

St Andrew's Church of England Primary School



With Faith, Hope and Love we can achieve greater things.

Safeguarding and Child Protection Policy

September 2017 - September 2018

L Thompson

Agreed by Governors:

Date _____ Signed _____

Policy Review

This policy will be reviewed in full by the *Governing Body* on an annual basis.

It is due for review on Autumn Term 2018 or sooner if new guidance is released.

Signature Date

Head Teacher

Signature Date

Chair of Governors

Roles and Responsibilities

Designated Safeguarding Lead and LAC designated teacher:

Mrs Lisa Thompson (Headteacher)

Deputy Safeguarding Lead:

Mrs Julie Humphries (Deputy Headteacher)

Assistant Safeguarding Lead:

Miss Katie Smith (Pastoral Officer)

Learning Mentor:

Mrs Shirley Humphries

Chair of Governors and Safer Recruitment Governor:

Mrs Deborah Castle

Safeguarding Governors:

Mrs Deborah Castle

LA Designated Officer:

Paul Cooper - 550661/0477

Prevent/Channel Panel:

Sgt Lisa Bird 07825112401

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Part 1: Introduction

1.1 The Governing body takes seriously its responsibility under section 175 of the Education Act 2002 to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support those children who are suffering harm.

1.2 We recognise that all adults, including temporary staff¹, volunteers and governors, have a full and active part to play in protecting our pupils from harm, and that the child's welfare is our paramount concern.

1.3 All staff believe that our school should provide a caring, positive safe and stimulating environment that promotes the social, physical and moral development of the individual child.

1.4 The aims of this policy are:

- To support the child's development in ways that will foster security, confidence and independence.
 - To provide an environment in which children and young people feel safe, secure, valued and respected, and know how to approach adults if they are in difficulties, believing they will be effectively listened to.
 - To raise the awareness of all teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse (Reference appendices 1 and 2)
 - To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the school, contribute to assessments of need and support packages for those children.
 - To emphasise the need for good levels of communication between all members of staff.
 - To develop a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse.
 - To develop and promote effective working relationships with other agencies, especially the Police and Social Care.
 - To ensure that all staff working within our school who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check and a central record is kept for audit.
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Part 2: Statutory Framework

2.1 In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance:

- The Children Act 1989
 - The Children Act 2004
 - Education Act 2002 (section 175)
 - Wolverhampton Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures (Electronic)
 - Keeping Children Safe in Education - Statutory Guidance (DfE 2014)
 - Working Together to Safeguard Children (DfE 2013)
 - The Education (Pupil Information) (England) Regulations 2005
 - Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE 2012)

2.2 Working Together to Safeguard Children (DfE 2013) requires all schools to follow the procedures for protecting children from abuse which are established by the Wolverhampton Safeguarding Children Board.

2.3 Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or is at risk of abuse - these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

Part 3: The Designated Child Protection Lead

3.1 The Designated Child Protection Lead DCPL in this school is: Mrs L Thompson

3.2 A Deputy DCPL should be appointed to act in the absence/unavailability of the DCPL. The Deputy Designated Child Protection Lead in this school is: Mrs J Humphries. Miss Katie Smith (Pastoral leader) also leads on Safeguarding

3.3 It is the role of the Designated Child Protection Lead to:

- Ensure that he/she and deputy DSL's receive refresher training at two yearly intervals to keep his or her knowledge and skills up to date.
- That all staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children effectively and that this is kept up to date by refresher training at three yearly intervals.
- Ensure that new staff receive a safeguarding children induction on commencement of their contract
- Ensure that temporary staff and volunteers are made aware of the school's arrangements for safeguarding children within 7 working days of their commencement of work.
- Ensure that the school operates within the legislative framework and recommended guidance.
- Develop effective working relationships with other agencies and service.

- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Common Assessment Framework (CAF) or refer to Children, Schools and Families social care.
- Liaise and work with Children's Services: Safeguarding and Specialist Services over suspected cases of child abuse
- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision
- Ensure the school's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child.
- Ensure that the school effectively monitors children about whom there are concerns, including notifying Children's Services: Safeguarding and Specialist Services when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan.
- Provide guidance to parents, children and staff about obtaining suitable support.
- Discuss with new parents the role of the DCPL and the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and how to access the child protection policy.

