Safeguarding Policy

St Anne's Catholic School and Sixth Form College



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1. INTRODUCTION

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and taking action to enable all children to have the best life chances.

St Anne's Catholic School and Sixth Form College's Mission Statement is underpinned by a recognition of the intrinsic value of a human being, made in God's image, and the Christian duty to protect the vulnerable. The school is committed to ensuring that children feel safe and valued and are kept safe. They should always feel able to approach adults if they are in difficulties.

This Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school.

In particular, this policy should be read in conjunction with the school's policies and procedures relating to Health and Safety, including first aid and welfare, Behaviour, Equality, Anti-Bullying, Whistleblowing, E-safety, ICT Acceptable Usage, the storing of images, attendance, as well as the Staff Code of Conduct.

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.
Southampton Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures	The school follows the procedures established by the Southampton Local Safeguarding Children Board. www.southamptonlscb.co.uk
School Staff & Volunteers	All 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 failure to develop because they have daily contact with children.
	All school staff will receive appropriate safeguarding children training 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 receive safeguarding and child protection updates as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.
Underlying Principles	Temporary staff and volunteers will be made aware of the safeguarding policies and procedures by the Designated Safeguarding Lead. Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.
	Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened 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 referral to early help services or specialist 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.

Staff members working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child. The policy will be reviewed annually by the 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 Safeguarding Lead and through staff performance measures.

Implementation, Monitoring and Review of the Child Protection Policy

2. STATUTORY FRAMEWORK

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 175/157) 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'.
- Keeping Children Safe in Education (DfE, September 2018)
- Keeping Children Safe in Education: Part One- information for all school and college staff (DfE, September 2018) – stored on T: drive for all staff
- Working Together to Safeguard Children (DfE, 2018)
- Understanding and dealing with issues relating to parental responsibility, DfE 2018
- Information sharing advice for safeguarding practitioners (DfE, July 2018)
- The Education (Pupil Information) (England) Regulations 2005
- Sexual Offences Act (2003)
- Section 26, The Counter Terrorism and Security Act 2015 (PREVENT duty)
- Female Genital Mutilation Act 2003 (Section 74, Serious Crime Act 2015)

Working Together to Safeguard Children (DfE 2015) requires each school to follow the procedures for protecting children from abuse which are established by the Local Safeguarding Children Board.

Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which:

(a) a child may have been abused or neglected or is at risk of abuse or neglect

(b) a member of staff has behaved in a way that has, or may have harmed a child or that indicates they would pose a risk of harm.

3. THE DESIGNATED SAFEGUARDING LEAD

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

During term time the designated safeguarding lead and or a deputy will always be available (during school hours) for staff in the school to discuss any safeguarding concerns and individual arrangements for out of hours/out of term activities will be identified in the planning of such activities; for offsite activities through Form 2 and for out of hours activities on site by discussion with the SLT member who approves the activity.

The Designated Safeguarding Lead for Child Protection in this school is Mr Julian Waterfield. The Deputy Designated Safeguarding Leads are Mrs Anne Murphy, Mr James Rouse and Ms Emma Wright.

The broad areas of responsibility for the Designated Safeguarding Lead are:

Managing referrals and cases

- Refer all cases of suspected abuse or neglect to the Southampton MASH team, Police (cases where a crime may have been committed) and to the Channel programme where there is a radicalisation concern.
- Liaise with the Headteacher 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 referral by liaising with relevant agencies.
- Support staff who make referrals by discussing referrals in advance of their submission, where possible.
- 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.

