

St Catherine's Catholic Primary School

"Loving and Learning Together as Jesus taught us"



St Catherine's Catholic Primary School

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Safeguarding Children and Child Protection Policy

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Policy reviewed & passed by: Governing Body
Key person responsible: Maureen Kelly
Nominated Safeguarding Governor: Sylvia Lehrian

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1. Safeguarding and Child Protection Introduction & Statement

St Catherine's School is dedicated to safeguarding and promoting the welfare of its children. It is the duty of all members of staff, both teaching and non-teaching to play an active role in ensuring the welfare of all children. All members of staff are expected to be aware of and follow the safeguarding procedures. They need to be aware of their duty to report concerns, the guidance for identifying child abuse, and what to do if a child makes an allegation of child abuse and issues about confidentiality. All staff need to have read and be aware of the DFE documents Keeping children Safe in Education-

<https://www.gov.uk/government/publications/keeping-children-safe-in-education>

This policy is one of a series in the school's integrated safeguarding portfolio. Our core safeguarding principles are:

- the school's responsibility to safeguard and promote the welfare of children is of paramount importance
- safer children make more successful learners
- representatives of the whole-school community of pupils, parents, staff and governors will be involved in policy development and review
- policies will be reviewed annually, unless an incident or new legislation or guidance suggests the need for an interim review.
- opportunities in PSHE curriculum will enable the children to develop the skills they need to recognize and stay safe from abuse.

Introduction

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all pupils. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice.

The procedures contained in this policy apply to all staff and governors and are consistent with those of the Local Safeguarding Children Board (LSCB) and should be read in conjunction with the Health and Safety Policy, Behaviour Policy, Special Education Needs and Inclusion Policy and E-Safety Policy .

At St Catherine's the Safeguarding Team and staff aim to ensure that they establish and maintain an environment where children feel secure so that they:

- Are encouraged to talk and are listened to
- Know that there are adults in school whom they can approach if they are worried
- Develop the skills, through the curriculum, they need to recognize in order to stay safe from abuse

2. Statutory Framework

In order to safeguard and promote the welfare of children, St. Catherine's will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 175)
- Working Together to Safeguard Children- A guide to inter-agency working to safeguard and promote the welfare of children (HM Government March 2015)
- Keeping Children Safe in Education – Statutory guidance for schools and colleges (DFE September 2016)
- London Child Protection Procedures 5th Edition 2015
- Allegations against staff within the children's workforce in Barnet 2015
- The Education (Pupil Information) (England) Regulations 2005
- Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE 2011)
- Safeguarding Children and Safer Recruitment in Education

Working Together to Safeguard Children (HM Government 2015) requires St. Catherine's to follow the procedures for protecting children from abuse in line with government guidance.

- Welfare of the child is paramount
- All children, regardless of age, gender, ability, culture, race, language, religion or sexual identity, have equal rights to protection
- All staff have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm
- Pupils and staff involved in child protection issues will receive appropriate support

3. Policy Aims

- To support the child's development in ways that will foster security, confidence and independence
- To provide all staff with the necessary information to enable them to meet their child protection responsibilities
- To ensure consistent good practice and provide systematic means of monitoring children known or thought to be at risk of harm through structured procedures
- To demonstrate the school's commitment with regard to safeguarding and child protection to pupils, parents and other partners through good levels of communication across the school
- To contribute to the school's safeguarding portfolio
- To continue to promote effective working relationships with other agencies especially Children's Social Services and the Police

4. Designated Senior Person

The Designated Safeguarding Lead is responsible for safeguarding and child protection at St Catherine's. The key role of the Designated Safeguarding Lead is to:

- manage referrals from school staff or any others from outside the school;
- work with external agencies and professionals on matter of safety and safeguarding;
- undertake training;
- raise awareness of safeguarding and child protection amongst the staff and parents; and
- ensure that child protection information is transferred to the pupil's new school

The Safeguarding Team consist of 4 members who meet every two weeks to discuss children who have been brought to the attention of the DSP and meet the threshold for a MASH referral. These children are monitored closely and information is recorded in our Concern File and shared when relevant.

The DSL (Designated Safeguarding Lead) for Safeguarding and Child Protection is:

Name: Maureen Kelly **Level 3 Trained**
Tel: 020 8440 4946 Email: office@stcatherines.barnetmail.net

The DDSL (Designated Deputy Safeguarding Lead) for Safeguarding and Child Protection is:

Name: Mary Ainger **Level 3 Trained**
Tel: 020 8440 4946 Email: office@stcatherines.barnetmail.net

Assistant Designated Safeguarding Lead are:

Names: Jo Issacs Level3 Trained
Tel: 020 8440 4946 Email: office@stcatherines.barnetmail.net

Laura Matteoni Level 3 Trained
Tel: 020 8440 4946 Email: office@stcatherines.barnetmail.net

The nominated Safeguarding & Child Protection Governor is:

Name: Sylvia Lehrian
Contact details: FAO Sylvia Lehrian office@stcatherines.barnetmail.net

5. The Governing Body

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children, staff and volunteers in the school community.

The Governing Body ensures that the school has:

- a DSL and DDSL for safeguarding and child protection who are both members of the senior leadership team and who has undertaken training in inter-agency working, in addition to basic child protection training
- a Safeguarding and Child Protection policy and procedures that are consistent with LSCB requirements, reviewed annually and made available to parents on request
- an updated Single Central Record which covers all staff, governors and volunteers as a live document
- updated procedures for dealing with allegations of abuse made against members of staff including allegations made against the headteacher
- safer recruitment procedures that include the requirement for appropriate checks
- a training strategy that ensures all staff, including the headteacher, receive child protection training, with refresher training at three-yearly intervals. The DSL and the DDSL should receive refresher training at two-yearly intervals
- arrangements to ensure that all temporary staff and volunteers are made aware of the school's arrangements for child protection.
- safe managements of allegations
- school badges for all members of the St Catherine's community which are worn on all visits to the school
- A nominated governor to be responsible for liaising with the local authority and other agencies in the event of an allegation being made against the headteacher
- A safeguarding audit which is carried out annually by the Safeguarding Team

An annual report will be submitted to the local authority about how the governing body's duties have been carried out. Any weaknesses will be rectified without delay.

