the investigation will take. It is their role to provide on-going advice and liaison and to monitor the progress of cases. This may include:

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

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

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

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

The role of the setting's Designated Lead for Safeguarding

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

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

Record keeping

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

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

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

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

Further information

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

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

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

Appendix I – Roles and Safeguarding Responsibilities in Education Settings

(please note these lists are not exhaustive)



The Board of Trustees

On 5 January 2015 the Education (Independent School Standards) Regulations 2014 (ISSR) came into force. Part eight sets out a new standard for the quality of leadership and management in all independent schools. The explanatory note accompanying the new ISSR makes it clear that the proprietor or governing body can now be held accountable for ensuring those members of staff with leadership and management responsibilities are able to:

- demonstrate good skills and knowledge
- fulfil their responsibilities effectively
- actively promote pupil wellbeing.
- Part three of the ISSR at paragraph 7 contains a regulatory requirement for the proprietor (or governing body) to ensure:
- that arrangements are made to safeguard and promote the welfare of pupils at the school
- such arrangements have regard to any guidance issued by the Secretary of State.

The current key guidance issued by the Secretary of State is statutory guidance 'Keeping Children Safe In Education Sept 2021' (KCSIE). The summary section at the beginning of KCSIE requires it to be read alongside further statutory guidance 'Working Together To Safeguard Children Feb 2019' (WTTSC) and the DfE advice 'What To Do If You Are Worried A Child Is Being Abused 2015'. It is important to note that statutory guidance must be properly followed except where deviation can be justified.

Part two of KCSIE sets out the collective responsibilities of proprietors and governing bodies for the management of safeguarding. In summary, these responsibilities include those listed below:

- Ensure that the school designates an appropriate senior member of staff to take lead responsibility for child protection. This person should have the status and authority within the school to carry out the duties of the post, including committing resources and, where appropriate, supporting and directing other staff;

- Ensure sufficient funding, time, supervision and support are given to the Designated Safeguarding Lead in order for them to carry out their responsibilities effectively; this includes the appointment of a Deputy DSL. In larger school more than one deputy might be required, in which case there are considerable benefits in identifying a safeguarding team within school.
- Nominate a senior Trustee to take responsibility for safeguarding arrangements within the school.
- Ensure the DST liaises with the local authority and/or partner agencies in the event of allegations of abuse being made against a headteacher, principal, proprietor or member of the governing body of an independent school;
- Ensure that there is an effective Safeguarding Policy in place together with a Staff Behaviour Policy (Code of Conduct) and Managing Allegations against staff policy. These should be provided to all staff;
- Ensure that all school policies and procedures make reference where relevant, to the safeguarding policy, for example Recruitment and Selection, Behaviour Policy, Missing,
- Be responsible for undertaking annual reviews of the procedures that apply to child protection and judging the efficiency with which the related duties have been discharged;
- Ensure that appropriate IT filters and monitoring devices are in place to safeguard students online
- Receive regular updates from the DSL. These should be anonymised
- Consider how children may be taught about safeguarding through teaching and learning opportunities, as part of providing a broad and balanced curriculum;
- Assess the safeguarding risks that might arise from the school's activities and operations;
- preventing people who pose a risk of harm from working with children
- Ensuring that effective processes and systems are in place to allow the voice of the child to be heard.
- Ensure there is a culture in school which supports both children and adults

The Safeguarding Role of Principals and Vice Principals

The Principal and Vice Principal have the leadership responsibility to ensure that the school complies with safeguarding duties under legislation and in line with best practice. They must ensure that the school's safeguarding arrangements are effective and regularly reviewed and updated.

The Principal and Vice Principal must ensure that:

- The school has effective safeguarding policies and procedures in place, which are fully implemented and followed by all staff.
- These policies also include those relating to behaviour in school including bullying, health and safety, harassment, and discrimination.
- There is a designated safeguarding lead appointed who co-ordinates the schools safeguarding and child protection arrangements by providing advice and support to other staff on child welfare and child protection matters, takes part in strategy meetings, contributes to multiagency assessments and inter-agency meetings and support other staff to do so. There must also be a deputy or deputies DSLs in place.