Part 4: The Governing Body

4.1 The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment. It is recommended that a nominated governor for child protection is appointed to take lead responsibility.

4.2 The nominated governor for child protection is: Mrs D Castle

4.3 In particular the Governing Body must ensure:

- Child protection policy and procedures are in place
- Safe recruitment procedures are followed
- Appointment of a DCPL who is a senior member of school leadership team
- Relevant safeguarding children training for school staff/volunteers is attended
- Safe management of allegations
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay
- A member of the Governing Body (usually the Chair) is nominated to be responsible in the event of an allegation of abuse being made against the Head Teacher

- Safeguarding policies and procedures are reviewed annually and information provided to the local authority about them and about how the above duties have been discharged

Part 5: School Procedure – Staff Responsibilities

- 5.1 If any member of staff is concerned about a child he or she must inform the DCPL.
- 5.2 The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations. (Concerns form - Appendix 1)
- 5.3 The Designated Senior Person will decide whether the concerns should be referred to Children's Services: Safeguarding and Specialist Services. If it is decided to make a referral to Children's Services: Safeguarding and Specialist Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.
- 5.4 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.
- 5.5 If a pupil who is/or has been the subject of a child protection plan changes school, the Designated Senior Person 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.
- 5.6 The Designated Senior Person is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.
- 5.7 As a person who works with children, staff have a duty to refer safeguarding concerns to the designated senior person for child protection.
- 5.8 However if:
- concerns are not taken seriously or
 - action to safeguard the child is not taken by professionals and
 - the child is considered to be at continuing risk of harm
 - the child is at risk of immediate serious harm

Then anybody can make a referral to children's social care.

Part 6: When to be concerned

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

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

6.2 All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm - **see Appendix 2 for details.**

6.3 Female Genital Mutilation (FGM):

FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Warning signs that FGM may be about to take place, or may have already taken place, can be found in appendix 2.

Part 7: Dealing with a Disclosure

7.1 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
- 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
- Explain 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 Child Protection Lead without delay

If a child discloses that he or she has been abused in some way, the member of staff / volunteer should NEVER:

- Take photographs or examine an injury
- Investigate or probe aiming to prove or disprove possible abuse - never ask leading questions;
- Make promises to children about confidentiality or keeping 'secrets'
- Assume that someone else will take the necessary action;
- Jump to conclusions or react with shock, anger or horror;
- Speculate or accuse anybody;
- Confront another person(adult or child) allegedly involved;
- Offer opinions about what is being said or about the persons allegedly involved;
- Forget to record what you have been told;
- Fail to pass the information on to the correct person;
- Ask a child to sign a written copy of the disclosure;
- criticise the alleged perpetrator.

For children with communication difficulties or who use alternative/augmented communication systems, you may need to take extra care to ensure that signs of abuse and neglect are identified and interpreted correctly, but concerns should be reported in exactly the same manner as for other children.

7.2 Support - Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Child Protection Lead.

Part 8: Confidentiality

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

8.1 All staff in schools, both teaching and non-teaching staff, 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).

8.2 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.

8.3 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.

Part 9: Communicating with Parents

St Andrew's Primary School will:

- 9.1 Undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the child at further risk of harm.
- 9.2 Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

Part 10: Record Keeping

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

- Make brief notes as soon as possible after the conversation. Use the school record of concern sheet wherever possible. (Appendix 1)
- Not destroy the original notes in case they are needed by a court
- Record the date, time, place, who was present and any noticeable non-verbal behaviour and the words used by the child.
- Indicate the position of any injuries on a body map
- Record statements and observations rather than interpretations or assumptions
- Record must be written in ink and signed by the recorder

10.2 All records need to be given to the Designated Child Protection Lead promptly. No copies should be retained by the member of staff or volunteer.

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

10.4 The voice of the child is integral in this process. A member of the safeguarding team will always talk to the child before a decision is made whether to make a referral to children's services.

Part 11: Allegations Against Staff

11.1 All school staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.

11.2 All Staff should be aware of the school's own Behaviour Management policy.

11.3 Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction.