6. School Procedures & Staff Responsibilities

We will ensure that:

- We have designated members of staff every two years.
- All members of staff develop their understanding of the signs and indicators of abuse and refresh their training every three years.
- All members of staff know how to respond to a pupil who discloses abuse using the appropriate forms.
- All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedure (website/ newsletter, posters)
- All staff will have read Part 1 of the government's guidance 'Keeping Children Safe in Education' September 2016 as part of their induction. This document provides link to further information on child sexual exploitation, female genital mutilation and preventing radicalization.
- All staff will have read this policy and signed to confirm this.

- Our procedures and policies will be regularly reviewed and updated.

Keeping Children Safe in Education September 2016 states:

“Everyone who comes into contact with children and their families has a role to play in safeguarding children. School and College staff are particularly important as they are in a position to identify concerns early and provide help for children to prevent concerns from escalating.”

Attendance and School Transfer

Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept and monitored.

If a pupil who is/or has been the subject of a child protection plan leaves the school, the Designated Senior Lead will inform the social worker responsible for the case and transfer the appropriate records to the Designated Senior Person at the receiving school, in a secure manner, and separate from the child’s academic file.

Intimate Care Procedures

If a young child needs the assistance of an adult to change their underwear or remove their underclothes due to wetting themselves or to investigate an injury, it must be done in the presence of another adult.

Entrance Key Codes

Only staff are permitted to know and use the code for the doors. Under no circumstances are they permitted to give the codes to anyone else. The Headteacher will provide the code to new members of staff on their first working day. The code to the outside door is changed every six months to ensure its confidentiality.

Visitors

Visitors must sign in using our Visitor Management System and wear a visitor’s badge. Visitors are asked to read and comply with the Safeguarding Visitors Card before they are allowed past the second door. (see Visitors Compliancy Card) Visitors are buzzed in using the release button in the office. Visitors must be accompanied by a member of staff to the designated waiting area.

If the individual is a weekly visitor they are allowed to carry out their work independently as long as they have provided the office with their cleared DBS and relevant details. They will then be issued with a red St Catherine’s Visitor’s badge which they must wear on the premises at all times.

Visitors are requested to return their badge to the school office where they will be signed out by the school office using our Visitor Management System.

Governors must sign in to our Visitor Management System by the school office using their orange St Catherine's Governor badge which they must wear. Governors are then buzzed in using the release button in the office. Governors are requested to return their badge to the school office where they will be signed out by the school office using our Visitor Management System.

Special Educational Needs & Disability

Research also shows that children with special needs are at an increased risk of abuse. There are fewer signs and indicators and more possible explanations. Children with communication difficulties may be especially vulnerable.

Children and young people with special educational needs and disabilities can face additional safeguarding challenges because:

- there may be assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- children with SEN and disabilities can be disproportionately impacted by things like bullying without outwardly showing any signs; and
- difficulties may arise in overcoming communication barriers.
- At St Catherine's we identify pupils who might need more support to be kept safe or to keep themselves safe by:
 - Creating Behaviour Plans
 - Pastoral Support and SEND meetings with the Child's parents
 - Regular meetings between the SENCo and the TAs
 - A whole school approach and awareness

7. Mobile Phones

As stated in our Mobile Phone Policy, ICT Policy, and E – Safety Policy, Mobile phones and personally-owned devices will not be used in any way during lessons or formal school time. They should be on silent and kept in a bag/cupboard at all times whilst in the presence of children.

- Mobile Phones/Personal cameras/Personal I pads or tablets must never be used to take pictures, images or video of pupils in EYFS, KS1 or KS2.
- Photos should be stored on secure devices (encrypted flash drives etc) or on the school server in the staff area. Photos/files should not be removed from the premises.
- Parents are requested to sign a permission slip allowing the school to take appropriate images of children and display them in the school and website. This is done on admission.

8. DEALING WITH A DISCLOSURE

If a child discloses that he or she has been abused in some way, the member of staff / volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to Children’s Services: Safeguarding and Specialist Services
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain to the child what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Senior Person without delay

Diversity

Although no culture sanctions extreme harm to a child, cultural variations in child rearing patterns do exist. A balanced assessment must incorporate a cultural perspective but guard against being over-sensitive to cultural issues at the expense of promoting the safety and wellbeing of the child.

‘Fear of being accused of racism can stop people acting when they otherwise would. Fear of being thought unsympathetic to someone of the same race can change responses.

Every organisation concerned with the welfare and protection of children should have mechanisms in place to ensure equal access to services of the same quality, and that each child, irrespective of colour or background, should be treated as an individual requiring appropriate care.’ - (Victoria Climbié Inquiry Report).

Research also shows that children with special needs are at an increased risk of abuse. There are fewer signs and indicators and more possible explanations. Children with communication difficulties may be especially vulnerable.

Some children and young people may be more vulnerable to abuse due to particular circumstances such as:

- young women subject to honour based violence (where, for instance, they have transgressed the expectations of them as young women in their family and community)
- children at risk of harm from abuse linked to a belief in spirit possession on the part of
 - their parent, carer or wider community
- girls at risk of genital mutilation (usually being taken back to their country of origin for this
 - procedure to be carried out)
- children being trafficked into other families from abroad
- girls and/or boys at risk of being forced into marriage.

Support

Child abuse is devastating for the child and can also result in distress and anxiety for staff who become involved. We will support pupils and their families and staff by:

- taking all suspicions and disclosures seriously
- nominating a link person who will keep all parties informed and be the central point of contact. Where a member of staff is the subject of an allegation made by a pupil,
 - separate link people will be nominated to avoid any conflict of interest
- responding sympathetically to any request from pupils or staff for time out to deal with distress or anxiety
- maintaining confidentiality and sharing information on a need-to-know basis only with relevant individuals and agencies
- storing records securely
- offering details of helplines, counselling or other avenues of external support
- following the procedures laid down in our whistleblowing, complaints and disciplinary procedures
- cooperating fully with relevant statutory agencies.

9. CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- All staff at St. Catherine's both teaching and non-teaching, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services: Safeguarding and Specialist Services and the Police).
- If a child confides in a member of staff/volunteer and requests that the

information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.

- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

10. RECORD KEEPING

When a child has made a disclosure, the member of staff/volunteer should:

- Make brief notes as soon as possible after the conversation.
- Not destroy the original notes in case they are needed by a court
- Promptly complete the Blue disclosure Form or the Green Concern Form which are both located in the staffroom
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Record statements and observations rather than interpretations or assumptions
- Where applicable draw a diagram to indicate the position of any injuries

All information must be handed to the Designated Senior Lead immediately. If not on site please hand to a member of the Designated Safeguarding Team. No copies should be retained by the member of staff or volunteer.

The Designated Senior Lead will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

11. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS & WHISTLEBLOWING

An allegation is any information which indicates that a member of staff/volunteer may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children

This applies to any child the member of staff/volunteer has contact within their personal, professional or community life.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making an immediate written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Headteacher. The Headteacher may then refer the concern to the Local Authority Designated Officer Shrimate Bissessar Tel No: 0208 359 7899 (LADO).

If the concerns are about the Headteacher, then the Chair of Governors should be contacted in writing via the school office in a sealed envelope marked For the Chair of Governors Mrs Alessia Errico stamped CONFIDENTIAL. In the absence of the Chair the Safeguarding governor Ms Sylvia Lehrian should be contacted.

The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The Headteacher will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated. If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer (LADO) without delay.

Whistleblowing

Where there are concerns about the way that safeguarding is carried out in the school, staff should refer to the Whistle-blowing Policy.

A whistleblowing disclosure must be about something that affects the general public such as:

- a criminal offence has been committed, is being committed or is likely to be committed
- an legal obligation has been breached
- there has been a miscarriage of justice
- the health or safety of any individual has been endangered
- the environment has been damaged
- information about any of the above has been concealed.

The NSPCC runs a whistleblowing helpline on behalf of the Home Office, the number is 0808 800 5000.

12. Safer Recruitment

Our school endeavors to ensure that we do our utmost to employ 'safe' staff by following the guidance in Safeguarding Children and Safer Recruitment in

Education (pp20-54) together with the local authority and the school's individual procedures.

Recruitment and Appointment of Workers and Volunteers

Refer to standard recruitment and appointment policy for staff recruitment. In recruiting and appointing workers we will be responsible for following Barnet HR Service, Recruitment and selection guide for schools. A summary of pertinent points follows:

- Identifying the tasks and responsibilities involved and the type of person most suitable for the job.
- Draw up the Selection criteria and put together a list of essential and desirable qualifications, skills and experience.
- All applicants should apply in writing and their application will cover their personal details, previous and current work/volunteering experience.
- We will make sure that we measure the application against the selection criteria
- All applicants need to sign a declaration stating that there is no reason why they should be considered unsuitable to work with children. The Rehabilitation of Offenders Act (1974) requires that people applying for positions which give them "substantial, unsupervised access on a sustained or regular basis" to children under the age of 18 must declare all previous convictions which are then subject to police checks. They can then only be offered a job subject to a successful police check. This includes potential employees, volunteers and self-employed people such as sports coaches. They are also required to declare any pending case against them. It is important that your applicant in this particular category understands that all information will be dealt with confidentially and will not be used against them unfairly.
- We will ask for photographic evidence to confirm the identity of the applicant e.g. their passport & proof of address.
- We will request to see documentation of any qualifications detailed by the applicant.
- We will always interview our candidates for a job.
- We will have at least two people from our organisation on the interview panel one of whom must have successfully completed the NCSL / CWDC safer recruitment training.
- We will request two written references from previous employers. We will ask the referee to also comment on their suitability for working with children. If necessary we will also try and follow up written references with a telephone call.
- The same principles apply to ex-pupils who have been involved with the organisation and have become volunteers.
- We will ensure that our successful applicant obtains an Enhanced Criminal Record Certificate (ECRC) from the Criminal Records Bureau. We will need to see the ECRC before we confirm them in post and record details on the Central Register.

Single Central Record

Single Central Record: The Single Central record must cover all staff who work at the school and those who work in regular contact with children in the school including volunteers and governors. This is the responsibility of the Business Manager- Kim McKenzie which is monitored by the Headteacher and the Safeguarding Governor as part of the annual Safeguarding Monitoring programme.

The information recorded on these individuals is whether the following checks have been carried out or certificates obtained and the date on which the checks were completed

- An identity check
- A barred list check
- An enhanced DBS (Disclosure and Barring Services) check
- A prohibition from teaching check
- Further checks on people living or working outside the UK
- A check of professional qualifications
- A check to establish the person's right to work in the UK

Prohibition: With effect from April 2014 it has been a statutory requirement to check on appointment that a teacher is not prohibited from teaching. A prohibition order is separate and different to the barred list (old list 99) check. The requirement to check teachers relates to appointments taken up on or after the 1 April 2014 so there is no need to retrospectively check teachers who commenced their current employment prior to 1 April 2014.

DBS: Disclosure and Barring Service. Up until November 2012 - these were called Criminal Records Bureau checks. (CRB)

The DBS is responsible for administering three types of checks

- **Standard:** a check of the Police National Computer (PNC) records of convictions, cautions, reprimands and warnings;
- **Enhanced:** a check of the PNC records as above, plus other information held by the police that is considered relevant by the police; and
- **Enhanced with barred list information:** for people working in regulated activity with children. This adds checks of the DBS Children's Barred List to the enhanced check.