Training

The Designated Safeguarding Lead should undergo formal training every two years. The DSL should also undertake Prevent awareness training. In addition to this training, their knowledge and skills should be refreshed (for example via e-bulletins, meeting other DSLs, attending (or sending a representative) to LA meetings, or taking time to read and digest safeguarding developments) regularly to:

 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 local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
- 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 school with regards to the requirements of the Prevent duty and be able to provide advice and support to staff on protecting children from the risk of radicalisation
- 6. Be able to keep detailed, accurate, secure written records of concerns and referrals
- 7. Obtain access to resources and attend any relevant or refresher training courses
- 8. Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school may put in place to protect them

Raising Awareness

The designated safeguarding lead should:

- Ensure the school's policies are known, understood and used appropriately.
- Ensure the school's safeguarding and child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with the governing body regarding this.
- Ensure the safeguarding and child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school in this.
- Link with the Local Safeguarding Children's Board (LSCB) to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Where children leave the school, ensure the file for safeguarding and any child protection information is sent to any new school /college as soon as possible but transferred separately from the main pupil file.
- Schools should obtain proof that the new school/education setting has received the safeguarding file for any child transferring and then destroy any information held on the child in line with data protection guidelines.

4. THE GOVERNING BODY

Governing bodies and proprietors 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 schools or colleges are effective and comply with the law at all times.

The nominated governor for safeguarding is Ms Anita Davis.

The responsibilities placed on governing bodies and proprietors include:

- their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified
- ensuring that an effective child protection policy is in place, together with a staff code of conduct
- ensuring staff are provided with Part One of Keeping Children Safe in Education (DfE 2018) and Appendix 1 and are aware of specific safeguarding issues
- ensuring that staff induction is in place with regards to child protection and safeguarding
- appointing appropriate members of the Senior Leadership Team to act as the Designated Safeguarding Lead and his/her deputies
- ensuring that all of the Designated Safeguarding Leads (including deputies) should undergo formal child protection training every two years and receive regular (annual) safeguarding refreshers (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments).
- prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns
- ensuring that children are taught about safeguarding in an age appropriate way
- 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 2016)
- Having a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements

5. WHEN TO BE CONCERNED

For detailed information, please see the detailed Procedures found in the staff handbook

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, all professionals 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.

Schools and colleges and their 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, while always acting in the **best interests** of the child.

Where there is a safeguarding concern, the governing body and school leaders will do everything they can to ensure that the child's wishes and feelings are taken into account when determining what action to take and what services to provide. Where anybody who is involved with a safeguarding concern is unsure of how this applies to a particular situation, they should discuss this with the Designated Safeguarding Lead who will ensure that all systems and processes within the school operate with the best interests of the child at their heart.

Children who may require early help

The Southampton LSCB's website includes information about Early Help (Universal Help Assessment) procedures at http://southamptonlscb.co.uk/mash-multi-agency-safeguarding-hub/early-help/.

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 Designated Safeguarding Lead any ongoing/escalating concerns so that consideration can be given to a referral to Children's Services (Safeguarding and Specialist Services) if the child's situation doesn't appear to be improving. The relevant Head of Year usually runs the early help process on a day-to-day basis.

Staff and volunteers working within the School should be alert to the potential need for early help for children also who are more vulnerable. For example:

- Children with a disability and/or specific additional needs.
- Children with special educational needs.
- Children who are acting as a young carer.
- Children who are showing signs of engaging in anti-social or criminal behaviour, including gang involvement and association with organised crime groups.
- Children who are frequently missing or go missing from care or from home.
- Children who misuse drugs or alcohol themselves.
- Children who are at risk of modern slavery, trafficking or exploitation.
- Children whose family circumstances present challenges, such as substance abuse, adult mental health problems or domestic violence.
- Children who have returned home to their family from care.
- Children who are showing early signs of abuse and/or neglect.
- Children who are at risk of being radicalised or exploited.
- Children who are privately fostered.

School staff members and volunteers should 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. They should always speak to the designated safeguarding lead (or a deputy) if they are unsure.

See Appendix 2 for information on indicators of abuse and the school procedures in the staff handbook for specific safeguarding issues.

Staff members should maintain an attitude of 'it could happen here' and when concerned about the welfare of the child must always act in the best interests of the child.

Children with special educational needs and disabilities:

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

This can include:

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

• Isolation, including peer to peer isolation

The school appoints a key worker for every student on the SEND register.

Peer on peer abuse (Mate crime)

Education settings are an important part of the inter-agency framework not only in terms of evaluating and referring concerns to Children's Services and the Police, but also in the assessment and management of risk that the child or young person may pose to themselves and others in the education setting.