11.4 We understand that a pupil may make an allegation against a member of staff.

- 11.5 If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Headteacher.
- 11.6 The Headteacher on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer
- 11.7 If the allegation made to a member of staff concerns the Headteacher, the person receiving the allegation will immediately inform the Chair of Governors who will consult as in 11.6 above, without notifying the Headteacher first.
- 11.8 The school will follow the Wolverhampton procedures for managing allegations against staff. Under no circumstances will we send a child home, pending such an investigation, unless this advice is given exceptionally, as a result of a consultation with the LADO.
- 11.9 Suspension of the member of staff, excluding the Headteacher, against whom an allegation has been made, needs careful consideration, and the Headteacher will seek the advice of the LADO and HR in making this decision.
- 11.10 In the event of an allegation against the Headteacher, the decision to suspend will be made by the Chair of Governors with advice as in 11.8 above.

Part 12: Protecting yourself against allegations of abuse.

12.1 You should seek to keep your personal contact with children under review and seek to minimise the risk of any situation arising in which misunderstandings can occur. The following sensible precautions can be taken when working alone with children:

- Work in a room where there is a glass panel in the door or leave the door open
- Make sure that other adults visit the room occasionally
- Avoid working in isolation with children unless thought has been given to safeguards.
- Must not give out personal mobile phone numbers or private e-mail addresses
- Must not give pupils lifts home in your cars
- Must not arrange to meet them outside of school hours
- Must not chat to pupils on the social websites

12.2 Under the Sexual offences Act 2003 it is a criminal offence for anyone working in an education setting to have a sexual relationship with a pupil even when the pupil is over the age of consent.

12.3 Any use of physical force or restraint against pupils will be carried out and documented in accordance with the relevant physical restraint policy. If it is necessary to use physical action to prevent a child from injury to themselves or others parents will be informed. Children will not be punished by any form of hitting, slapping, shaking or other degrading treatment.

Allegations made against another child:

The DSL will handle allegations against another child in the same manner as against an adult. Parents of the alleged perpetrator and the alleged victim will be informed throughout the process.

Part 13: Physical Intervention

13.1 We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.

13.2 Such events should be recorded and signed by a witness.

13.3 Staff who are likely to need to use physical intervention will be appropriately trained.

13.4 We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.

13.5 We recognise that touch is appropriate in the context of working with children, and all staff have been given 'Safe Practice' guidance to ensure they are clear about their professional boundary.

Part 14: E-Safety

The growth of different electronic media in everyday life and an ever developing variety of devices including PC's, laptops, mobile phones, webcams etc. place an additional risk on our children. Internet chat rooms, discussion forums or social networks can all be used as a means of contacting children and young people with a view of grooming them for inappropriate or abusive relationships. The anonymity of the internet allows adults, often pretending to be children, to have conversations with children and in some cases arrange to meet them.

Access to abusive images is not a 'victimless' act as it is already involved the abuse of children. The internet has become a significant tool in the distribution of indecent photographs of children and should be a concern to all those working with pupils at this school.

Pupils can engage in or be a target of bullying using a range of methods including text and instant messaging to reach their target. Mobile phones are also used to capture violent assaults or other children for circulation (happy slapping).

The best protection is to make pupils aware of the dangers through curriculum teaching particularly PSHE and SRE.

Protection is Prevention

- Software is in place to minimise access and to highlight any person accessing inappropriate sites or information.
- Pupils will be encouraged to discuss openly their use of technology and anything which makes them feel uncomfortable. (if this results in child protection concerns the schools DCPL should be informed immediately)
- Pupils should not give out personal details, phone numbers, schools, home address, computer passwords etc.
- Pupils should adhere to the school policy on mobile phones.

The police will be involved if there is any criminal element to misuse of the internet, phones or any other form of electronic media.

Part 15 – Preventing Extremism

Since 2010, when the Government published the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

St Andrew's C of E Primary School values freedom of speech and the expression of beliefs/ ideology as fundamental rights underpinning our society's values. Both students and teachers have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion.

The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation. St Andrew's C of E Primary School is clear that this exploitation and radicalisation should be viewed as a safeguarding concern.

Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation are in Appendix Four.