When the DBS has completed its check of an applicant's PNC record and, if appropriate, whether or not they are on the barred list, the relevant information will be recorded on a certificate (the DBS certificate) that is sent to the applicant. The applicant must show the DBS certificate to the Headteacher before they take up the post or as soon as practicable afterwards. If the Headteacher allows an individual to start work in regulated activity before the DBS certificate is available then they should ensure that the individual never works alone and is appropriately

supervised by a member of staff with who has the required clearance. The individual at this stage must have all the other checks listed above, including a completed separate barred list check.

In Recruiting and Appointing Volunteers we will be Responsible for the Following

- All long term volunteers will be asked to provide a brief written application confirming their details, experience, etc. and will be interviewed.
- All volunteers with regular contact with children will have enhanced DBS checks carried out.
- All volunteers should receive an induction and be given clear written guidance on responsibilities, acceptable behaviour and limits to their role.

13. Extended School and Off-Site Arrangements

We will aim to protect children from abuse and our team members from false allegations by adopting the following guidelines in line with the school's Safer Working Practices Policy and Code of Conduct:

- We will keep a register of all children attending our activities.
- We will keep a register of all staff / outside providers (both paid staff members and volunteers).
- Registers will include arrival and departure times.
- Our team members will record any unusual events on the accident/incident form on our green concern forms.
- Written consent from a parent or guardian will be obtained for every child attending our activities.
- Where possible staff / outside providers should not be alone with a child, although we recognise that there may be times when this may be necessary or helpful.
- Staff / outside providers should not be alone in a closed room with a child.
- Staff / outside providers may escort children to the toilet but they should not go into the toilets. They are not expected to be involved with toileting, unless the child has a special need that has been brought to our attention by the parent/guardian, and a procedure for this has been agreed.
- Physical contact should be avoided unless required for the child's safety and wellbeing or the safety and wellbeing of others. However our team members will be discouraged from this in circumstances where an adult or child are left alone.
- All team members should treat all children with dignity and respect in both attitude language and actions.

14. Management of Children with Child Protection Plan:

- If a child is subject to a Child Protection Conference, the DSL will attend the conference to share any relevant information.
- If the child has a Child Protection Plan, the DSL is responsible for ensuring that the school participates appropriately in the Child Protection Plan and attends all Core Group Meetings and Child

- Protection Conferences when possible. If not ensure DDSL attends.
- Information will be shared with staff on a need to know basis but key personnel working with a child should have sufficient information to support them in their work with that child.
 - If a child with a Child Protection Plan has an unexplained absence from school for two or more consecutive days, the Safeguarding Team will inform the Social Worker.

When to be concerned

All staff and volunteers should be aware that the main categories of abuse are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – **see Appendix 1 for details.**

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s, carers, family members or others outside of the home
- Act in a way that is inappropriate to her/his age and development (full account needs to be taken of different patterns of development and different ethnic groups)

15. Signs & Symptoms of Child Sexual Exploitation

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

- Staff should be aware of the key indicators of children being sexually exploited which can include:
- going missing for periods of time or regularly coming home late;
- regularly missing school or education or not taking part in education;
- appearing with unexplained gifts or new possessions;

- associating with other young people involved in exploitation;
- having older boyfriends or girlfriends;
- suffering from sexually transmitted infections;
- mood swings or changes in emotional wellbeing;
- drug and alcohol misuse; and
- displaying inappropriate sexualised behaviour.

Staff should also be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as such.

There are three main types of child sexual exploitation:

Inappropriate relationships:

Usually involves just one abuser who has inappropriate power – physical, emotional or financial – or control over a young person. The young person may believe they have a genuine friendship or loving relationship with their abuser.

Boyfriend/Girlfriend:

Abuser grooms victim by striking up a normal relationship with them, giving them gifts and meeting in cafés or shopping centres. A seemingly consensual sexual relationship develops but later turns abusive. Victims may be required to attend parties and sleep with multiple men/women and threatened with violence if they try to seek help.

Organised exploitation and trafficking:

Victims are trafficked through criminal networks – often between towns and cities – and forced or coerced into sex with multiple men. They may also be used to recruit new victims. This serious organised activity can involve the buying and selling of young people.

16. Signs & Symptoms of Female Genital Mutilation (FGM)

Female genital mutilation refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.

FGM typically takes place between birth and around 15 years old; however, it is believed that the majority of cases happen between the ages of 5 and 8.

Risk factors for FGM include:

- low level of integration into UK society
- mother or a sister who has undergone FGM
- girls who are withdrawn from PSHE
- visiting female elder from the country of origin
- being taken on a long holiday to the country of origin
- talk about a 'special' procedure to become a woman

Symptoms of FGM

FGM may be likely if there is a visiting female elder, there is talk of a special procedure or celebration to become a woman, or parents wish to take their daughter out-of-school to visit an 'at-risk' country (especially before the summer holidays), or parents who wish to withdraw their children from learning about FGM.

Indications that FGM may have already taken place may include:

- difficulty walking, sitting or standing and may even look uncomfortable.
- spending longer than normal in the bathroom or toilet due to difficulties urinating.
- spending long periods of time away from a classroom during the day with bladder or menstrual problems.
- frequent urinary, menstrual or stomach problems.
- prolonged or repeated absences from school or college, especially with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return
- reluctance to undergo normal medical examinations.
- confiding in a professional without being explicit about the problem due to embarrassment or fear.
- talking about pain or discomfort between her legs

The Serious Crime Act 2015 sets out a duty on professionals (including teachers) to notify police when they discover that FGM appears to have been carried out on a girl under 18. In schools, this will usually come from a disclosure.

Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out; and discuss any such cases with the safeguarding lead and children's social care. The duty does not apply in relation to at risk or suspected cases.

17. Honour - Based Violence

So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such.

Where staff are concerned that a child might be at risk of HBV, they must contact the Designated Safeguarding Lead as a matter of urgency.