If one child or young person causes harm to another, this should not necessarily be dealt with as abuse. When considering whether behaviour is abusive, it is important to consider:

- Whether there is a large difference in power (for example age, size, ability, development) between the young people concerned; or
- whether the perpetrator has repeatedly tried to harm one or more other children; or
- Whether there are concerns about the intention of the alleged perpetrator.

Peer on peer abuse can manifest itself in many ways and different gender issues can be prevalent. Severe harm may be caused to children by abusive and bullying behaviour of other children, which may be physical, sexual or emotional and can include gender based violence/ sexual assaults, sexting, teenage relationship abuse, peer on peer exploitation, serious youth violence, sexual bullying or harmful sexual behaviour.

The school does not tolerate any form of peer on peer abuse, including sexual violence or harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling or otherwise causing physical harm; sexting or initiation/hazing type violence and rituals. All such incidents are recorded

The Brook Advisory Service can help professionals to assess and respond appropriately to sexualised behaviour with their traffic light tool, found at www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool.

Staff should recognise that children are capable of abusing their peers and should not be tolerated or passed off as "banter" or "part of growing up". Staff should also recognise that different gender issues can be prevalent when dealing with peer on peer abuse.

In order to minimise the risk of peer on peer abuse the school:

- provides a developmentally appropriate PSHE curriculum which develops students' understanding of acceptable behaviour and keeping themselves safe
- develops this understanding through assemblies and the promotion of anti-bullying week
- has systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued
- develops robust risk assessments where appropriate
- records incidents of possible peer or peer abuse, all of which are brought to the attention of the designated safeguarding lead
- has due regard to the rights of the school to search and confiscate, as set out by DfE guidance

 have relevant policies and procedures in place and centrally available via the Staff Handbook

In instances where child on child sexual violence or harassment is reported, the designated safeguarding lead will normally oversee the investigation and actions taken, with due regard to part 5 of Keeping Children Safe in Education (2018). In these cases, a report should be managed, where possible, with two members of staff present (preferably one of them being the designated safeguarding lead or a deputy). The designated safeguarding lead will need to make swift decisions about current risk and will ensure that there is no suggestion of any sexual violence or harassment being classed as 'banter', 'part of growing up' or 'having a laugh': it is never tolerated.

Looked after children and previously looked after children

Given that the most common reason for children becoming looked after is as a result of abuse or neglect, school staff are fully involved in these children's care arrangements. A previously looked after child has a higher level of vulnerability and all staff continue to monitor previously looked after children.

It is the designated teacher's responsibility, in conjunction with the designated safeguarding lead and relevant head of year, to ensure that staff and volunteers are fully informed of the needs of looked after and previously looked after children.

The school's designated teacher is:

Ms Wendy Bennoch.

6. DEALING WITH A DISCLOSURE

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

- listen to what is being said without displaying shock or disbelief
- accept what is being said
- allow the child to talk freely
- reassure the child, but not make promises which it might not be possible to keep
- never promise a child that they will not tell anyone as this may ultimately not be in the best interests of 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 and avoiding the introduction of new vocabulary in the questioning
- not criticise the alleged perpetrator
- explain what has to be done next and who has to be told
- make a written record (see Record Keeping), signed and dated
- pass the information to the Designated Safeguarding Lead without delay

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 Safeguarding Lead.

If a school staff member or volunteer receives a disclosure about potential harm caused by another staff member, they should see section 11 of this policy– *Allegations involving school staff/volunteers.*

7. RECORD KEEPING

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

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

- record as soon as possible after the conversation, using the school child protection form
- do not destroy the original notes in case they are needed by a court
- record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- use a body map to indicate the position of any injuries
- record statements and observations rather than interpretations or assumptions
- sign and date the form by hand (even when the form is typed)

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

The Designated Safeguarding Lead will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005. If a pupil who is/or has been the subject of a child protection plan changes school, the Designated Safeguarding Lead will inform the social worker responsible for the case and transfer the appropriate records to the Designated Safeguarding Lead at the receiving school, in a secure manner, and separate from the child's academic file.