St Andrew's C of E Primary School seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to religious ideologies, or to Far Right/Neo Nazi/White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

Risk reduction

The school governors, the Head Teacher (Designated Senior Person for Safeguarding) will assess the level of risk within the school and put actions in place to reduce that risk. Risk assessment may include consideration of the school's RE curriculum, SEND policy, assembly policy, the use of school premises by external agencies, integration of students by gender and SEN, anti-bullying policy and other issues specific to the school's profile, community and philosophy.

When any member of staff has concerns that a student may be at risk of radicalisation or involvement in terrorism, they should speak with the Designated Senior Person.

Numerous factors can contribute to and influence the range of behaviours that are defined as violent extremism, but most young people do not become involved in extremist action. For this reason the appropriate interventions in any particular case may not have any specific connection to the threat of radicalisation, for example they may address mental health, relationship or drug/alcohol issues.

Part 16 - Child Sexual Exploitation (CSE)

The definition of child sexual exploitation is as follows:

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

Like all forms of child sexual abuse, child sexual exploitation:

- can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex;
- can still be abuse even if the sexual activity appears consensual;
- can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity; can take place in person or via technology, or a combination of both;
- can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- may occur without the child or young person's immediate knowledge (through others copying videos or images they have created and posting on social media, for example);
- can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
- is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

Child sexual exploitation is never the victim's fault, even if there is some form of exchange: all children and young people under the age of 18 have a right to be safe and should be protected from harm.

At St Andrew's C E Primary we understand that any child in any community may be vulnerable to child exploitation, we will be alert to the fact that child sexual exploitation is complex and rarely presents in isolation of other needs and risks of harm (although this may not always be the case, particularly in relation to online abuse). Child sexual exploitation may be linked to other crimes and we will be mindful that a child who may present as being involved in criminal activity is actually being exploited.

At St Andrew's C E Primary we are aware that the following vulnerabilities are examples of the types of things children can experience that might make them more susceptible to child sexual exploitation:

- Having a prior experience of neglect, physical and/or sexual abuse;
- Lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example);
- Recent bereavement or loss;
- Social isolation or social difficulties;
- Absence of a safe environment to explore sexuality;
- Economic vulnerability;
- Homelessness or insecure accommodation status;
- Connections with other children and young people who are being sexually exploited;
- Family members or other connections involved in adult sex work;
- Having a physical or learning disability;
- Being in care (particularly those in residential care and those with interrupted care histories); and
- Sexual identity.

We understand that not all children and young people with these vulnerabilities will experience child sexual exploitation. **Child sexual exploitation can also occur without any of these vulnerabilities being present.**

Children rarely self-report child sexual exploitation so we understand it is vitally important that all staff at St Andrew's C E Primary are aware of the potential indicators of risk, including:

- Acquisition of money, clothes, mobile phones etc. without plausible explanation;
- Gang-association and/or isolation from peers/social networks;
- Exclusion or unexplained absences from school, college or work;
- Leaving home/care without explanation and persistently going missing or returning late;
- Excessive receipt of texts/phone calls;
- Returning home under the influence of drugs/alcohol;
- Inappropriate sexualised behaviour for age/sexually transmitted infections;
- Evidence of/suspicions of physical or sexual assault;
- Relationships with controlling or significantly older individuals or groups;
- Multiple callers (unknown adults or peers);
- Frequenting areas known for sex work;
- Concerning use of internet or other social media;
- Increasing secretiveness around behaviours; and
- Self-harm or significant changes in emotional well-being.

We will remain open to the fact that child sexual exploitation can occur without any of these risk indicators being obviously present and be alert to the potential signs of abuse and neglect and to understand the procedures set out by local multi-agency safeguarding arrangements.

At St Andrew's C E Primary school we will provide information and raise awareness of CSE including the signs, vulnerabilities and reporting procedures in line with WSCB guidelines

Our staff will report any concerns regarding children at risk of CSE to the DSL or DDSL who will then make a referral and liaise with other relevant statutory agencies, for example, social care, police and health professionals as required

The Wolverhampton CSE Co-ordinator is Sandeep Gill

Part 17: Children Missing From Education:

(outlined in KCSiE 2016 Annex A -pages 51 - 53)

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. Effective information sharing between parents, settings, schools/colleges and the local authority is critical to ensure that all children are safe and receiving suitable education.

