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| KEEPING CHILDREN SAFE POLICY HANDBOOK |  |
| CHILD PROTECTION POLICYAdapted for use by St Leonard’s C.E. Primary September 2020 |
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**MODEL CHILD PROTECTION POLICY FOR ACADEMIES IN THE**

**SOUTHWARK DIOCESAN BOARD OF EDUCATION MULTI-ACADEMY TRUST**

Name of academy: **St Leonard’s Church of England Primary**

Date: September 2020

**POLICY REVIEW**

This policy will be reviewed in full by the Local Governing Body of the academy no less than annually.

The policy was last reviewed and agreed by the Governing Body **Autumn 2020**.

It is due for review on **Autumn 2021**

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1. **INTRODUCTION**
	1. Safeguarding is defined as protecting children from maltreatment, preventing impairment of children’s health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best outcomes. (Working Together to Safeguard Children, DfE, 2018, pg.6)

	This child protection policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the academy.

	In particular this policy should be read in conjunction with:
	the behaviour policy; the staff code of conduct; the safeguarding response to children who go missing from education; and the role of the designated safeguarding lead (including the identity of the designated safeguarding lead and any deputies).

**Copies of policies and a copy of Part one of this document must be provided to staff at induction.**

* 1. **PURPOSE OF A CHILD PROTECTION POLICY**To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children. To enable everyone to have a clear understanding of how these responsibilities should be carried out.

	**LOCAL SAFEGUARDING CHILDREN BOARD INTER-AGENCY CHILD PROTECTION AND SAFEGUARDING CHILDREN PROCEDURES**

	The school follows the procedures established by the London Borough of Lambeth Safeguarding Children Board.
	2. **SCHOOL STAFF & VOLUNTEERS**All school staff have a responsibility to provide a safe environment in which children can learn.

	School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and development failure because they have daily contact with children.

	All school staff will receive appropriate safeguarding children training, which is updated every three years, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. In addition all staff members should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

	Temporary staff and volunteers will be made aware of the safeguarding policies and procedures by the Designated Senior Lead -including the child protection policy and the staff code of conduct
	3. **MISSION STATEMENT**

As an Anglican school, we seek to nurture faith and inspire success. Through innovative teaching and working together, we foster independence, respect for one another and a love of learning. A varied curriculum, supported by the message of the Gospel, enables each child to flourish and provides them with the opportunity to achieve and make a positive contribution to society.

Regarding Safeguarding and Child Protection, we wish to:

* establish and maintain an ethos and culture where children feel secure, are encouraged to talk, and are listened and responded to when they have a worry or concern
* establish and maintain an ethos and culture where school staff and volunteers feel safe, are encouraged to talk and are listened and responded to when they have concerns about the safety and well-being of a child
* ensure children know that there are adults in the school whom they can approach if they are worried
* ensure that children, who have additional/unmet needs are supported appropriately. This could include referrals to Children’s Services if they are a child in need or have been /are at risk of being abused and neglected
* consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. Refer to KCSiE Part 2 :93.

Staff members working with children are advised to maintain an attitude of ‘it could happen here’ and ‘it could be happening to this child’, where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.

	1. **IMPLEMENTATION, MONITORING AND REVIEW OF THE CHILD PROTECTION POLICY**

	The policy will be reviewed at least annually by the Local Governing Body. It will be implemented through the school’s induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Senior Lead and through staff performance measures.
1. **STATUTORY FRAMEWORK**
	1. In order to safeguard and promote the welfare of children, the academy will act in accordance with the following legislation and guidance:

		1. The Children Act 1989
		2. The Children Act 2004
		3. Children and Social Work Act 2017
		4. Education Act 2002 (Section 175/157)