18. Children Missing in Education (CME)

Knowing where children are during school hours is an extremely important aspect of Safeguarding. Missing school can be an indicator of abuse and neglect and may also raise concerns about child sexual exploitation.

We monitor attendance carefully and address poor or irregular attendance without delay.

In response to the guidance in Keeping Children Safe in Education (2016) the school has:

1. Staff who understand what to do when children do not attend regularly
2. Appropriate policies, procedures and responses for pupils who go missing from education (especially on repeat occasions).
3. Staff who know the signs and triggers for travelling to conflict zones, FGM and forced marriage.
4. Procedures to inform the local authority when we plan to take pupils off-roll when they:
 - a. leave school to be home educated
 - b. move away from the school's location
 - c. remain medically unfit beyond compulsory school age
 - d. are in custody for four months or more (and will not return to school afterwards); or
 - e. are permanently excluded

We will ensure that pupils who are expected to attend the school, but fail to take up the place will be referred to the local authority.

When a pupil leaves the school, we will record the name of the pupil's new school and their expected start date.

19. Counter Terrorism and Security Act 2015 (The PREVENT Duty)

As part of the Counter Terrorism and Security Act 2015, schools have a duty to 'prevent people being drawn into terrorism'. This has become known as the 'Prevent Duty'.

Where staff are concerned that children and young people are developing extremist views or show signs of becoming radicalized, they should discuss this with the Designated Safeguarding Lead.

The Designated Safeguarding Lead has received training about the Prevent Duty and tackling extremism and is able to support staff with any concerns they may have.

We use the curriculum to ensure that children and young people understand how people with extreme views share these with others, especially using the internet.

We are committed to ensuring that our pupils are offered a broad and balanced curriculum that aims to prepare them for life in modern Britain. Teaching the school's core values alongside the fundamental British Values supports quality teaching and learning, whilst making a positive contribution to the development of a fair, just and civil society.

Recognising Extremism

Early indicators of radicalisation or extremism may include:

- showing sympathy for extremist causes
- glorifying violence, especially to other faiths or cultures

- making remarks or comments about being at extremist events or rallies outside school
- evidence of possessing illegal or extremist literature
- advocating messages similar to illegal organisations or other extremist groups
- out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent.)
- secretive behaviour
- online searches or sharing extremist messages or social profiles
- intolerance of difference, including faith, culture, gender, race or sexuality graffiti, art work or writing that displays extremist themes
- attempts to impose extremist views or practices on others
- verbalising anti-Western or anti-British views
- advocating violence towards others

20. Peer on peer abuse (Texting)

Staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but not limited to: bullying (including cyber bullying), gender based violence/sexual assaults and sexting.

Abuse is abuse and should never be tolerated or passed off as “banter” or “part of growing up”. Different gender issues can be prevalent when dealing with peer on peer abuse. This could for example include girls being sexually touched /assaulted or boys being subject to initiation-type violence.

At St Catherine’s we believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm by adults in the school and other students.

We recognise that some students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school’s Behaviour Policy.

Occasionally, allegations may be made against students by others in the school, which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is likely that to be considered a safeguarding allegation against a pupil, some of the following features will be found.

The allegation:

- is made against an older pupil and refers to their behaviour towards a younger pupil or a more vulnerable pupil
- is of a serious nature, possibly including a criminal offence
- raises risk factors for other pupils in the school

- indicates that other pupils may have been affected by this student
- indicates that young people outside the school may be affected by this student

At St Catherine's we will support the victims of peer on peer abuse by providing them with support and counselling from the Pastoral Leader after a full investigation by the Senior Leadership Team.

Sexting

In cases of 'sexting' we follow guidance given to schools and colleges by the UK Council for Child Internet Safety (UKCCIS) published in August 2016: 'Sexting in schools and colleges, responding to incidents, and safeguarding young people'.

21. Private Fostering Arrangements

A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more.

A close family relative is defined as a 'grandparent, brother, sister, uncle or aunt' and includes half-siblings and step-parents; it does not include great-aunts or uncles, great grandparents or cousins.

Parents and private foster carers both have a legal duty to inform the relevant local authority at least six weeks before the arrangement is due to start; not to do so is a criminal offence.

Whilst most privately fostered children are appropriately supported and looked after, they are a potentially vulnerable group who should be monitored by the local authority, particularly when the child has come from another country. In some cases privately fostered children are affected by abuse and neglect, or be involved in trafficking, child sexual exploitation or modern-day slavery.

Schools have a mandatory duty to report to the local authority where they are aware or suspect that a child is subject to a private fostering arrangement. Although schools have a duty to inform the local authority, there is no duty for anyone, including the private foster carer or social workers to inform the school. However, it should be clear to the school who has parental responsibility.

School staff should notify the designated safeguarding lead when they become aware of private fostering arrangements. The designated safeguarding lead will speak to the family of the child involved to check that they are aware of their duty to inform the LA. The school itself has a duty to inform the local authority of the private fostering arrangements.

On admission to the school, we will take steps to verify the relationship of the adults to the child who is being registered.

22. APPENDIX 1 - INDICATORS OF HARM

PHYSICAL ABUSE

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

In relation to Female Genital Mutilation (FGM)

Female genital mutilation comprises all procedures involving partial or total removal of the external female genitalia or any other injury to the female organs for non-medical reasons.

The term female genital circumcision or cutting are not appropriate terms. The most widely used label is Sunnah.

There are four types of FGM. They increase in severity with each level. There are many side effects and complications both short and long term. FGM is practiced across all social classes and many different religions. 30 Million girls worldwide are at risk of FGM, from a few days old to just before marriage.

Reasons for FGM

- Culture and Tradition : “everyone does it, why wouldn’t I?”
- Religion : seen as a religious obligation
- Purity, chastity & marriage : families ensure daughters remain chaste
- Honour: duty of women for family honour.
- Aesthetics’, hygiene, health : normal vulva considered unclean
- Gender identity : what is expected of a ‘good woman’

24,000 girls are at risk in the UK. FGM is illegal in the UK. It is everyone’s responsibility to look out for signs of FGM.