Staff at St Andrew's C E Primary school are aware that a child going missing from education is a potential indicator of abuse or neglect and such children are at risk of being victims of harm, exploitation or radicalisation.

Our staff adhere to and follow school procedures for unauthorised absence and for dealing with children that go missing from education, particularly on repeat occasion. Our staff are aware of the signs to look out for and the risks of potential safeguarding concerns such as travelling to conflict zones, FGM, CSE and forced marriage.

Our school has appropriate safeguarding policies, procedures and responses for children who go missing from education.

Our school has an admission register and an attendance register. All pupils are placed on these registers at the beginning of the first day on which the school has agreed, or been notified, that the pupil will attend our school. If the child fails to attend on the agreed or notified date, our school will notify the local authority at the earliest possible opportunity to prevent the child from going missing.

Our attendance and admission registers are kept up to date. We actively encourage our parents and carers to inform us of any changes whenever they occur.

Our school monitors attendance regularly and we address any issues that may cause concern and where attendance fails to meet the expected level.

Our school will notify the local authority of any child who fails to attend school regularly or has been absent without the school's permission for a continuous period of 10 school days or, more at such intervals as are agreed by the school and the local authority.

Where a parent notifies our school that a pupil will live at another address, our schools will record in the admission register:

- the full name of the parent with whom the pupil will live;
- the new address; and
- the date from when it is expected the pupil will live at this address.

Where a parent of a pupil notifies our school that the pupil is registered at another school or will be attending a different school in future, our school will record in the admission register:

- the name of the new school; and
- the date on which the pupil first attended or is due to start attending that school.

Our school will notify the local authority **within five days** when a pupil's name is added to the admission register. We will provide the local authority with all the information held within the admission register about the pupil.

Our school will also notify the local authority when a pupil's name is to be deleted from the admission register **under any of the fifteen grounds set out in the Education (Pupil Registration) (England) Regulations 2006 as amended, as soon as the ground for deletion is met and no later than the time at which the pupil's name is deleted from the register.**

Our school will only delete a pupil's name from the admission register under regulation 8(1), sub-paragraph (f)(iii) or (h)(iii) if our school and the local authority have failed to establish the pupil's whereabouts after jointly making reasonable enquiries.

When our school notifies the local authority that a pupil's name is to be deleted from the admission register, our school will provide the local authority with:

- the full name of the pupil;
- the full name and address of any parent with whom the pupil lives;
- at least one telephone number of the parent with whom the pupil lives;
- the full name and address of the parent with whom the pupil is going to live, and the date the pupil is expected to start living there, if applicable;
- the name of pupil's destination school and the pupil's expected start date there, if applicable; and
- the ground in regulation 8 under which the pupil's name is to be deleted from the admission register.

Our school will work with the local authority to agree on methods of making returns. When making returns, our school will highlight to the local authority where we have been unable to obtain the necessary information from the parent, for example in cases where the child's destination school or address is unknown. Our school will also consider whether it is appropriate to highlight any contextual information of a vulnerable child who is missing education, such as any safeguarding concerns.

It is essential that schools comply with these duties, so that local authorities can, as part of their duty to identify children of compulsory school age who are missing education, follow up with any child who might be at risk of not receiving an education and who might be at risk of being harmed, exploited or radicalised.

Our school uses a secure internet system - school2school - we use this to transfer pupil information to another school when the child moves. As a maintained school we are required, when a pupil ceases to be registered at our school and becomes a registered pupil at another school in England or Wales, to send a Common Transfer File (CTF) to the new school. Our school complies with this requirement.

Part 18: Recruitment, supervision and training for staff

When recruiting new members of staff the school follows the guidance given in the Safeguarding Children: Safer Recruitment in Education, and the Wolverhampton guidelines. The School should ensure that CRB checks are undertaken in line with HR procedures and that references are taken up and obtained and that qualifications are verified.

Newly appointed staff should receive a copy of the Safeguarding Children in Education Induction Pack, as part of their induction programme. They should be aware of the School's procedures for Safeguarding and know "What to do if you are worried a child is being abused".

They should also attend basic Safeguarding and Promoting the Welfare of Children and Young People training available via e-learning. Following this, refresher training should be updated every three years and recorded. **All staff** have a 12 month refresher course on safeguarding procedures.