- Robust and collaborative working arrangements in school to ensure that all adults working with pupils are appropriately recruited and vetted.
- All staff and volunteers to feel able to raise concerns about poor or unsafe practice with regard to children, and concerns are addressed sensitively and effectively in a timely manner.
- The child's safety and welfare is addressed through the curriculum.
- Staff are well trained and supported in fulfilling their safeguarding duties.
- Children know their rights and responsibilities and know who to turn to in school if they are worried or being harmed.
- Parents are informed about the school's safeguarding responsibilities in school's information literature and again when a child begins school.
- The duty of care towards children is well understood by all and staff are clear about behaviours which are expected of them
- The welfare of children is promoted at all times and there is a culture of vigilance about taking timely and appropriate action for children who need extra help or who may be suffering significant harm.
- There is clarity in school about the role of Educators when safeguarding concerns arise and all staff understand it is not their the responsibility or that of the Principal or Safeguarding Lead to **decide** whether a child/adult has been abused or not- that is the responsibility of social workers.
- A warm and caring atmosphere is evident throughout the school.

The Role of Designated Safeguarding Leads (or DSLs) & DDSLs in schools.

A Designated Safeguarding Lead is the person in school who ensures that their school has in place effective safeguarding arrangements to promote and safeguard the well-being and safety of children and vulnerable adults. All DSLs should have a deputy to act when the the DSL is not in school or available. In large schools, there may be more than one deputy but there must always be one lead, who has overall responsibility for safeguarding policies and procedures and decision-making. This person should have the status and authority within school to ensure safeguarding arrangements are effective across the school and to commit necessary resources where necessary.

The Designated Safeguarding Lead (DSL) must:

- Ensure there is clarity in school about safeguarding responsibilities of different roles within school,
- Ensure all staff understand it is not their the responsibility or that of the Principal or Safeguarding Lead to decide whether a child/adult has been abused or not; that it is the responsibility of social workers.
- Coordinate action within the school and liaise with social care and other agencies over cases of abuse and suspected abuse;
- Hold current, relevant child protection documents and be fully conversant with these procedures;
- Act as a source of expertise and advice within the school, briefing all employees on the relevant contents of the above guidance. This includes briefing new staff and trustees as part of their induction as well as all part-time staff and volunteers;
- Receive reports of alleged or suspected abuse within the school, or incidents reported by a pupil relating to home or somewhere outside of school, and

make child protection referrals and early help referrals, recording and reporting accordingly;

- Refer all cases of suspected abuse to the local authority children's social care and to :
 - The Local Authority Designated Officer (LADO) for child protection concerns which relate to a staff member);
 - Disclosure and Barring Service (cases where a person is dismissed or left due to risk/harm to a child); and/or
 - The police (cases where a crime may have been committed);
 - NCTL (in cases of professional misconduct).
- Liaise with children's services and other agencies about individual cases;
- Promote a culture of listening to children;
- Ensure that appropriate strategies for recording and reporting incidents are kept within school;
- Provide appropriate feedback to members of staff as and when necessary;
- Review the school's Safeguarding Policy after each incident to consider whether any amendments are required. These amendments should be reported to the Trustee with overall responsibility for safeguarding;
- Press for reconsideration if a child's situation does not seem to improve;
- Conduct an annual review of the school's Safeguarding Policy in conjunction with the Designated Safeguarding Trustee (DST) and feed back to the Board of Trustees each year.
- Maintain a higher level of knowledge about safeguarding than other staff and regularly update own training.
- In larger schools facilitate sensitive sharing of ongoing concerns with other members of the safeguarding team and advise on action to be taken.
- Ensure prompt reporting of any historic abuse allegations which may surface ensuring needs of children/survivors take precedence over any other considerations.
- Ensure students, staff and parents are made aware of the specific risks presented by technology and of the need to keep safe online.

The Safeguarding role and responsibilities of all School Staff

All adults working in, or on behalf of the school have a responsibility to safeguard and promote the welfare of children. This includes a responsibility to provide a safe environment in which children can learn and to identify children who may be in need of extra help or who are suffering, or are likely to suffer significant harm. All staff have a responsibility to take appropriate action, working with services as needed.