Signs include:

- Taking a long time in the toilet, it can take up to 15 minutes to urinate.
- Children requesting to be excused from PE/swimming
- Chronic period pain

Physical Abuse Indicators in the child

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)

- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechiae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are caused in major trauma such as in a road traffic accident, a severe shaking injury, a fall or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant

harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child

gets in.

- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out there will be splash marks

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Emotional/behavioural presentation

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school

An explanation which is inconsistent with an injury

Several different explanations provided for an injury

Indicators in the parent

May have injuries themselves that suggest domestic violence Not

seeking medical help/unexplained delay in seeking treatment

Reluctant to give information or mention previous injuries

Absent without good reason when their child is presented for treatment

Disinterested or undisturbed by accident or injury

Aggressive towards child or others

Unauthorised attempts to administer medication

Tries to draw the child into their own illness.

Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault

Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids

Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.

May appear unusually concerned about the results of investigations which may indicate physical illness in the child

Wider parenting difficulties, may (or may not) be associated with this form of

abuse.

Parent/carer has convictions for violent crimes.

Indicators in the family/environment

Marginalised or isolated by the community

History of mental health, alcohol or drug misuse or domestic violence

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may 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, though it may occur alone.

In relation to Child Exploitation & Child Trafficking

"If you see something, say something". We are all collectively responsible for Child Protection, not just the designated leads in school. Grooming and trafficking does not only mean moving from city to city or city to country but can be from one area to another. Where a child is taken away from their home area and moved elsewhere for the purposes of abuse or exploitation is trafficking.

Some perpetrators can spend up to a year grooming a young person, this means that they are emotionally attached to the abuser and may fail to see or recognise what is happening to them.

The majority of children are now contacted via SOCIAL MEDIA. It is really important to realise that this is not a virtual world to many children, but actually it is their reality. Children who are at home gaming whilst their parents are out at work or busy elsewhere in the home can be at risk, there should always be adult supervision.

Child exploitation is all about power and balance. The person that holds the power can often get children or young people to do what they want.

We need to be aware of the harm caused by sexting, this is not a secondary problem. The age of those involved is getting lower and lower. Be aware for signs of self-harm, blackmail, depression.

Boys are especially vulnerable, they can often get themselves into difficult situations.

Witchcraft is another form of control and power and young people can be led to believe that bad luck will be brought upon their families.

Young people will normally only tell if they have been asked. Communities need to get involved, many boxing and football clubs are working with the National Working Party to raise awareness of child exploitation.

Emotional Abuse Indicators in the child

Developmental delay

Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment

Aggressive behaviour towards others

Child scapegoated within the family

Frozen watchfulness, particularly in pre-school children

Low self esteem and lack of confidence

Withdrawn or seen as a 'loner' - difficulty relating to others

Over-reaction to mistakes

Fear of new situations

Inappropriate emotional responses to painful situations

Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)

Self harm

Fear of parents being contacted

Extremes of passivity or aggression

Drug/solvent abuse

Chronic running away

Compulsive stealing

Low self-esteem

Air of detachment – ‘don’t care’ attitude

Social isolation – does not join in and has few friends

Depression, withdrawal

Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention

Low self esteem, lack of confidence, fearful, distressed, anxious

Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.

Abnormal attachment to child e.g. overly anxious or disinterest in the child

Scapegoats one child in the family

Imposes inappropriate expectations on the child e.g. prevents the child’s developmental exploration or learning, or normal social interaction through overprotection.

Wider parenting difficulties, may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

Lack of support from family or social network.

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

NEGLECT

Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- ***provide adequate food, clothing and shelter (including exclusion from home or abandonment);***
- ***protect a child from physical and emotional harm or danger;***
- ***ensure adequate supervision (including the use of inadequate care-***

givers); or

- *ensure access to appropriate medical care or treatment.*
-

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

Neglect Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

Swollen limbs with sores that are slow to heal, usually associated with cold injury

Abnormal voracious appetite

Dry, sparse hair

Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhea

Unmanaged / untreated health / medical conditions including poor dental health

Frequent accidents or injuries

Development

General delay, especially speech and language delay

Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders

Absence of normal social responsiveness

Indiscriminate behaviour in relationships with adults

Emotionally needy

Compulsive stealing

Constant tiredness

Frequently absent or late at school

Poor self esteem

Destructive tendencies

Thrives away from home environment

Aggressive and impulsive behaviour

Disturbed peer relationships

Self harming behaviour

Indicators in the parent

Dirty, unkempt presentation

Inadequately clothed

Inadequate social skills and poor socialisation

Abnormal attachment to the child .e.g. anxious

Low self-esteem and lack of confidence

Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene

Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy

Child left with adults who are intoxicated or violent

Child abandoned or left alone for excessive periods

Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

History of neglect in the family

Family marginalised or isolated by the community.

Family has history of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating

Lack of opportunities for child to play and learn

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Sexual Abuse Indicators in the child

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas

Recurrent pain on passing urine or faeces

Blood on underclothes

Sexually transmitted infections

Vaginal soreness or bleeding

Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father

Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

Makes a disclosure.

Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit

Inexplicable changes in behaviour, such as becoming aggressive or withdrawn

Self-harm - eating disorders, self-mutilation and suicide attempts

Poor self-image, self-harm, self-hatred

Reluctant to undress for PE

Running away from home

Poor attention / concentration (world of their own)

Sudden changes in school work habits, become truant

Withdrawal, isolation or excessive worrying

Inappropriate sexualised conduct

Sexually exploited or indiscriminate choice of sexual partners

Wetting or other regressive behaviours e.g. thumb sucking

Draws sexually explicit pictures

Depression

Indicators in the parents

Comments made by the parent/carer about the child.

Lack of sexual boundaries
Wider parenting difficulties or vulnerabilities
Grooming behaviour
Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.
History of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Family member is a sex offender.