Level Two multi agency courses are also available which addresses other aspects pertinent to the role and responsibilities in recognising other associated factors which increases children's vulnerability to risk, to better keep children and young people safe.

Level Three courses are also available specifically for the Designated and Deputy Designated Child Protection Leads and also within a multi-agency forum through the Wolverhampton Safeguarding Children Board Training Programme.

Part 19: Links with other policies

This procedures document should also be considered with the context of other policies and documents relating to our work with children and young people. These might include, for example:

Behaviour

Whistleblowing

Anti-bullying

Health & Safety

Complaints

Attendance

Curriculum

PSHE

Teaching and Learning

Administration of medicines

Drug Education

Sex and Relationships Education

Physical intervention

E-Safety

Risk Assessment

Allegations of abuse against staff

Part 20-: Resources

Safeguarding is important to all members of staff.

The governing body have to ensure that sufficient resources are made available to enable the necessary tasks to be carried out in compliance with WSCB Procedures, this includes; attending meetings, collating and writing assessment reports, and staff training. The Governing body will also ensure that all Governors have an understanding of safeguarding issues and those policies and procedures are in place in school to safeguard and promote the welfare of all pupils. Safeguarding awareness will be addressed through the curriculum as appropriate to ensure all the pupils understand what is meant by safeguarding and how they can be safe.

Appendix 1

St Andrew's C of E Primary School Primary School

Safeguarding Concern form

Name of Child	Year DOB
<p style="text-align: center;">Please tick</p> <p>Concern Incident Disclosure</p>	<p>Date of concern Time logged</p> <p>Where?</p> <p>Date/Time received by DSL</p>
<p>Describe the concern/incident/disclosure (where possible using the child's own words - if reporting opinion please qualify this)</p>	
<p>Details of Injury (if appropriate)</p> <p>Body map attached - yes/no</p>	
<p>Name of person reporting</p> <p>Relationship to child</p>	
<p>Signature</p>	