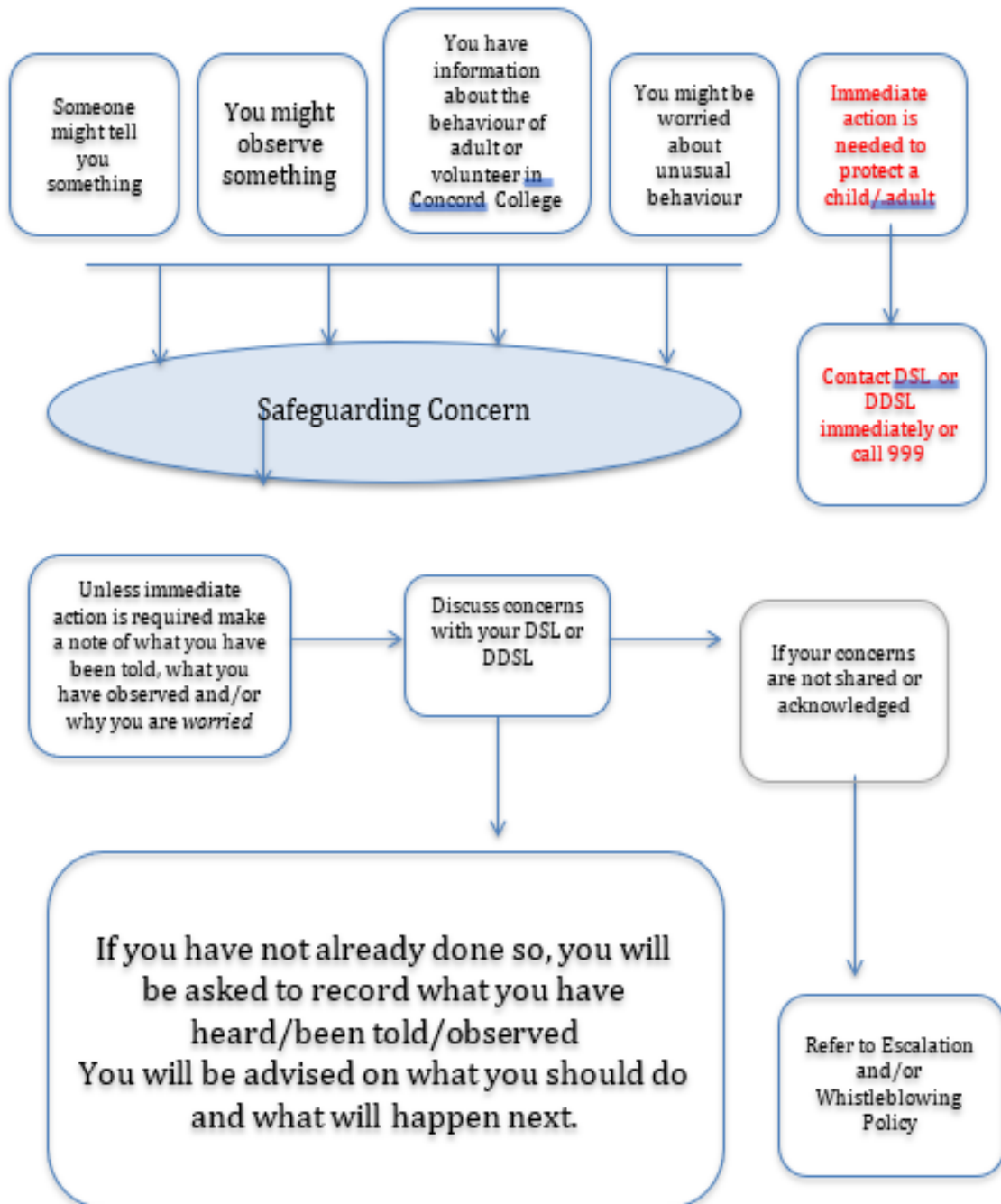
School staff must:

1. Provide a safe and caring environment in which children can learn, feel safe and are listened to.
2. Be able to recognise signs and symptoms of abuse and neglect.
3. Identify concerns early and provide help for children.
4. Know what to say and what not to say to a child and parents when concerns arise.

5. Share concerns with the Principal /Safeguarding Lead when abuse of a child is known or suspected.
6. Keep a record of what they are told and what information they pass on.
7. Ensure that information and concerns are kept confidential and only shared with appropriate persons.
8. Behave at all times in ways which respect and value children and keep them safe.

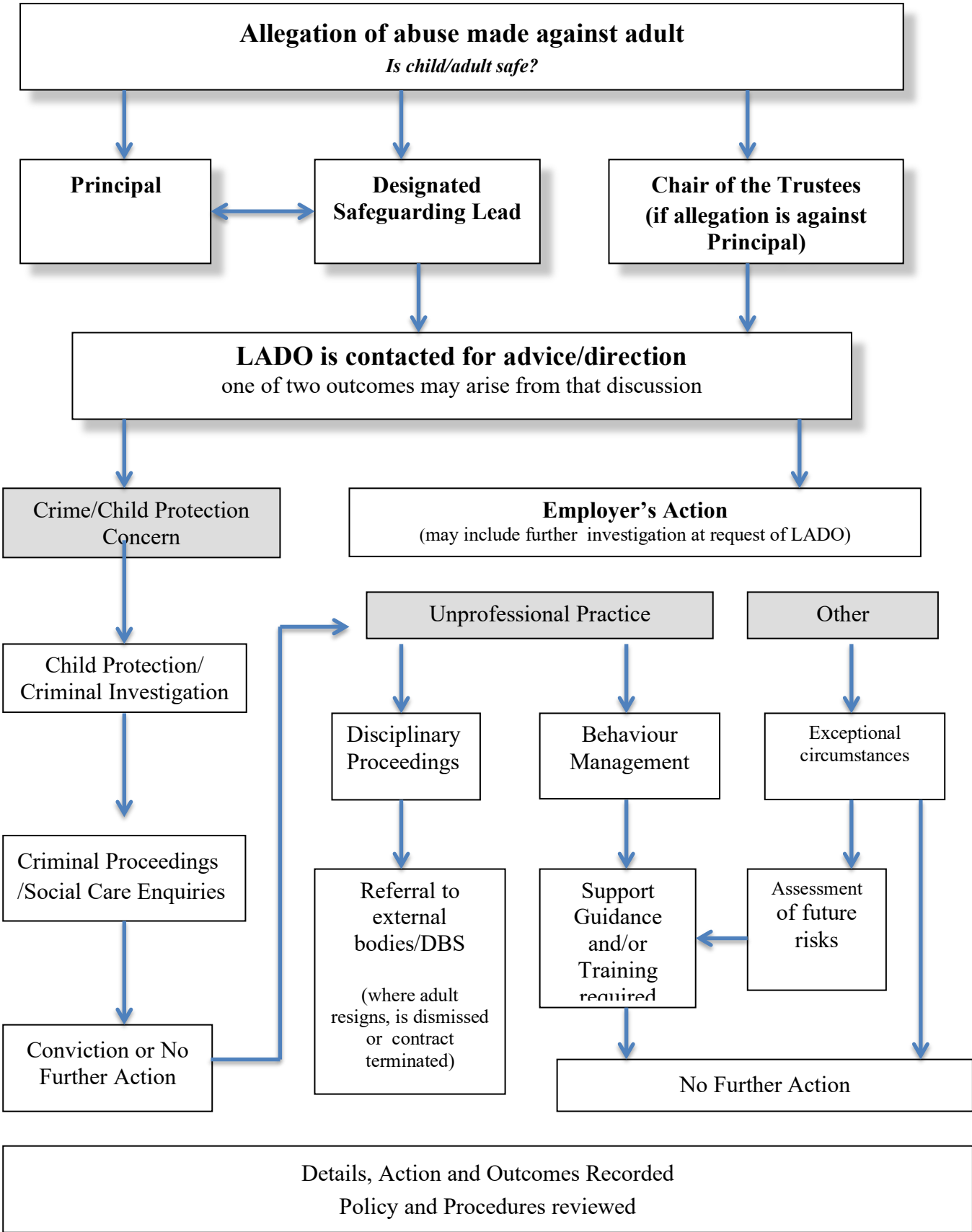
Appendix J – Flowcharts – Processes

Responding to Safeguarding Concerns All Staff



Managing Allegations against Adults

Please read alongside procedures



Appendix K – Different Types of Abuse plus Signs & Symptoms

Definitions of Different Types Of Abuse

35. **All school and college staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another.**

36. **Abuse:** 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 (e.g. via the internet). They may be abused by an adult or adults or another child or children.

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

38. **Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child 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 a 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 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.

39. **Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

40. **Neglect:** the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

A List of Possible Signs & Symptoms of Abuse

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered. Any change in behaviour which does not “feel right” for the child giving cause for concern could be an indicator of abuse.

Signs of possible physical abuse

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls or rough games
- Injuries which have not received medical attention
- Reluctance to change for, or participate in, games or swimming
- Bruises, bites, burns and fractures, for example, which do not have an accidental explanation
- The child gives inconsistent accounts for the cause of injuries
- Frozen watchfulness

Signs of possible sexual abuse

- Any allegations made by a child concerning sexual abuse
- The child has an excessive preoccupation with sexual matters and inappropriate knowledge of adult sexual behaviour for their age, or regularly engages in sexual play inappropriate for their age
- Sexual activity through words, play or drawing
- Repeated urinary infections or unexplained stomach pains
- The child is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares which sometimes have overt or veiled sexual connotations
- Eating disorders such as anorexia or bulimia.

Signs of possible emotional abuse

- Depression, aggression, extreme anxiety, changes or regression in mood or behaviour, particularly where a child withdraws or becomes clingy
- Obsessions or phobias
- Sudden underachievement or lack of concentration
- Seeking adult attention and not mixing well with other children
- Sleep or speech disorders
- Negative statements about self
- Highly aggressive or cruel to others
- Extreme shyness or passivity
- Running away, stealing and lying

Signs of possible neglect

- Dirty skin, body smells, unwashed, uncombed hair and untreated lice
- Clothing that is dirty, too big or small, or inappropriate for weather conditions
- Frequently left unsupervised or alone

- Frequent diarrhoea
- Frequent tiredness
- Untreated illnesses, infected cuts or physical complaints which the carer does not respond to
- Frequently hungry
- Overeating junk food

Signs/ Indicators of FGM

There are a number of indications that FGM **may be about to take place soon**:

The age at which girls undergo FGM varies enormously according to the community. **The procedure may be carried out when the girl is newborn, during childhood or adolescence, at marriage or during the first pregnancy.** However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

It is believed that **FGM happens to British girls in the UK as well as overseas** (often in the family's country of origin). Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for her to recover before returning to her studies.

There can also be clearer signs when FGM is **imminent**:

- It may be possible that families will practise FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.
- A professional may hear reference to FGM in conversation, for example a girl may tell other children about it.
- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'.
- A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk.
- Parents state that they or a relative will take the child out of the country for a prolonged period.
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent (see Section 2.5 for the nationalities that traditionally practise FGM).
- Parents seeking to withdraw their children from learning about FGM.

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

- A girl or woman may have difficulty walking, sitting or standing and may even look uncomfortable.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating.
- A girl may spend long periods of time away from a classroom during the day with bladder or menstrual problems.
- A girl or woman may have frequent urinary, menstrual or stomach problems.
- There may be prolonged or repeated absences from school or college.

- A prolonged absence from school or college with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.
- A girl or woman may be particularly reluctant to undergo normal medical examinations.
- A girl or woman may confide in a professional.
- A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.
- A girl may talk about pain or discomfort between her legs.

Signs/ Indicators of Child Sexual Exploitation, or CSE

- 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; and
- Children who regularly miss school or education or don't take part in education.

Signs/ Indicators of Child Criminal Exploitation, or CCE (also known as "County Lines")

- Persistently going missing from school or home and / or being found out-of-area;
- Unexplained acquisition of money, clothes, or mobile phones
- Excessive receipt of texts / phone calls
- Relationships with controlling / older individuals or groups
- Leaving home / care without explanation
- Suspicion of physical assault / unexplained injuries
- Parental concerns
- Carrying weapons
- Significant decline in school results / performance
- Gang association or isolation from peers or social networks
- Self-harm or significant changes in emotional well-being

Signs/ Indicators of Peer-On-Peer Abuse

- Failing to attend College, disengaging from classes or struggling to carry out school related tasks to a standard ordinarily expected
- Physical injuries
- Experiencing difficulties with mental health and/ or emotional wellbeing
- Being withdrawn or shy
- Experiencing headaches, stomach aches, anxiety or panic attacks
- Suffering from nightmares or lack of sleep or sleeping too much
- Broader changes in behaviour including alcohol or substance misuse
- Changes in appearance and/or starting to behave in ways which are not appropriate to the child's age
- Abusive behaviour towards others

Appendix L - Recognising the Indicators of vulnerability to radicalisation

There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors – it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that College staff are able to recognise those vulnerabilities.

Indicators of vulnerability include:

- Identity crisis – the student/pupil distanced from their cultural/religious heritage and experiences discomfort about their place in society.
- Personal crisis – the student/pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing family friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
- Personal circumstances – migration; local community tensions; and events affecting the student/pupils country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- Unmet aspirations – the student/pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
- Experiences of criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement/reintegration;
- Special educational needs – students/pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others

More critical risk factors could include:

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

Taken from St Francis Catholic –Preventing Extremism and Radicalisation Policy December 2014