Use of body maps

The safeguarding concern form includes a body map for use where relevant.

Body Maps should be used to document and illustrate visible signs of harm and physical injuries. Always use a black pen (never a pencil) and do not use correction fluid or any other eraser. Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

At no time should an individual teacher/member of staff or school take photographic evidence of any injuries or marks to a child's person; the body map should be used.

When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:

- Exact site of injury on the body, e.g. upper outer arm/left cheek.
- Size of injury in appropriate centimetres or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury if more than one colour, say so.

- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed/are they holding themselves differently?

Importantly, the date and time of the recording must be stated as well as the name and designation of the person making the record. Add any further comments as required, using the information on the form and in conjunction with the advice in the section on record keeping (below).

Ensure First Aid is provided where required and record action taken.

8. CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools. Any questions or concerns should be discussed with the Designated Safeguarding Lead.

- 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).
- 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. This may ultimately not be in the best interests of the child.
- 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.

9. SCHOOL SYSTEMS

Please see Appendix 1: What to do if you are worried a child is being abused: flowchart.

If any member of staff or volunteer is concerned about a child he or she must inform the Designated Safeguarding Lead. The Designated Safeguarding Lead will decide whether the concerns should be referred to the Multi Agency Safeguarding Hub (MASH) team. If it is decided to make a referral, this will be discussed with the parents, unless to do so would place the child at further risk of harm.

While it is the DSL's role to make and manage 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), a referral should be made to Children's Services and/or the Police immediately. Where referrals are not made by the DSL, the DSL should be informed as soon as possible, even where the referral is made by a DDSL.

If a teacher (person 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 by dialling 101 (non-emergency) or 999 if there is an immediate threat. **This is a mandatory reporting duty.** This duty is set out in Keeping Children Safe in Education (DfE 2018): Annex A. They should always speak to the designated safeguarding lead or their deputy.

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.

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.

The Designated Safeguarding Lead is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

Staff may experience a range of feelings in response to what arises in a safeguarding (or possible safeguarding) context. It is important to try to maintain a non-judgemental attitude and be aware that they are dealing with very private aspects of a young person's life; great care thus needs to be taken with regard to sensitivity in order that the situation is not made worse. Staff involved any disclosure or possible disclosure will be offered the opportunity to be debriefed after the event. The designated 'debriefers' are the DSL and the Headteacher, who can also signpost the staff member to external areas of support.

10. COMMUNICATION WITH PARENTS

The school will ensure the Safeguarding Policy is available publicly via the school website.

Parents are informed prior to referral, unless it is considered to do so might place the child at increased risk of significant harm by:

- the behavioural response it prompts e.g. a child being subjected to abuse, maltreatment or threats / forced to remain silent if alleged abuser informed
- leading to an unreasonable delay
- leading to the risk of loss of evidential material

The school may also consider not informing parent(s) where is would place a member of staff at risk).

The school will ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

11. ALLEGATIONS - SYSTEMS AND MITIGATION

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

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

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

What school staff or volunteers should do if they have concerns about safeguarding practices within the school

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or education setting's safeguarding arrangements. Full details may be found in the school's whistleblowing policy.

If staff members have concerns about another staff member then this should be referred to the Headteacher. Where there are concerns about the Headteacher, this should be referred to the Chair of Governors. Where the concerns also concern a student in the school, the DSL is likely to be involved by the Headteacher.

The Chair of Governors in this school is:

Mrs Linda Bate

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

Mrs Clare Fearon

The telephone numbers for the above may be obtained from the Head's PA or the DSL.

In the event of allegations of abuse being made against the Headteacher 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 Designated Officer (formerly LADO). Staff may consider discussing any concerns with the Designated Safeguarding Lead and, if appropriate, make any referral via them.

The Designated Officer for Southampton is:

Sue Sevier (023 8091 5535) lado@southampton.gov.uk

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

Actions to be taken include making an immediate written record of the allegation using the informant's words – including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Headteacher.

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

The Headteacher/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 Designated Officer.

If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Designated Officer without delay.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school's internal procedures.

The Headteacher should, as soon as possible, **following briefing** from the Designated Officer, inform the subject of the allegation.