		*Outlines that Local Authorities and School Governing Bodies have a responsibility to “ensure that their functions relating to the conduct of school are exercised with a view to safeguarding and promoting the welfare of children who are its pupils”.*
		5. Lambeth Safeguarding Children Board Procedures Manual
		6. Keeping Children Safe in Education (DfE, September 2020)
		7. Working Together to Safeguard Children (DfE 2018)
		8. The Education (Pupil Information) (England) Regulations 2005
		9. Sexual Offences Act (2003)
		10. Section 26, The Counter Terrorism and Security Act 2015 (Prevent duty)
		11. Female Genital Mutilation Act 2003 (Section 74, Serious Crime Act 2015)
		12. Anti-social Behaviour, Crime and Policing Act 2014 (makes it a criminal offence to force someone to marry. Includes taking someone overseas to force them to marry **(**whether or not the forced marriage takes place).
	2. Serious Violence Strategy 2018
	3. Furthermore it also states that governing bodies and proprietors of all schools and colleges should ensure that their safeguarding arrangements take into account the procedures and practice of the local authority as part of inter-agency safeguarding procedures set up by the local safeguarding children board.
2. **DESIGNATED SAFEGUARDING LEAD**Local governing bodies should ensure an appropriate senior member of staff, from the school or college leadership team, is appointed to the role of DSL.

During term time the DSL and or a Deputy will always be available (during school or college hours) for staff in the school or college to discuss any safeguarding concerns and individual arrangement for out of hours/out of term activities the DSL or nominated contact will be identified and contactable by telephone

	1. The Designated Senior Lead for child protection in this academy is:

	NAME: **Simon Jackson**

	There should be a Deputy Designated Senior Lead (DDSL) in the absence of the lead DSL.

	The Deputy Designated Senior Lead for Child Protection in this school is:

	NAME: **Laura Akhtar**
	2. **THE BROAD AREAS OF RESPONSIBILITY FOR THE DESIGNATED SENIOR LEAD ARE:**Managing Child Protection Contact Referrals and cases

	Contacting the Child Protection Consultation Hub when advice is needed regarding child protection concerns which possibly meet the threshold for statutory intervention

	Completing Child Protection Contact Referrals for all cases of suspected abuse or neglect where there is a risk of significant harm to the child/young person, Police where a crime may have been committed and to the Channel programme where there is a radicalisation concern

	Liaise with the Head Teacher or Principal (if DSL is named as some other person) to inform him/her of issues, especially ongoing enquiries under Section 47 of the Children Act 1989 and police investigations

	Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a Child Protection Contact Referral via a Multi agency Referral Form (MARF) by liaising with relevant agencies

	Support staff who make Child Protection Contact Referrals via a MARF and other service referrals

	Share information with appropriate staff in relation to a child’s looked after (CLA) legal status (whether they are looked after under voluntary arrangements with consent of parents or on an Interim Care Order or Care Order) and contact arrangements with birth parents or those with parental responsibility.

	Ensure they have details of the CLA’s social worker and the name of the virtual school Head Teacher in the authority that looks after the child.
	3. **Training**The Designated Senior Lead should undergo formal training every two years. The DSL should also undertake Prevent Duty awareness training. In addition to this training, their knowledge and skills should be refreshed (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments) at least annually to:

		1. Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments;
		2. Have a working knowledge of how Lambeth conducts a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
		3. Ensure each member of staff has access to and understands the school’s safeguarding and child protection policy and procedures, especially new and part time staff;
		4. Be alert to the specific needs of children in need, those with special educational needs and young carers;
		5. Understand and support the academy with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation;
		6. Are able to understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online at the academy
		7. Can recognise the additional risks that children with SEN and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support SEND children to stay safe online
		8. Be able to keep detailed, accurate, secure written records of concerns, Child Protection Contact Referrals (Academy to change terminology as needed) alongside referrals to other agencies
		9. Obtain access to resources and attend any relevant or refresher training courses;
		10. Encourage a culture of listening and responding to children and taking account of their wishes and feelings, among all staff, in any measures the academy may put in place to protect them.
	4. **Raising Awareness**
		1. The Designated Safeguarding Lead should:

			1. ensure the academy’s policies are known, understood and used appropriately;
			2. work with the local governing body to ensure that the academy’s child protection policy is reviewed annually, and the procedures and implementation are updated and reviewed regularly.
			3. Ensure the child protection policy is available publicly and that parents are aware that advice regarding child protection concerns could be sought from the Child Protection Consultation Hub and that Child Protection Contact Referrals (academy to change terminology as needed) about suspected abuse or neglect may be made. Ensure parents are aware of the school or college’s statutory role regarding safeguarding of children.
			4. link with Lambeth Safeguarding Children’s Board to make sure staff are aware of training opportunities and the latest local policies on safeguarding;
			5. Ensure that when children leave the academy, they ensure the file for safeguarding and any child protection information is sent to any new school as soon as possible but transferred separately from the main pupil file. The file should not be sent until the child is physically attending the new school.
			6. obtain proof that the new school has received the safeguarding file for any child transferring and then destroy any information held on the child in line with GDPR requirements.
			7. Consider if it would be appropriate to share any information with the new school in advance of a child leaving, for example, information that would allow the new school or college to continue supporting victims of abuse and have that support in place for when the child arrives.
3. **THE LOCAL GOVERNING BODY**
	1. Governing bodies must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in their academy are always effective and comply with the law.
	2. The Local Governing Body of St Leonard’s will have a senior governor to take **leadership** responsibility for the academy’s safeguarding arrangements.
	3. The nominated governor for child protection is:

	NAME: Rev Canon Anna Norman-Walker
	The responsibilities placed on the local governing bodies include:

		1. their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified;
		2. ensuring that an effective child protection policy is in place, together with a staff behaviour policy;
		3. ensuring staff are provided with Part One of Keeping Children Safe in Education (DfE 2020) – Annex A and are aware of specific safeguarding issues;
		4. ensuring that staff induction is in place with regards to child protection and safeguarding;
		5. appointing an appropriate senior member of staff to act as the Lead Designated Senior Lead. It is a matter for the individual academy to choose to have more than one Deputy Designated Senior Lead;
		6. ensuring that all of the DSLs, including deputies, should undergo formal child protection training every two years, in line with KCSIE and (academy to add name of Local Safeguarding Children Board) procedures, and receive regular, at least annual, safeguarding updates via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments, for example.
		7. prioritising the welfare of children and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns;
		8. ensuring that children are taught about safeguarding, including online safety. Schools should consider this as part of providing a broad and balanced curriculum;
		9. ensuring appropriate filters and appropriate monitoring systems are in place to safeguard children from potentially harmful and inappropriate online material. Additional information to support governing bodies and proprietors is provided in Annex C of Keeping Children Safe in Education (DFE 2020);
4. **WHEN TO BE CONCERNED**

	1. Knowing what to look for is vital for the early identification of abuse and neglect. All staff should be aware of the Indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection.
	2. Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology maybe used to facilitate offline abuse. Children maybe abused by an adult or adults or by another child or children.

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| **PHYSICAL ABUSE**A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. |
| **CHILD** |
| Bruises – shape, grouping, site, repeat or multiple | Withdrawal from physical contact |
| Bite-marks – site and sizeBurns and Scalds – shape, definition, size, depth, scars | Aggression towards others, emotional and behaviour problems |
| Improbable, conflicting explanations for injuries or unexplained injuries | Frequently absent from school |
| Untreated injuries | Admission of punishment which appears excessive |
| Injuries on parts of body where accidental injury is unlikely | Fractures  |
| Repeated or multiple injuries | Fabricated or induced illness -  |
| **PARENT** | **FAMILY/ENVIRONMENT** |
| Parent with injuries | History of mental health, alcohol or drug misuse or domestic violence. |
| Evasive or aggressive towards child or others | Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault |
| Explanation inconsistent with injury | Marginalised or isolated by the community. |
| Fear of medical help / parents not seeking medical help | Physical or sexual assault or a culture of physical chastisement. |
| Over chastisement of child |  |

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| **EMOTIONAL ABUSE**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 a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as over protection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. |
| **CHILD** |
| Self-harm | Over-reaction to mistakes / Inappropriate emotional responses  |
| Chronic running away | Abnormal or indiscriminate attachment |
| Drug/solvent abuse | Low self-esteem  |
| Compulsive stealing | Extremes of passivity or aggression |
| Makes a disclosure | Social isolation – withdrawn, a ‘loner’ Frozen watchfulness particularly pre-school  |
| Developmental delay | Depression |
| Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking) | Desperate attention-seeking behaviour |
| **PARENT** | **FAMILY/ENVIRONMENT** |
| Observed to be aggressive towards child or others | Marginalised or isolated by the community. |
| Intensely involved with their children, never allowing anyone else to undertake their child's care. | History of mental health, alcohol or drug misuse or domestic violence. |
| Previous domestic violence | History of unexplained death, illness or multiple surgery in parents and/or siblings of the family |
| History of abuse or mental health problems | Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault |
| Mental health, drug or alcohol difficulties | Wider parenting difficulties |
| Cold and unresponsive to the child’s emotional needs | Physical or sexual assault or a culture of physical chastisement. |
| Overly critical of the child | Lack of support from family or social network. |

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| **NEGLECT**The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: • provide adequate food, clothing and shelter (including exclusion from home or abandonment); • protect a child from physical and emotional harm or danger; • ensure adequate supervision (including the use of inadequate care-givers); or • ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.  |
| **CHILD** |
| Failure to thrive - underweight, small stature  | Low self-esteem |
| Dirty and unkempt condition | Inadequate social skills and poor socialisation |
| Inadequately clothed | Frequent lateness or non-attendance at school |
| Dry sparse hair | Abnormal voracious appetite at school or nursery |
| Untreated medical problems | Self-harming behaviour |
| Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold | Constant tiredness |
| Swollen limbs with sores that are slow to heal, usually associated with cold injury | Disturbed peer relationships |
| **PARENT** | **FAMILY/ENVIRONMENT** |
| Failure to meet the child’s basic essential needs including health needs | Marginalised or isolated by the community. |
| Leaving a child alone | History of mental health, alcohol or drug misuse or domestic violence. |
| Failure to provide adequate caretakers | History of unexplained death, illness or multiple surgery in parents and/or siblings of the family |
| Keeping an unhygienic dangerous or hazardous home environment | Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault |
| Unkempt presentation | Lack of opportunities for child to play and learn |
| Unable to meet child’s emotional needs  | Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals |
| Mental health, alcohol or drug difficulties |  |

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| **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.  |
| **CHILD** |
| Self-harm - eating disorders, self-mutilation and suicide attempts | Poor self-image, self-harm, self-hatred |
| Running away from home | Inappropriate sexualised conduct |
| Reluctant to undress for PE  | Withdrawal, isolation or excessive worrying |
| Pregnancy | 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 | Poor attention / concentration (world of their own) |
| Pain, bleeding, bruising or itching in genital and /or anal area | Sudden changes in school work habits, become truant |
| Sexually exploited or indiscriminate choice of sexual partners |  |
| **PARENT** | **FAMILY/ENVIRONMENT** |
| History of sexual abuse | Marginalised or isolated by the community. |
| Excessively interested in the child. | History of mental health, alcohol or drug misuse or domestic violence.  |
| Parent displays inappropriate behaviour towards the child or other children | History of unexplained death, illness or multiple surgery in parents and/or siblings of the family |
| Conviction for sexual offences | Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault |
| Comments made by the parent/carer about the child. | Grooming behaviour |
| Lack of sexual boundaries | Physical or sexual assault or a culture of physical chastisement. |

* 1. If staff have any concerns about a child’s welfare, they should act on them immediately. If staff have a concern, they should follow this policy and speak to the Designated Senior Lead (or deputy). The designated safeguarding lead (and any deputies) are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to safeguarding concerns.
	2. Any staff member should be able to make a safeguarding referral to Lambeth children’s services department if necessary.
	3. All staff should be aware of the process for making Child Protection Contact Referrals via a MARF to Children’s services for statutory assessments under the Children Act 1989, especially section 17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm - from abuse or neglect) that may follow a Contact Referral, (academy to change terminology as relevant) along with the role they might be expected to play in such assessments.
	4. Staff should not assume a colleague or another professional will take action but should share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate provision.

	**Options will then include:**
		1. managing any support for the child internally via the academy’s own pastoral support processes;
		2. completing a Families First Assessment or a Request for Support referral. (academy to change terminology as relevant)
		3. a Child Protection Contact Referral(academy to change terminology as relevant) for statutory services, for example as the child might be in need, is in need or suffering or likely to suffer significant harm from abuse or neglect.
	5. **Contextual Safeguarding**Safeguarding incidents and/or behaviours can be associated with factors outside the academy and/or can occur between children outside the academy. All staff, but especially the designated safeguarding lead (or deputy) should consider the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which means assessments of children should consider whether wider environmental factors are present in a child’s life that are a threat to their safety and/or welfare.
	6. **A child centred and coordinated approach to safeguarding**Safeguarding and promoting the welfare of children is **everyone’s responsibility.** In order to fulfil this responsibility effectively, each professional should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child.

	The academy staff form part of the wider safeguarding system for children. This system is based on the principle of providing help for families to stay together where it is safe for the children to do so, and looking at alternatives where it is not, whilst acting in the best interestsof the child at all times.
	7. **Children who may require early help**
	8. All staff should be aware of the early help process, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment of a child’s needs. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. This also includes staff monitoring the situation and feeding back to the DSL any ongoing/escalation of concerns so that consideration can be given to a Child Protection Contact Referral to Children’s Services if the child’s situation doesn’t appear to be improving.

	If early help is appropriate, the DSL or a Deputy will generally lead on liaising with other agencies and setting up further assessments as appropriate.

	Any child may benefit from early help, but all academy staff should be particularly alert to the potential need for early help for a child who:

		1. is disabled and has specific additional needs;
		2. has special educational needs (whether or not they have a statutory education, health and care plan);
		3. is a young carer;
		4. is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
		5. is frequently missing/goes missing from care or from home;
		6. is misusing drugs or alcohol themselves;
		7. is at risk of modern slavery, trafficking or exploitation;
		8. is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
		9. has returned home to their family from care;
		10. is showing early signs of abuse and/or neglect;
		11. is at risk of being radicalised or exploited;
		12. is a privately fostered child.
	9. Academy staff will be aware of the main categories of maltreatment: physical abuse, emotional abuse, sexual abuse and neglect. They should also be aware of the indicators of maltreatment and specific safeguarding issues so that they are able to identify cases of children who may be in need of help or protection.
	10. **Children with special educational needs and disabilities:**Additional barriers can exist when recognising abuse and neglect in this group of children.
		1. This can include:

			1. Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child’s impairment without further exploration;
			2. Assumptions that children with SEN and disabilities can be disproportionally impacted by things like bullying- without outwardly showing any signs;
			3. Communication barriers and difficulties;
			4. Reluctance to challenge carers, (professionals may over empathise with carers because of the perceived stress of caring for a disabled child);
			5. Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased;
			6. A disabled child’s understanding of abuse;
			7. Lack of choice/participation;
			8. Isolation.
	11. **Peer on peer abuse**
		1. All staff will be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to:

			1. bullying (including cyberbullying);
			2. physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
			3. sexual violence, such as rape, assault by penetration and sexual assault;
			4. sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse
			5. upskirting, which typically involves taking a picture under a person’s clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm;
			6. sexting (also known as youth produced sexual imagery); and
			7. initiation/hazing type violence and rituals.
		2. All staff will be aware that abuse is abuse and peer on peer abuse will never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”. Furthermore they will recognise the gendered nature of peer on peer abuse (i.e. that it is more likely that girls will be victims and boys perpetrators), but that all peer on peer abuse is unacceptable and will be taken seriously.
		3. In order to minimise the risk of peer on peer abuse St Leonard’s C.E. Primary will:

			1. provide a developmentally appropriate PSHE curriculum which develops students understanding of acceptable behaviour and keeping themselves safe. (please see also school’s PSHE policy)
			2. have systems in place for any child to raise concerns with staff, knowing that they will be listened to, believed and valued.
			3. ensure victims, perpetrators and any other child affected by peer on peer abuse will be supported
			4. develop robust risk assessments where appropriate in accordance with the procedures of the Multi Academy Trust
		4. Staff should also refer to Part 5 of Keeping Children Safe in Education (DfE 2020) – ‘Child on child sexual violence and sexual harassment’.
	12. **Serious violence**All staff should be aware of indicators , which may mean that children are at risk from, or involved with, serious violent crime. Indicators may include increased absence, a change in friendships, a change in relationships with older individuals or groups, a decline in performance, signs of self harm and/or unexplained injuries, unexplained gifts and/or new possessions.
	13. **Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)**Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. 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. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse 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. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online. More information include definitions and indicators are included in Annex A KCSiE DfE 2020.
	14. **Mental Health**All staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Only appropriate trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken by following the procedures in this policy and speaking to the schools DSL.

* 1. **PREVENT: Safeguarding Children and Young People from Radicalisation**Children can be vulnerable to extreme ideologies and radicalisation. Similar to protecting children from other forms of harm and abuse, protecting children from radicalisation must be part of all school and college safeguarding approaches.

All schools and colleges are subject to the Prevent Duty under Section 26 of the Counter Terrorism and Security Act 2015 (the CTSA 2015), in the exercise of their functions to have “due regard to the need to prevent people from being drawn into terrorism.” KCSiE DfE 2020

There are signs and vulnerability factors that may indicate a child is susceptible to radicalisation or is in the process of being radicalised. It is possible to protect vulnerable people from extremist thinking and intervene to safeguard those at risk of radicalisation. Staff must be alert to changes in children’s behaviour, which could indicate that they may be in need of Prevent support. They must act proportionately to the concern using the Prevent ‘notice, check, share’ approach, which may lead to the DSL making a Prevent referral.

Local Safeguarding Children Board procedures may include specific duties for settings within the Local Authority, along with guidance for referring and reporting concerns relating to the Prevent Duty. If that is the case, the academy should add here.

* 1. **Domestic Abuse**Domestic abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological; physical; sexual; financial; and emotional.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. See Appendix 4 for information regarding Operation Encompass

1. **DEALING WITH A DISCLOSURE**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.
	1. If a child discloses that he or she has been abused in some way, the member of staff/ volunteer will:

		1. listen to what is being said without displaying shock or disbelief;
		2. accept what is being said;
		3. allow the child to talk freely;
		4. reassure the child, but not make promises which it might not be possible to keep;
		5. never promise a child that they will not tell anyone, as this may ultimately not be in the best interests of the child;
		6. reassure him or her that what has happened is not his or her fault;
		7. stress that it was the right thing to tell;
		8. listen, only asking questions when necessary to clarify;
		9. not criticise the alleged perpetrator;
		10. explain what has to be done next and who has to be told;
		11. make a written record (see Record Keeping);
		12. Pass the information to the DSL without delay (if a DSL or Deputy is not available, staff must inform a senior member of staff or complete a child protection contact referral if this disclosure indicates that the child may be at risk of immediate harm and/or have been suffered significant harm to ensure reporting to Police and/or Children’s Services where necessary is not delayed.) (Academy to change terminology where relevant)
	2. **Support**Dealing with a disclosure from a child and safeguarding issues generally can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Senior Lead.

	If a school /college staff member receives a disclosure about potential harm caused by another staff member, they should see section 11 of this policy– Allegations involving school staff/volunteers.
2. **RECORD KEEPING**All academy staff will be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as ‘special category personal data’.

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements staff will discuss with the designated safeguarding lead.

	1. When a child has made a disclosure, the member of staff/volunteer will:

		1. Record as soon as possible after the conversation. Use the schools Child Protection Recording system which, in the SDBE MAT is CPOMS.
		2. Ensure the date, time, place is recorded, and any noticeable non-verbal behaviour and the words used by the child
		3. Use a body map to indicate the position of any injuries and a clear description of the injury
		4. record statements and observations rather than interpretations or assumptions;
		5. not destroy the original records in case they are needed by a court.
	2. All records will be given to the Designated Senior Lead promptly. No copy will be retained by the member of staff or volunteer.
	3. The DSL will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.
3. **CONFIDENTIALITY**
	1. Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers at St Leonard’s.
	2. 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.
	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.
4. **SCHOOL PROCEDURES**
	1. Please see Appendix 3: KCSiE Pg18
	2. If any member of staff is concerned about a child, he or she must inform the DSL and record concern on CPOMs. The DSL will decide whether the concerns should be raised to Children’s Services and if deemed to have met the threshold a Multi Agency Referral Form (MARF) will be completed. If a Child Protection Contact Referral to Children’s Services is made the DSL will discuss the referral with the parents, unless to do so would place the child at further risk of harm.
	3. While it is the DSL’s role to make Child Protection Contact Referrals, any staff member can make a referral to Children’s Services if a child is in immediate danger or is at risk of harm (e.g. concern that a family might have plans to carry out FGM, Forced Marriage etc). In these circumstances a Child Protection Contact Referral should be made to Children’s Services and/or the Police immediately. Where Child Protection Contact Referrals are made by another member of staff, the DSL should be informed as soon as possible.
	4. If a teacher (persons employed or engaged to carry out teaching work at schools and other institutions in England) , in the course of their work in the profession, discovers that an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl under the age of 18 the teacher must report this to the police via 101. This is a mandatory reporting duty. KCSiE(DfE 2020:33):
	5. If the allegations raised are against other children, the school should follow section (academy to add relevant guidance from the Local Authority procedures) – Children Who Abuse Others. Please see the school’s anti-bullying policy for more details on procedures to minimise the risk of peer on peer abuse.
	6. The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise and a factual account of any verbal disclosures and observations.
	7. Particular attention should 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.
	8. If a pupil who is/or has been the subject of a child protection plan changes school, the DSL will inform the social worker responsible for the case and transfer the appropriate records to the DSL at the receiving school, in a secure manner, and separate from the child’s academic file.
	9. The DSL 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. **COMMUNICATION WITH PARENTS**
	1. St Leonard’s C.E. Primary will ensure the Child Protection Policy is available publicly either via the school or college website or by other means.
	2. Parents should be informed prior to a referral, unless it is considered to do so might place the child at increased risk of significant harm by:

		1. the behavioural response it prompts such a where a child being subjected to abuse, is forced to remain silent;
		2. leading to an unreasonable delay;
		3. leading to the risk of loss of evidential material.
	3. The academy will also consider not informing parent(s) where this would place a member of staff at risk.
	4. The school will endeavour to ensure that parents understand the responsibilities placed on the school staff for safeguarding children.
	5. Where reasonably possible schools and colleges should hold more than one emergency contact number for each pupil. KCSiE DfE 2020:63
6. **ALLEGATIONS INVOLVING ACADEMY STAFF AND VOLUNTEERS**
	1. An allegation is any information which indicates that a member of staff/volunteer may have:

		1. behaved in a way that has, or may have harmed a child;
		2. possibly committed a criminal offence against/related to a child;
		3. Behaved towards a child or children in a way which indicates he or she would pose a risk of harm to children; or
		4. Behaved or may have behaved in a way that indicated they may not be suitable to work with children.
		5. This relates to members of staff, supply staff and volunteers who are currently working in any school or college regardless of whether the school or college is where the alleged abuse took place. Allegations against a teacher who is no longer teaching should be referred to the police. Historical allegations of abuse should also be referred to the police.
		6. In the event of allegations of abuse being made against the Head Teacher, where the Head Teacher is also the sole Proprietor of an independent school or where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, allegations should be reported directly to the Local Authority Designated Officer (LADO). Staff may consider discussing any concerns with the DSL if appropriate make any referral via them.
		7. **The Chair of the Local Governing Body in this academy is:**

		**NAME: Jason Aspell**

**CONTACT NUMBER: 020 8769 2712 for school office and message will be sent**

In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair in this academy is:

**NAME: Rachel Turner
CONTACT NUMBER: 020 8769 2712 for school office and message will be sent**

* + 1. 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.
		2. 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 Head Teacher.
		3. 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.
		4. The Head Teacher/Chair of Governors 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 Officer.
		5. Lambeth Children’s Services may be contacted on 020 7926 3100
		6. Out of Hours Service-Children’s Services may be contacted on 020 7926 1000
		7. If the allegation meets any of the four criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.
		8. If it is decided that the allegation requires a child protection strategy meeting or joint evaluation meeting, this will take place in accordance with academy to add section reference and name of Local Authority Safeguarding Children Board procedures
		9. If it is decided it does not require a child protection strategy meeting or joint evaluation meeting, the LADO will provide the employer with advice and support on how the allegations should be managed.
		10. The Head Teacher should, as soon as possible, following briefing from the Local Authority Designated Officer inform the subject of the allegation.
		11. Where a staff member feels unable to raise an issue with their employer/through the whistleblowing procedure or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:

		Children’s Services (academy to add local telephone number)

		NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk
	1. **What St Leonard’s will do if they have concerns about safeguarding practices within the academy.**
	2. All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the academy’s safeguarding arrangements.
	3. Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the senior leadership team.
1. **Safer working practice**
	1. To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook/school code of conduct/staff behaviour policy and Safer Recruitment Consortium document Guidance for safer working practice for those working with children and young people in education settings (May 2019) available at

https://www.saferrecruitmentconsortium.org/

The document seeks to ensure that the responsibilities of school leaders towards children and staff are discharged by raising awareness of illegal, unsafe, unprofessional and unwise behaviour. This includes guidelines for staff on positive behaviour management in line with the ban on corporal punishment (School Standards and Framework Act 1998).

Please see the school/college’s behaviour management policy for more information.

**Appendix 1**

**APPENDIX 1:**

**KEEPING CHILDREN SAFE IN EDUCATION
 (DfE 2020)**

**Part One: Information for all school and college staff**

**Annex A: Further Information**

All staff should have access and have read Part one and Annex A (which provides further information specific forms of abuse and safeguarding issues) of this statutory guidance. They should also have the opportunity to seek clarity from designated staff for any content.

This is to assist staff to understand their role and discharge their responsibilities as set out in this guidance.

Staff will be asked to sign to say they have read these sections (please see Appendix 2 below) and should subsequently be re-directed to these documents again should any changes occur.

**Link to KCSiE (DfE, 2020):**

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/892394/Keeping\_children\_safe\_in\_education\_2020.pdf

**APPENDIX 2: DECLARATION FOR STAFF**

**Child Protection Policy and Keeping Children Safe in Education (DfE 2020)**

Academy Name: St Leonard’s C.E. Primary
Academic Year 2020-21

Please sign and return to **Michelle Coveney**  (SBM) by 25. 09. 2020

I, **<insert name>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** have read and am familiar with the contents of the following documents and understand my role and responsibilities as set out in these document(s).:

(1) The School/College's Child Protection Policy

(2) **Part 1 and Annex A** of **'Keeping Children Safe in Education'** DfE Guidance, 2020

I am aware that the DSLs are:

**Simon Jackson & Laura Akhtar**

and I able to discuss any concerns that I may have with them.

I know that further guidance, together with copies of the policies mentioned above, are available via the school office

Signed:

………………………………………………………………………

Date:

………………………………………………………………………

**APPENDIX 3:**

**ACTIONS WHERE THERE ARE CONCERNS ABOUT A CHILD**

**FLOWCHART**

**Flowchart**



**APPENDIX 4:**

**OPERATION ENCOMPASS**

**Information sharing from Police regarding Domestic Abuse notifications (2nd December 2019)**

Operation Encompass Safeguarding Statement:

• Our academy is part of Operation Encompass. This is a police and education early intervention safeguarding partnership which supports children and young people who experience Domestic Abuse.

• Operation Encompass means that the police will share information about Domestic Abuse incidents with our academy PRIOR to the start of the next school day when they have been called to a domestic incident.

• Our parents are fully aware that we are an Operation Encompass school.

• The Operation Encompass information is stored in line with all other confidential safeguarding and child protection information.

• The Key Adult has also led training for all school staff and Governors about Operation Encompass, the prevalence of Domestic Abuse and the impact of this abuse on children. We have also discussed how we can support our children following the Operation Encompass notification.

• We are aware that we must do nothing that puts the child/ren or the non-abusing adult at risk.

• The Safeguarding Governor will report on Operation Encompass in the termly report to Governors. All information is anonymised for these reports.

• The Key Adult has used the Operation Encompass Toolkit to ensure that all appropriate actions have been taken by the school.

OUR KEY ADULTS ARE: **Simon Jackson & Laura Akhtar**