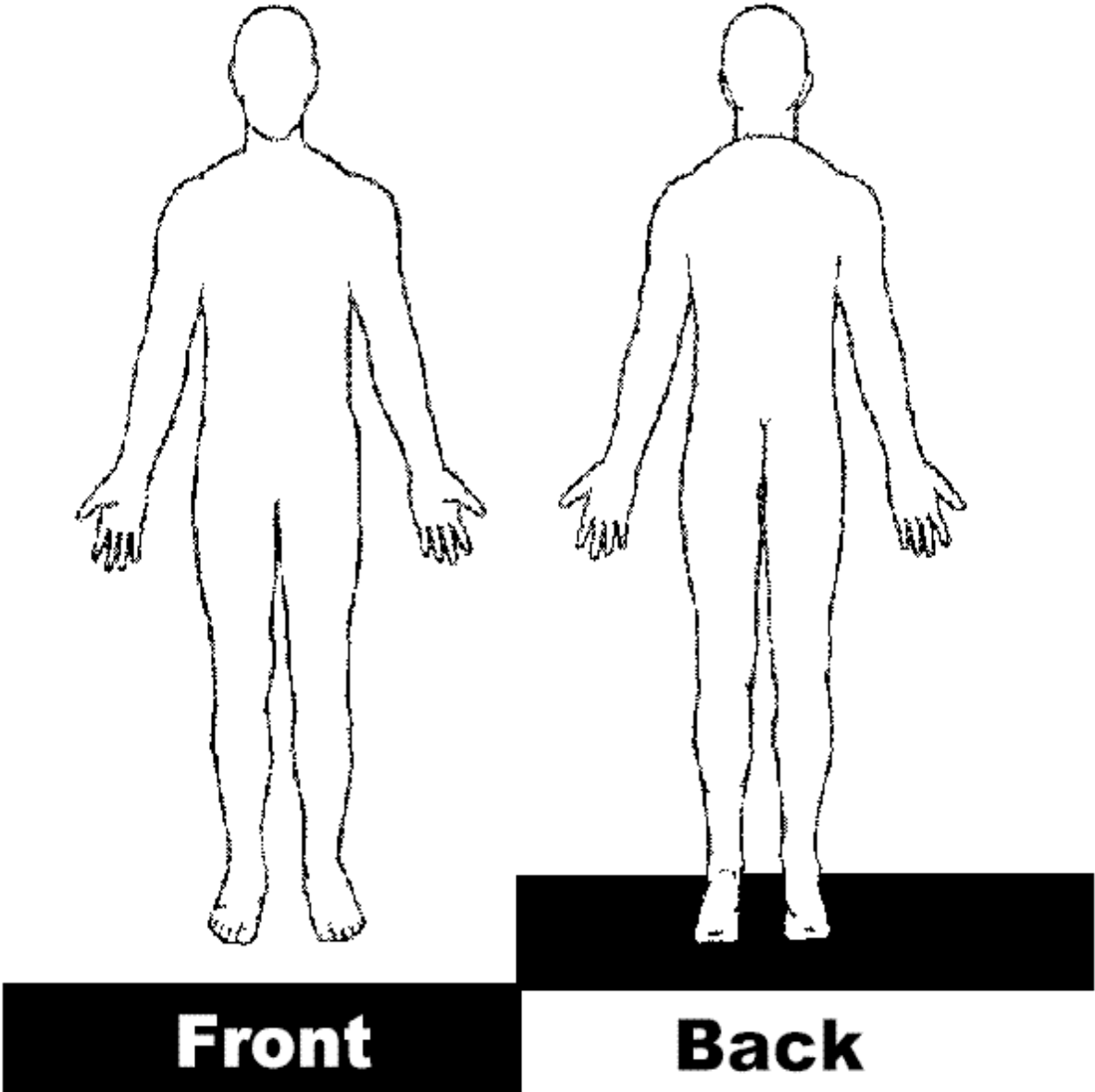
Action Taken

<p>Child seen</p> <p>Yes/no</p>	<p>By Whom?</p> <p>Details:</p>
<p>Child Spoken to</p> <p>Yes/no</p>	<p>By Whom?</p> <p>Details:</p>
<p>External agencies contacted?</p> <p>Yes/no</p>	<p>Details of referral made:</p> <p>Date:</p> <p>Time:</p> <p>Name:</p>
<p><u>Parents/carers informed?</u></p> <p><u>Yes/no</u></p>	<p><u>By Whom</u></p>
<p><u>Permission to go home?</u></p> <p><u>Yes/no</u></p>	<p><u>If no - give details</u></p>
<p><u>Further action</u></p>	

Name of Child _____

Body Map

Please mark on any injuries (label if necessary)



Appendix 2 - 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. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

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 only caused in major trauma such as in a road traffic accident, a severe shaking injury 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 and 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.

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.

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/ diarrhoea

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.

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.

FEMALE GENITAL MUTILATION (FGM)

Female Genital Mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision, cutting or sunna.

Religious, social or cultural reasons are sometimes given for FGM. However, FGM is dangerous and a criminal offence.

FGM is dangerous and unnecessary

There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to **physical and emotional health**.

What is FGM

The term FGM covers all harmful procedures to the female genitalia for non-medical purposes. There are 4 types - all are illegal and have serious health risks.

FGM ranges from pricking or cauterizing the genital area, through partial or total removal of the clitoris, cutting the lips (the labia) and narrowing the vaginal opening.

Even partial removal or 'nipping' can risk serious health problems for girls and women.

How FGM happens

FGM is usually performed by someone with no medical training. Girls are given no anaesthetic, no antiseptic treatment and are often forcibly restrained. The cutting is made using instruments such as a knife, pair of scissors, scalpel, glass or razor blade.

FGM can be extremely painful and dangerous

It can cause:

- severe pain
- shock
- bleeding
- infection such as tetanus, HIV and hepatitis B and C
- organ damage

Blood loss and infections can cause death in some cases.

FGM can cause ongoing health problems

Girls and women who have had FGM may have problems that continue through adulthood, including difficulties urinating, incontinence, frequent infections and pain when having sex.

Who is at risk

FGM is most commonly carried out when a girl is 5-8 years old. However it can happen at any age before a girl or woman is married or pregnant. Some girls are babies when FGM is carried out.

In the UK, girls from the Somali, Kenyan, Sudanese, Sierra Leonean, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish and Indonesian communities are most at risk of FGM.