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 023 8083 2300
- 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

Safer working practice

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 and staff code of conduct. The Safer Recruitment Consortium document *Guidance for safer working practice for those working with children and young people in education settings (September 2015)* 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).

Safer Recruitment

The school operates a safer recruitment process and on every recruitment panel for any post within school there is at least one member who has undertaken safer recruitment training. The process checks the identity, criminal record (enhanced DBS), mental and physical capacity, right to work in the UK, professional qualifications (where required) and seeks confirmation of the applicant's experience and history through references.

Staff Induction

The DSL or a deputy will provide all new staff with training to enable them both to fulfil their role and also to understand this and linked policies. This induction is covered within the annual training; otherwise it will be carried out separately during the initial starting period.

Health and Safety

The school operates a separate health and safety policy, found in the staff handbook and on the T: drive.

The site, the equipment and the activities carried out as part of the curriculum are all required to comply with the Health and Safety at Work act 1974 and regulations made under the act.

All risks are required to be assessed and recorded plans of how to manage the risk are in place. The plans should always take a common sense and proportionate approach to allow activities to be safe rather than preventing them from taking place.

We aim to provide a secure site, but recognise that the site is only as secure as the people who use it. Therefore, all people on the site must adhere to the rules which govern it. These are:

• All gates are shut except at the start and end of the school day

- Doors are kept closed to prevent intrusion
- Visitors and volunteers enter at reception and must sign in
- Visitors and volunteers are identified by a visitors' badge; red badges indicate that a DBS and photographic identification have not been presented to reception – these visitors are always accompanied around the site by a member of school staff
- Children are only allowed home during the school day with adults/carers with parental responsibility or confirmed permission being given
- All students leaving or returning during the school day must sign out and in

Use of Reasonable Force

The use of reasonable force is understood in line with the DfE's guidance 'Use of reasonable force', 2013. The use of force is a power that all staff have, but is not in any way a duty for any individual member of staff at St Anne's. Reasonable force can be as simple as, but not limited to, guiding a student to safety by the arm.

Some members of staff in school, who are also trained to designated safeguarding lead level, are trained on a voluntary basis in the use of reasonable force. Where it is used to control or restrain pupils the incident is written up using the appropriate paperwork, which is stored by the Headteacher. The school recognises that appropriate behavioural systems, including, positive support plans and, where necessary, behaviour risk assessments, are the main ways in which the chance of needing to use reasonable force are mitigated. In situations where it is safer, a student might be allowed to leave the site and parents and police will be notified.

Transporting Students

Where the school minibus is used to transport students, two adults will always be present. Some exceptions can be agreed with the Business Manager or Headteacher, for example local PE fixtures or transporting Sixth Formers.

Where staff use their own cars to transport students, the procedures for Offsite activities are used and two adults are always present.

In all cases of driving, staff must ensure that they have appropriate insurance, that the vehicle is properly maintained for the purpose and expected mileage and that the journey involves appropriate rest breaks.

Where taxis are used to transport students without members of staff present, a (D)DSL will be consulted and each situation will be treated separately.

Ongoing staff training

All staff receive headline training at the first staff meeting of the year which shall include an update to current legislation and a reminder of the role and responsibilities of staff members. All staff and governors are required to review key policies relating to Health and Safety and Child Protection and to sign a declaration, which they should return to the DSL within the first two weeks of term. Key pastoral staff take part in further training when appropriate.

Allegations involving other students

School will be aware that there are potentially safeguarding issues regarding both subject and object of the allegation. The DSL will normally co-ordinate investigations and may assign the a deputy or deputies as specific champions for specific students involved.