Child Protection Procedures

Appendix - Confirmation of Receipt of Safeguarding Policy

Name: _____

Date of joining school: _____

Post: _____

Date of induction: _____

Name and designation of staff member responsible for induction: _____

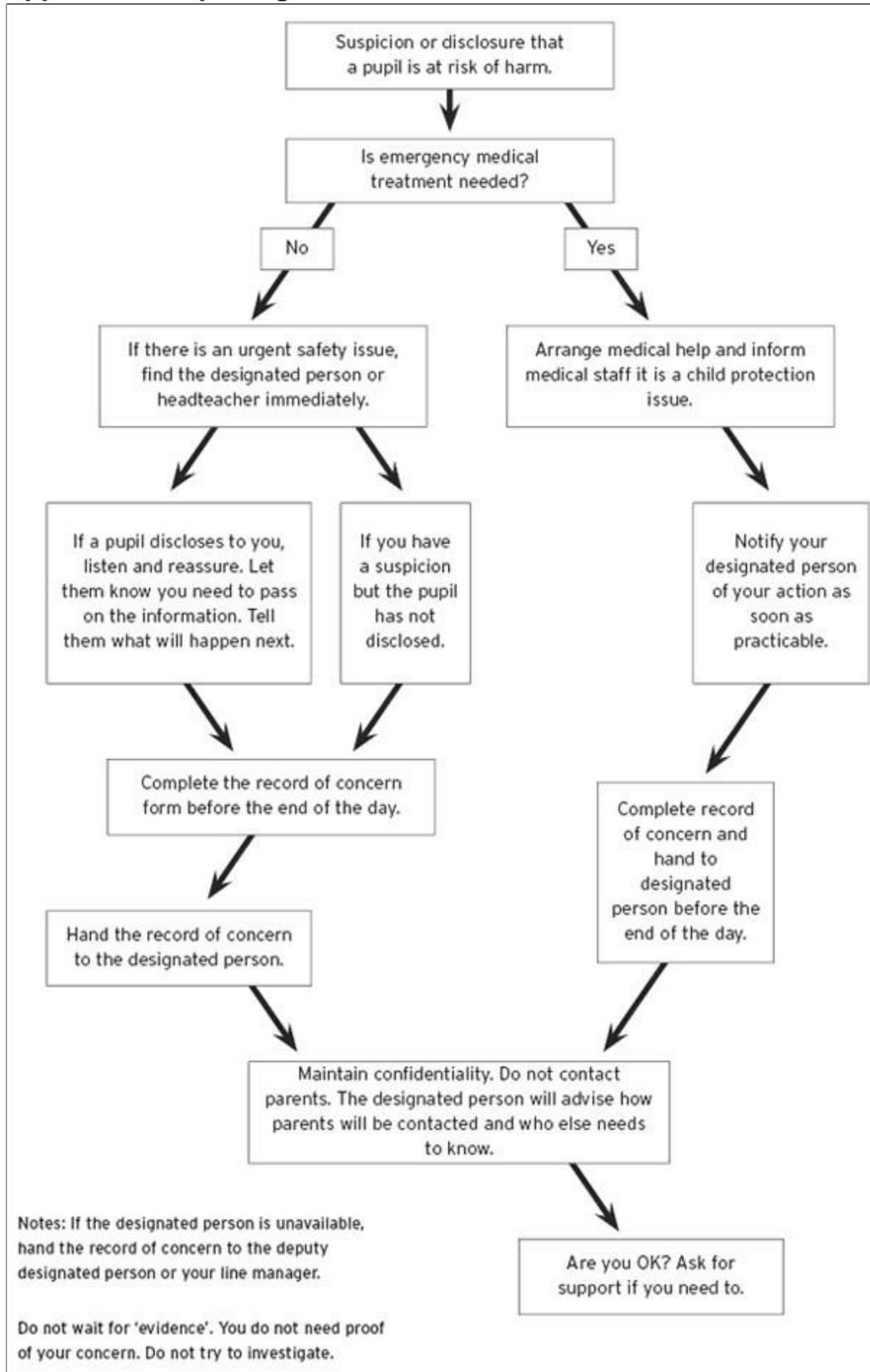
I confirm that I have received and read the school child protection policy. I have been made aware of my duty to safeguard and promote children’s welfare. The procedure for reporting concerns about a pupil has been explained to me.

Signature: _____

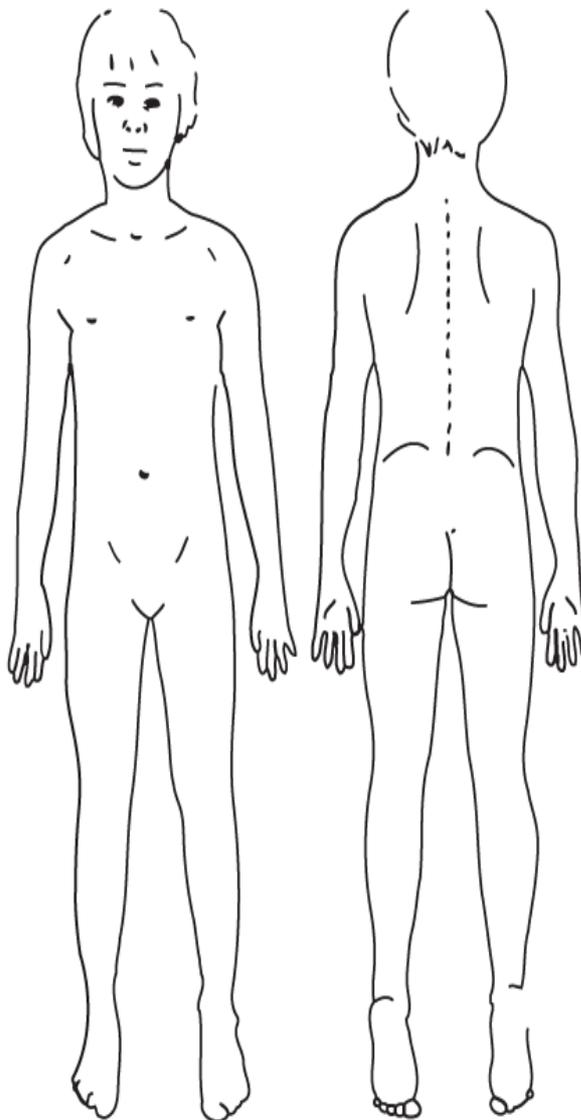
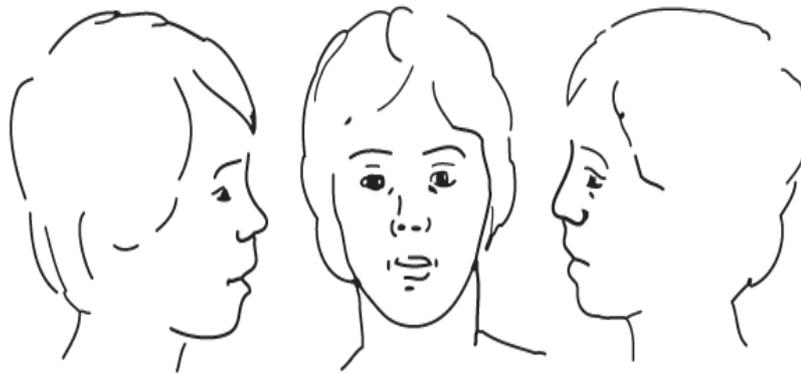
Name: _____ Date: _____

Please sign and return this form to the designated senior person:

Appendix – Reporting a Concern Flowchart



Body map



Appendix – Keeping Children Safe

You will be aware of the DfE document “Keeping Children Safe in Education”. The DfE have issued further information in relation to keeping children safe. These documents can be found at:

http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/372753/Keeping_children_safe_in_education.pdf

Following the publication of these documents, schools have been advised to circulate the DfE information to staff with a reminder to existing employees that they are obliged to comply with the requirements relating to Childcare (Disqualification) Regulations. Under the regulations an individual is disqualified and therefore not permitted to work with children if any of the following applies to them:-

- Being cautioned for or convicted of certain violent and sexual criminal offences against children and adults;
- Grounds relating to the care of children (including where an order is made in respect of a child under the person’s care);
- Having registration refused or cancelled in relation to childcare or children’s homes or being disqualified from private fostering;

In addition staff will be disqualified by association if they live or work in the same household where another person has been:-

- Found to have committed a relevant offence against a child
- Made subject to an order or determination removing a child from their care or preventing a child from living with them
- Found to have committed certain offences against an adult e.g. murder, kidnap, rape, indecent assault, or assault causing actual bodily harm
- Charged with certain offences against an adult, or an offence that is related to another offence, and had a relevant order imposed
- Included on the list of those barred from working with children, held by the Disclosure and Barring Service
- Made the subject of a disqualifying order
- Previously refused registration as a child carer or have had registration cancelled, unless the cancellation was only for non-payment of fees for continued registration after 1 September 2008
- Refused registration as a provider or manager of children’s homes or have had registration cancelled

Staff are required to give the information ‘to the best of their knowledge’. They are not expected and cannot be required to seek out this information from people they live with.

If any of the above apply to you, you may be disqualified and therefore must inform your Headteacher immediately.



St Catherine's Catholic Primary School

Vale Drive, Barnet, Hertfordshire, EN5 2ED

Telephone 020 8440 4946

Fax 020 8441 4346

APPENDIX

Safeguarding Concern Form		
If you have concerns, please complete this form and return to the HT (DSL) or DHT (Deputy DSL)		
Date:	Time:	Member of Staff:
Child:	Year group:	
<u>Nature of Concern:</u> Please be specific. Write down exactly what have you seen or heard. Be clear in your mind why you are concerned.		
Signed:	Date:	
Date received:	Signature:	DSL:



St Catherine's Catholic Primary School

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APPENDIX

Safeguarding Disclosure Form		
Use this form if a child has made a disclosure to you. Use the child's words as much as you can. Do not add information. Only write what you have heard and observed. Pass to the DSL immediately.		
Date:	Time:	Member of Staff:
Child:	Year group:	
<u>Disclosure:</u>		
Signed:	Date:	
Date received:	Signature:	DSL:

Visitors Compliancy Card



St Catherine's Catholic Primary School

Vale Drive, Barnet, Hertfordshire, EN5 2ED

Telephone 020 8440 4946

Fax 020 8441 4346

Welcome to St Catherine's

To comply with our safeguarding procedures, we ask you to adhere to the following:

- Sign in and wear your visitors badge at all times. Sign out when leaving, recording your time of departure and return your badge.
- Ensure you are never alone in a closed room with a pupil.
- Keep your mobile phone on silent and do not take it out in the presence of any child/ren. You may use your mobile in the staffroom or school office.
- Report any safeguarding concerns you see or hear to the Headteacher or the Deputy Headteacher immediately.

Please indicate to the office staff if you are happy to abide by the above terms and conditions.

Thank you for taking the time to read this

Maureen Kelly
Headteacher

Essential Contacts

Name & Role	Contact Details
School designated lead	Maureen Kelly
Headteacher	Maureen Kelly
Nominated Safeguarding Governor	Sylvia Lehrian
Deputy designated lead	Mary Ainger
Chair of Barnet Safeguarding Board	Simon Corkhill 020 8359 6056
Local Authority Human Resources	Cristina Silva 020 8359 7899
Children's Services MASH	020 8359 6056
Crimestoppers	0800 555 111
CEOP	www.ceop.gov.uk
LADO	Shirmatie Bissessar 020 8359 4528
Schools Safeguarding and Exclusion	Jane Morris 020 8359 7288
NSPCC Helpline	0800 800 500

Tracking

DfE Stat Policy	Best Practice	Web	MyUSO	Signed by Staff	Version
✓	-	✓	✓	✓	1.1