What to look for: signs of FGM

There can be 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*

Indications that FGM may have already taken place:

A girl or woman may:

- have difficulty walking, sitting or standing
- spend longer than normal in the bathroom or toilet
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear.

Indicators Of Vulnerability To Radicalisation

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

Extremism is defined by the Government in the Prevent Strategy as:

- Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

Extremism is defined by the Crown Prosecution Service as:

- The demonstration of unacceptable behaviour by using any means or medium to express views which:
- Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
- Seek to provoke others to terrorist acts;
- Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
- Foster hatred which might lead to inter-community violence in the UK.

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.

Students 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 school staff are able to recognise those vulnerabilities.

Indicators of vulnerability include:

- Identity Crisis - the student is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
- Personal Crisis - the student may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing 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's 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 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; and
- Special Educational Need - students may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

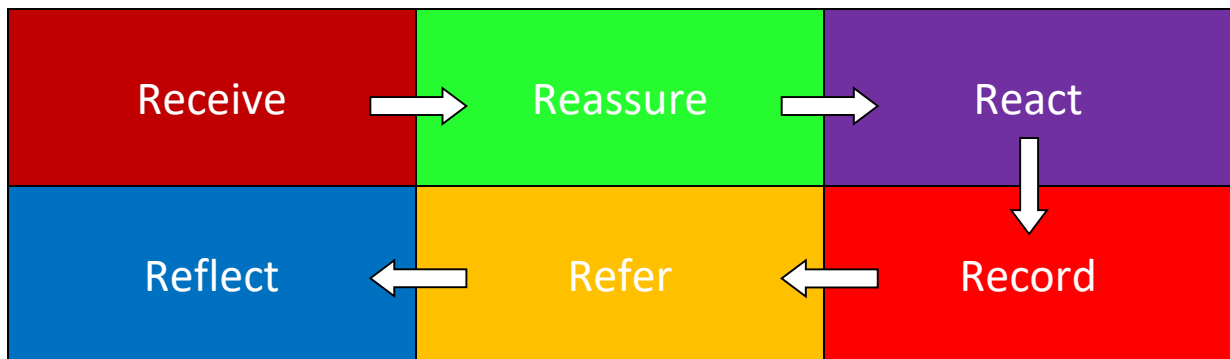
More critical risk factors could include:

- 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; and
- Joining or seeking to join extremist organisations; and
- Significant changes to appearance and/or behaviour;
- Experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis.

Appendix 3

St Andrew's C E Primary School Safeguarding flowchart

Guidance for all teachers, staff and volunteers at St Andrew's C E Primary School in the event of a pupil disclosing information.



Receive

- Listen to what is being said, without displaying shock or disbelief
- Accept what is said
- Take notes

Reassure

- Reassure the pupil, but only so far as is honest and reliable. Don't make promises that you may not be able to keep e.g. "Everything will be alright now".
- Do reassure and alleviate guilt, if the pupil refers to it, e.g. "You are not to blame." "You are not the only young person this has happened to."
- However, ensure that you do not promise confidentiality

React

- React to the pupil only as far as necessary for you to be able to refer to the matter, don't 'interrogate' for full detail. It is not your duty to investigate.
- **DO NOT** ask leading questions, e.g. "What did he do next?" "Where did he touch you?"
- **DO ASK** open questions like, "Anything else to tell me?"
- **DO NOT** ask the pupil to repeat it all for another member of staff.
- **DO NOT** criticise the alleged perpetrator; the pupil may love him/her.
- **DO NOT** promise confidentiality. Explain that you have to tell the designated teacher, who will decide what to do next.

Record

- Make a record of what is said at the time. Do not destroy any original notes, in case courts require them.
- Record the date, time, place and any non-verbal behaviour, e.g. aggressive, fearful, anxious.
- Include the pupils name, age and ethnicity
- Note down the position of any bruising
- Record statements and observable things rather than your interpretation or assumptions.

Refer

- Refer ASAP to designated teacher, DO NOT leave overnight- refer to Mrs Thompson, Mrs Humphries or Miss Smith.

Reflect

- Ask yourself if you have done everything you can within your role
- Refer any remaining concerns to the designated teacher. E.g. any knowledge of siblings in the school, or previous contact with parents.