	WHAT TO DO IF YOU ARE WORRIED A CHILD IS BEING SED: ADVICE FOR PRACTITIONERS (DfE 2015)
	Flowchart
Be alert	 Be aware of the signs of abuse and neglect. Identify concerns early to prevent escalation. Know what systems the school has in place regarding support for safeguarding e.g. induction training, staff code of conduct and the role of the Designated Safeguarding Lead (DSL).
Question behaviours	 Talk and listen to the views of children, be non - judgemental. Observe any change in behaviours and quetion any unexplained marks / injuries To raise concerns about poor or unsafe practice, refer to the HT, if the concerns is about the HT, report to Chair of Governors. Utilise whistleblowing procedure.
Ask for help	 Record and share information appropriately with regard to confidentiality If staff members have concerns, raise these with the Designated Safeguarding Lead (DSL) Responsibility to take appropriate action, do not delay.
Refer	 DSL will make referrals to children servcies but in an emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to Children's Services on 023 8083 2300. If a child is at immediate risk of harm, call 999.

The framework for understanding children's needs:



Working Together to Safeguard Children (DFE, 2015)

Physical abuse may involve hitting, shaking, drowning, suffocating or otherwise causing p	ohysical harm to a child.
	hild
Bruises – shape, grouping, site, repeat or multiple	Withdrawal from physical contact
Bite-marks – site and size Burns 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	

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, not giving the child opportunities to express their views, 'making fun' of what they say or how they communicate - hearing the ill-treatment of another and serious bullying (including cyber bullying).

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,	Desperate attention-seeking behaviour
thumb sucking)	
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.
allowing anyone else to undertake their child's	
allowing anyone else to undertake their child's care.	or domestic violence. History of unexplained death, illness or multiple
allowing anyone else to undertake their child's care. Previous domestic violence	or domestic violence. History of unexplained death, illness or multiple surgery in parents and/or siblings of the family Past history in the care of childhood abuse, self harm, somatising disorder or false allegations
allowing anyone else to undertake their child's care. Previous domestic violence History of abuse or mental health problems	or domestic violence. History of unexplained death, illness or multiple surgery in parents and/or siblings of the family Past history in the care of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault

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.

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 nurserv Untreated medical problems Self-harming behaviour Red/purple mottled skin, particularly on the Constant tiredness hands and feet, seen in the winter due to cold Swollen limbs with sores that are slow to heal, Disturbed peer relationships usually associated with cold injury Parent Family/environment Failure to meet the child's basic essential Marginalised or isolated by the community. needs including health needs Leaving a child alone History of mental health, alcohol or drug misuse or domestic violence. History of unexplained death, illness or multiple Failure to provide adequate caretakers surgery in parents and/or siblings of the family Past history in the family of childhood abuse. Keeping an unhygienic dangerous or hazardous home environment 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

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 or non-contact activities, such as involving children in looking at sexual images or being groomed on line / child exploitation.

-	nild
Self-harm - eating disorders, self-mutilation	Poor self-image, self-harm, self-hatred
and suicide attempts	
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	Poor attention / concentration (world of their
becoming aggressive or withdrawn	own)
Pain, bleeding, bruising or itching in genital	Sudden changes in school work habits,
and /or anal area	become truant
Sexually exploited or indiscriminate choice of	
sexual partners	
Parent	Family/environment
	Family/environmentMarginalised or isolated by the community.
Parent	
Parent History of sexual abuse	Marginalised or isolated by the community. History of mental health, alcohol or drug
Parent History of sexual abuse Excessively interested in the child.	Marginalised or isolated by the community. History of mental health, alcohol or drug misuse or domestic violence.
Parent History of sexual abuse Excessively interested in the child. Parent displays inappropriate behaviour	Marginalised or isolated by the community. History of mental health, alcohol or drug misuse or domestic violence. History of unexplained death, illness or multiple
Parent History of sexual abuse Excessively interested in the child. Parent displays inappropriate behaviour towards the child or other children	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 in the care of childhood abuse, self harm, somatising disorder or false allegations
Parent History of sexual abuse Excessively interested in the child. Parent displays inappropriate behaviour towards the child or other children	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 in the care of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Parent History of sexual abuse Excessively interested in the child. Parent displays inappropriate behaviour towards the child or other children	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 in the care of childhood abuse, self harm, somatising disorder or false allegations
Parent History of sexual abuse Excessively interested in the child. Parent displays inappropriate behaviour towards the child or other children Conviction for sexual offences Comments made by the parent/carer about the	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 in the care of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault