

# **POLICY DOCUMENT**

## **ACHIEVING EXCELLENCE**



<b>Policy Reference Number:</b>	<b>HTCSP 8</b>
<b>Lead Governor:</b>	<b>Sarah Craig</b>
<b>Leadership Team Link:</b>	<b>Deidre Hurn</b>
<b>Last Review:</b>	<b>November 2015</b>
<b>Next Review:</b>	<b>November 2016</b>

## **Safeguarding (incorporating the former Child Protection) Policy**

**Safeguarding is broader than 'Child Protection' as it also includes prevention. Safeguarding involves all agencies working with children, young people and their families taking all reasonable measures to ensure that the risks of harm to children's welfare are minimized. Horndean Technology College (HTC) is a Level 2 Rights Respecting College and as such, seeks to promote a positive, supportive and secure environment where students have their views valued and are encouraged to talk and are listened to. Consequently, the overall aim of this policy is to safeguard and promote the welfare of the students in our care. All children have a right to be protected from abuse. Whilst HTC will work openly with parents as far as possible, the College reserves the right to contact Children's Services, without notifying parents if this is in the child's best interests. This policy has been updated in response to 'Keeping Children Safe in Education June 2015.'**

Staff within HTC have access to information to support them to be able to recognise and report and signs, indicators or risks of radicalisation, child sexual exploitation or female genital mutilation. The Designated Safeguarding Leader (currently the Deputy Headteacher Deidre Hurn) will follow the established recording and referral processes including the use of Sexual Exploitation Risk Assessment Forms for suspected exploitation.

1. Our policy applies to all staff, Governors and volunteers working in the College. There are five main elements to our policy:
  - Ensuring we practice safe recruitment in checking the suitability of staff and volunteers to work with students, in particular adhering to the regulations regarding checks with the Disclosure and Barring Service (DBS).
  - Continually raising awareness of Safeguarding Issues and equipping students with the skills needed to keep them safe.
  - Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse.
  - Supporting students who have been abused in accordance with his/her agreed Child Protection Plan.
  - Establishing a safe environment in which students can learn and develop.

2. We recognise that because of the day to day contact with students, College staff are well placed to observe the outward signs of abuse. The College will therefore:
  - Establish and maintain an environment where students feel secure, are encouraged to talk and are listened to.
  - Ensure students know that there are adults in the College whom they can approach if they are worried.
  - Include opportunities in the PSHRE curriculum and Tutor/assembly programmes for students to develop the skills they need to recognise and stay safe from abuse.
  
3. We will follow the procedures set out by the Area Child Protection Committee and take account of guidance issued by the Department for Children, Schools and Family (DoE), Local Safeguarding Children's Board (LSCB) and LA to:
  - Ensure we have a Designated Safeguarding Lead (DSL) and Child Protection Liaison Officer (CPLO) for Child Protection, who have received appropriate training (updated as necessary) and support for this role.
  - Ensure we have a nominated Governor responsible for child protection.
  - Ensure that the Governing Body understand their responsibilities under S.175 of the Education Act 2002.
  - Ensure every member of staff, volunteer and Governor knows the name of the designated Teacher responsible for Child Protection and their role.
  - Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated Teacher responsible for Child Protection.
  - Ensure that parents have an understanding of the responsibility placed on the College and staff for Child Protection by setting out its obligations in the College Prospectus.
  - Develop effective links with relevant agencies and co-operate as required with their enquiries regarding Child Protection matters including attendance at case conferences.
  - Keep written records of concerns about students.
  - Ensure all records are kept securely, separate from the main student file and in locked locations.
  - Develop and then follow procedures where an allegation is made against a member of staff or volunteer.
  - Ensure safe recruitment practices are always followed.
  
4. We recognise that students who are abused or witness violence may find it difficult to develop a sense of self worth. They may feel helplessness, humiliation and some sense of blame. The College may be the only stable, secure and predictable element in the lives of students at risk. When at College their behaviour may be challenging and defiant or they may be withdrawn. The College will endeavour to support the student through:
  - The content of the curriculum.
  - The College ethos which promotes a positive, supportive and secure environment and gives students a sense of being valued.
  - The College Relationship Management Policy which is aimed at supporting vulnerable students in the College. The College will ensure that the student knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred.

- Referral to our ELSA for 1:1 counselling, self-esteem group or other relevant intervention strategy.
- Liaison with other agencies that support the student such as Social Services, Child and Adult Mental Health Service, Supporting Troubled Families Programme and Educational Psychology Service.
- Ensuring that, when a student on the Child Protection Register leaves, their information is transferred to the new school immediately and that the child's Social Worker is informed.

## **Roles and Responsibilities**

The College is responsible for ensuring that all action taken is in line with the requirements of central Government guidance. The role of the College within this procedure is to contribute to the identification, referral and assessment of students in need, including students who may have suffered, be suffering, or who are at risk of suffering significant harm. The College may also have a role in the provision of services to students in need and their families.

All adults in College have a role to play in promoting the welfare of students and protecting them from harm.

The role of the College in situations where there are child protection concerns is not to investigate but to recognise and refer.

### **Designated Safeguarding Lead**

The Designated Safeguarding Lead (DSL) is responsible for leading all CPLOs within the College to:

- Co-ordinate Child Protection action within College.
- Liaise with other agencies and professionals as appropriate.
- Ensure that locally established procedures are followed, including reporting and referral processes.
- Act as consultants for staff to discuss concerns.
- Make referrals as necessary.
- Maintain a confidential recording system.
- Represent or ensure the College is represented at Inter Agency meetings such as Child Protection Conferences and planning meetings.
- Manage and monitor the College's part in child care/protection plans.
- Organise and maintain training for all College staff at least on an annual basis.

### **Responding to Concerns**

Concerns for a student or young person may come to the attention of staff in a variety of ways, for example through observation of behaviour or injuries or disclosure. Any member of staff who has a concern for a student or young person, however insignificant this might appear to be, should discuss this with the CPLO as soon as is practically possible. More serious concerns must be reported immediately to ensure that any intervention necessary to protect the student is accessed as early as possible.

If a student makes a disclosure of abuse to a member of staff they should:

- Remember they cannot promise confidentiality.
- Allow the student or young person to make the disclosure at their own pace and in their own way.

- Avoid interrupting except to clarify what the student is saying.
- Not ask leading questions or probe for information that the student or young person does not volunteer.
- Reassure the student or young person that they have been heard and explain what you will do next and to whom you will talk.
- Record the conversation as soon as possible.
- Inform the CPLO.
- Use the CP Referral Form available on R Drive.

## **Recording and Monitoring**

### **Record Keeping**

Staff can play a vital role in helping students in need or at risk by effective monitoring and record keeping. Any incident or behavioural change in a student or young person that gives cause for concern in a Child Protection context (see Appendix 1) should be recorded on an incident sheet and passed to the CPLO.

It is important that records are factual and reflect the words used by the student or young person. Opinion should not be given unless there is some form of evidence base, which can also be quoted. Records must be signed and dated with timings if appropriate. It is important to remember that any issues are confidential and staff should know only on a 'need to know' basis. Electronic versions of statements should not be used.

### **Information to be recorded**

- Student's name and date of birth.
- Student in normal context, e.g. behaviour, attitude, previous term's notes.
- The incident(s) which gives rise for concern with date(s) and time(s).
- A record of what the student or young person has said (as near verbatim as possible).
- If recording bruising/injuries, indicate position, colour, size, shape and time on body map (maps available on R Drive).
- Action taken.

Written information should be passed to the DSL/CPLO. The Headteacher should always be kept informed of any significant issues.

### **Storage of records**

It is essential that accurate records be kept where there are concerns about the welfare of a child. These records are kept in secure, confidential files, which are separate from the child's College records. (Please see the DSL or Inclusion Officer for access). It is important to recognise that Regulations published in 1989 do not authorise or require the disclosure to parents of any written information relating to Child Protection.

### **Monitoring**

Where a member of staff is aware of either a referral or concern relating to Child Protection they must keep the CPLO informed of:

- Poor attendance and punctuality.
- Concerns about appearance and dress.
- Changed or unusual behaviour.
- Concerns about health and emotional well being.
- Deterioration in educational progress.
- Discussions with parents about concerns relating to their child.

- Concerns about home conditions or situations.
- Concerns about student or student abuse (including serious bullying).

### **Referrals to Social Services**

It is the responsibility of the CPLOs to decide when to make a referral to the Social Services Directorate. To help with this decision, she/he may choose to consult with the District School's Officer or Area Child Protection Co-ordinator. In general CPLO's should seek to discuss concerns with the family and, where possible, seek agreement to make a referral to CS unless this may delay the response or put the child at increased risk.

Advice may also be sought from Social Services who offer opportunities for consultation as part of the Child in Need/Child Protection process.

Issues discussed during consultations may include the urgency and gravity of the concerns for a child or young person and the extent to which parents /carers are made aware of these, although the preferred practice is for parents to be informed of and agree to any referral being made (unless it relates to Sexual Abuse). In all but the most exceptional cases parents/carers will be made aware of the concerns felt for a child or young person at the earliest possible stage and, in the event of this becoming necessary, their consent to a referral to Social Services will be sought.

Referrals to Social Services will be made by the CPLO. In situations where there are felt to be urgent or grave concerns a telephone referral will be made prior to the form being completed and sent to the local Social Services office.

If a student or young person is referred, the CPLO will ensure that the DSL, Headteacher and other relevant staff are informed of this. If, after consultation with the CPLO, a member of staff feels that appropriate action is not being taken in respect of his or her concerns for a student s/he should refer directly to Social Services. The Headteacher should be informed of this decision.

Staff should note that some concerns may need to be monitored over a period of time before a decision to refer to Social Services is made. All referrals made will be copied to the Education Welfare Service.

### **The Child Protection Register**

The College has a register of students who will have a Child Protection Plan. In addition the College keeps a record of any student who has been referred to Social Services for assessment. The CPLO will inform members of staff who have direct pastoral responsibility for students who have a Child Protection Plan. These students must be monitored very carefully and the smallest concern should be recorded on an incident sheet and passed immediately to the CPLO or the Headteacher in the CPLO's absence.

Appropriate staff will also be notified of students causing concern who have been or will be referred to Social Services for assessment.

### **Concerns involving members of staff**

Any concerns that involve allegations against a member of staff should be referred immediately to the Headteacher, or to the DSL to whom responsibility has been delegated by the Headteacher, who will contact the Area Child Protection Co-ordinator (Barbara Piddington at the time of writing) to discuss and agree further action to be taken in respect of the student and the member of staff. Any allegation against the Headteacher will be referred to the Chair of Governors, who will seek advice and guidance from the Local

Authority Area Child Protection Co-ordinator. Concerns may be raised by students, other staff, parents or visitors.

Advice to staff is issued as follows:

- Avoid physical contact or inappropriate comments with students at all times.
- In the case of a child protection issue, including an allegation:
  - DO accept the disclosure without opinion or prejudice.
  - DO record in writing what the child says in their own words.
  - DO pass on immediately to a named CPLO.
  - DON'T question the child or ask them to write a statement.
  - DON'T investigate or draw conclusions.
  - DON'T discuss with the member of staff involved
- Staff have a responsibility to report any concern regarding a colleague or other adult if they suspect there to be child protection issues (see reference to whistleblowing in Appendix 5).

## **Code of Practice**

All College staff should take care not to place themselves in a vulnerable position with relation to Child Protection. It is always advisable for interviews or work with individual students or parents to be conducted in view of other adults or with appropriate measures taken such as leaving doors open.

Physical intervention should only be used when the student is endangering him/herself or others and such events should be recorded and signed by a witness (see Physical Intervention Policy).

All College staff should work towards providing an environment and atmosphere for students and young people to enable them to feel safe to talk. However, staff should never promise a student to keep certain information confidential. It must be explained that staff have certain duties to help keep that student safe, which may involve informing others.

## **Supervision and Support**

Any member of staff affected by issues arising from concerns for students' welfare or safety can seek support from the DSL or CPLOs.

All Newly Qualified Teachers/ITT students and classroom assistants have a mentor or co-ordinator with whom they can discuss concerns, including the area of Child Protection as well as Child Protection training as part of their induction.

The CPLO can put staff and parents in touch with outside agencies for professional support if they so wish.

## **Training for Staff**

The CPLO officers will have regular training to update their knowledge and understanding of the role in line with DoE and LA guidelines. All staff will have regular training sessions regarding Child Protection. New staff will have Child Protection training as part of their induction process and all staff have to confirm Child Protection training as part of the Performance Management Process.

## **Physical Intervention**

Attention is drawn to the existence of the separate 'Physical Intervention Policy which provides guidance and protocols for safe intervention if physical restraint of a student becomes necessary.

## **Young Carers**

National Census data (2011) shows that there are at least 180,000 children and young people who act as young carers for a family member. Many see this as normal family activities and do not necessarily regard themselves as young carers. For some children and young people this is a positive experience and equips them well for responsibilities in adult life.

However, for some this responsibility will have an adverse effect upon their childhood and education, impacting adversely on their achievement and life chances. Inappropriate levels of care impact on a child's own emotional or physical well being or educational achievement and life chances.

It is possible that a young person's caring responsibilities will mean that they may

- Have difficulties completing homework on time.
- Arrive late to school/college.
- Need to take days off.
- Be constantly tired.
- Be unable to concentrate in class.
- Find their parents are unable to attend parents evenings.
- Experience being stigmatised or bullied.
- Underachieve academically.
- Have behavioral difficulties.
- Experience bullying/isolation.

We take responsibility to identify young carers at an early stage and have a named staff member with lead responsibility for young carers: a) to ensure that they have the same access to a full education and career choices as their peers; and b) to be responsible for promoting and co-ordinating the support they need and liaising with other agencies as appropriate.

# Appendix 1

## Recognition of and Categories of Abuse

All staff in College should be aware of the definitions and signs and symptoms of abuse. There are four categories of abuse. These are:

- Physical abuse.
- Sexual abuse.
- Emotional abuse.
- Neglect.

These different types of abuse require different approaches. A student suffering from physical abuse may be in immediate and serious danger. Action should, therefore, be taken immediately. With other forms of abuse there is a need to ensure that adequate information is gathered. There is also a need to make sure that grounds for suspicion have been adequately investigated and recorded. The need to collate information must be balanced against the need for urgent action. If there are reasonable grounds for suspicion then a decision to monitor the situation should only be taken after consultation. A situation that should cause particular concern is that of a child who fails to thrive without any obvious reason. In such a situation a medical investigation will be required to consider the causes. Each of the five categories is explored below in more detail.

### 1. Physical Abuse

This involves physical injury, including deliberate poisoning, where there is definite knowledge or a reasonable suspicion, that the injury was inflicted or knowingly not prevented.

Typical signs of Physical Abuse are:

- **Bruises and abrasions** - especially about the face, head, genitals or other parts of the body where they would not be expected to occur given the age of the student. Some types of bruising are particularly characteristic of non-accidental injury especially when the student's explanation does not match the nature of injury or when it appears frequently.
- **Slap marks** — these may be visible on cheeks or buttocks.
- **Twin bruises on either side of the mouth or cheeks** - can be caused by pinching or grabbing, sometimes to force feed or prevent speech.
- **Bruising on both sides of the ear** — this is often caused by grabbing to prevent an attempt to run away. It is very painful to be held by the ear, as well as humiliating and this is a common injury.
- **Grip marks on arms or trunk** - gripping bruises on arm or trunk can be associated with shaking a child. Shaking can cause one of the most serious injuries; i.e. a brain haemorrhage as the brain hits the inside of the skull. X-rays and other tests are required to fully diagnose the effects of shaking. Grip marks can also be indicative of sexual abuse.
- **Black eyes** – are mostly commonly caused by an object such as a fist coming into contact with the eye socket. **NB** A heavy bang on the nose, however, can cause bruising to spread around the eye but a doctor will be able to tell if this has occurred.
- **Damage to the mouth** – e.g. bruised/cut lips or torn skin where the upper lip joins the mouth.



- **Bite marks.**
- **Fractures.**
- **Poisoning or other misuse of drugs** – e.g. overuse of sedatives.
- **Burns and/or scalds** – a round, red burn on tender, non-protruding parts like the mouth, inside arms and on the genitals will almost certainly have been deliberately inflicted. Any burns that appear to be cigarette burns should be cause for concern. Some types of scalds known as 'dipping scalds' are always cause for concern. An experienced person will notice skin splashes caused when someone accidentally knocks over a hot cup of tea. In contrast someone who has been deliberately 'dipped' in a hot bath will not have splash marks.
- **Female Genital Mutilation (FGM)** – partial or total removal of the external female genitalia or other injury to female genital organs. Any suspicion of FGM about to or having taken place should immediately be reported to a CPLO who will inform the Police. Staff should NOT undertake an examination. See Appendix 6.

## 2. Sexual Abuse

The involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate the social taboos of family roles. Typical signs of Sexual Abuse are:

- **A detailed sexual knowledge inappropriate to** the age of the student.
- **Behaviour that is excessively affectionate or sexual.**
- **Attempts to inform** by making a disclosure about the sexual abuse often begin by the initial sharing of limited information with an adult. It is also very characteristic of such disclosures that there may be an excessive pre-occupation with secrecy and a need to try to bind adults to secrecy or confidentiality.
- **A fear of medical examinations.**
- **A fear of being alone** — this applies to friends/family/neighbours/baby-sitters etc.
- **A sudden loss of appetite, compulsive eating, anorexia nervosa or bulimia nervosa.**
- **Promiscuity.**
- **Sexual approaches or assaults** - on other children or adults.
- **Urinary tract infections (UTI), sexually transmitted disease (STD)** are all cause for immediate concern.
- **Bruising** to the buttocks, lower abdomen, thighs and genital/rectal areas. Bruises may be confined to grip marks indicating the student has been held so that sexual abuse can take place.
- **Discomfort or pain** particularly in the **genital or anal areas.**
- The drawing of **pornographic or sexually explicit images.**
- **Child Sexual Exploitation (CSE).** Indicators are published weekly in staff announcements.

## 3. Emotional Abuse

Has a severely adverse effect on behaviour and emotional development caused by persistent or severe emotional ill treatment or rejection. All abuse involves some emotional ill treatment - this category should be used where it is the main or sole form of abuse.

#### 4. Physical Neglect

- Persistent or severe neglect (for example, by exposure to any kind of danger, including cold and starvation) which results in serious impairment of health or development, including non-organic failure to thrive.
- Persistent stomach aches, feeling unwell, and apparent anorexia can be associated with Physical neglect.

However, typical signs of Physical Neglect are:

- **Underweight** — they may be frequently hungry or pre-occupied with food or in the habit of stealing food or with the intention of procuring food. There is particular cause for concern where a persistently underweight student gains weight when away from home, for example, when in hospital or on a College trip. Some may also lose weight or fail to gain weight during College holidays when College lunches are not available and this is a cause for concern.
- **Inadequately clad** - a distinction needs to be made between situations where students are inadequately clad, dirty or smelly because they come from homes where neatness and cleanliness are unimportant and those where the lack of care is preventing the student from thriving.

Physical Neglect is a difficult category because it involves the making of a judgement about the seriousness of the degree of neglect. Some parenting falls short of the ideal but it may be appropriate to invoke Child Protection procedure in the case of neglect where the student's development is being adversely affected.

#### 5. Grave Concern

This is not a category as such but staff must be aware of what this constitutes as it covers a number of situations where a student may be at risk. Grave concern may be felt when a student shows signs of stress and distress and one of the following circumstances apply:

- There is a known child abuser in the family.
- Another child in the family is known to have been abused.
- The parents are involved with pornographic material to an unusual degree.
- There is an adult in the family with a history of violent behaviour.
- The child is exposed to potential risk or exploitation via the Internet e.g. pornographic material or chat rooms.
- Additionally, if social and/or medical assessments indicate a risk of abuse.
- The child is at risk of radicalisation/extremist pressure. HTC will have due regard for its PREVENT duty and will follow referral procedures as appropriate.

#### The Symptoms of Stress and Distress

When a student is suffering from any one or more of the previous four 'categories of abuse', or if the student is 'at risk', he/she will nearly always suffer from/display signs of stress and distress.

An abused student is likely to show signs of stress and distress as listed below:

- A lack of concentration and a fall-off in College performance.
- Aggressive or hostile behaviour.
- Moodiness, depression, irritability, listlessness, fearfulness, tiredness, temper tantrums, short concentration span, acting withdrawn or crying at minor occurrences.
- Difficulties in relationships with peers.
- Regression to more immature forms of behaviour, e.g. thumb sucking.

- Self-harming or suicidal behaviour.
- Low self-esteem.
- Wariness, insecurity, running away or truancy - students who persistently run away from home may be escaping from sexual physical abuse.
- Disturbed sleep.
- General personality changes such as unacceptable behaviour or severe attention seeking behaviour.
- A sudden change in College performance.

### **Parental Signs of Child Abuse**

Particular forms of parental behaviour that could raise or reinforce concerns are:

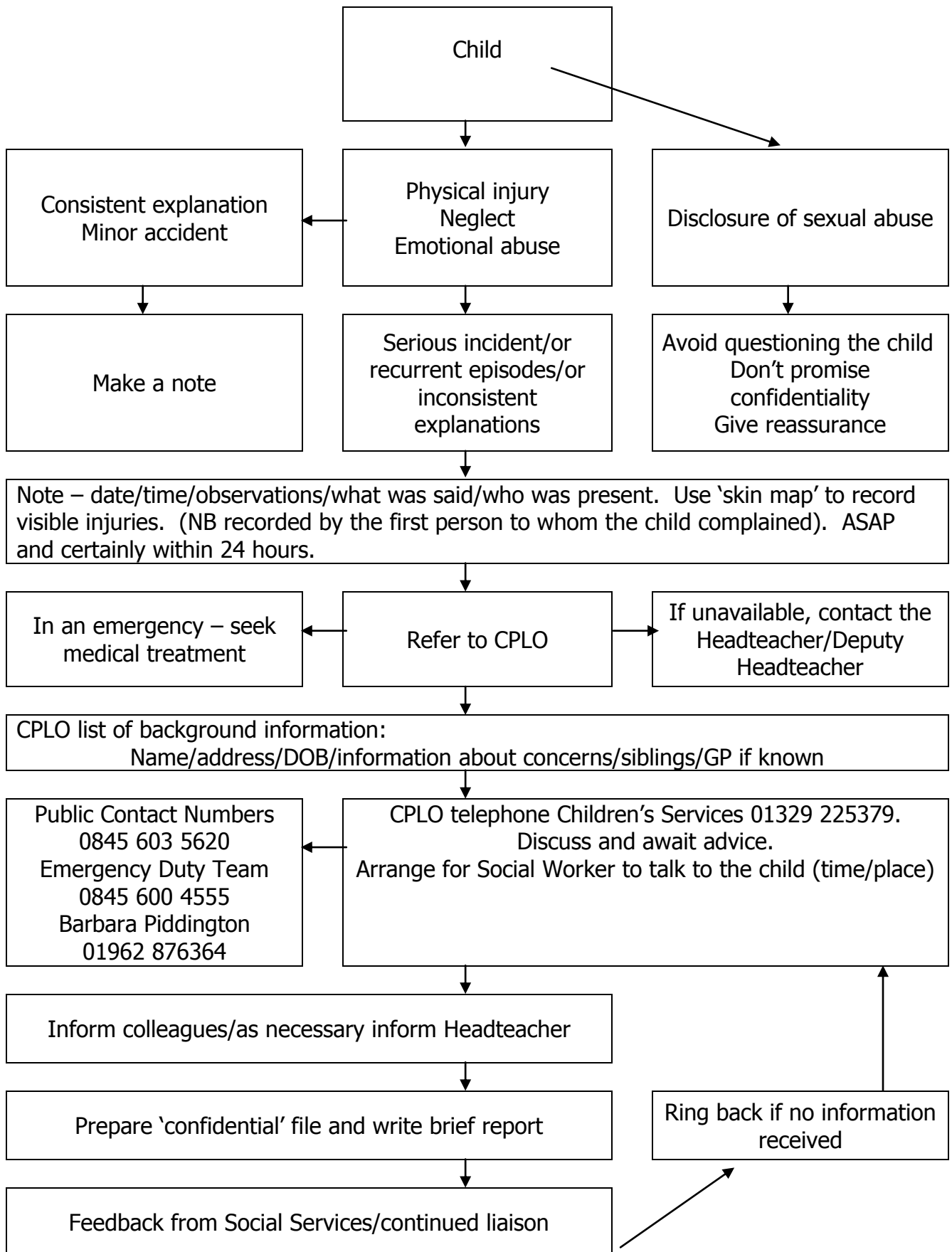
- Implausible explanations of injuries.
- Unwillingness to seek appropriate medical treatment for injuries.
- Injured student kept away from College until injuries have healed without adequate reason.
- A high level of expressed hostility to their child.
- Grossly unrealistic assumptions about their child's development.
- General dislike of child-like behaviour.
- Inappropriate labelling of their child's behaviour as bad or naughty.
- Leaving their children unsupervised when they are too young to be left unattended.
- Indications that domestic abuse is being witnessed by the child or that the child is not being protected from being drawn into situations involving domestic abuse.
- Fabricated or induced illness of a child by a parent or carer.

### **Recognition of Significant Harm**

Local authorities have a duty to investigate whether compulsory intervention in family life is required if significant harm is suspected. There are no absolute criteria upon which to base this judgement but CPLOs will reach a decision based upon the content of the child protection referral received.

## Appendix 2

### Child Protection Procedures



## Appendix 3

<b>Child Protection Referral Form</b> <b>All sections MUST be completed</b>				
Name:		Date:	Class:	DOB:
Area for concern: <i>(Delete as necessary)</i>	Physical	Emotional	Sexual	Neglect
Radicalisation		Female Genital Mutilation	Child Sexual Exploitation	Faith Abuse
Outline concerns:			Previous information if appropriate (ie Social Services/ health involvement):	
<p><b>Note: This must be handed/emailed to either Jo Skeet or Fiona Wynn and <i>not</i> left on a desk, in class, etc.</b></p>				
Signed:			Date:	
Action Taken:				
Signed:			Date:	

## Appendix 4

### Safe Professional Culture

#### All staff, governors and volunteers should:

- Work in an open and transparent way, avoiding any actions that would lead a reasonable person to question their motivation and/or intentions.
- Dress appropriately for your role.
- Avoid unnecessary physical contact with children. If physical contact is made;
  - ensure you are aware of and understand the rules concerning physical restraint (see Physical Restraint Policy).
  - where it is essential for educational or safety reasons, gain students' permission for that contact wherever possible.
  - to remove a student from a dangerous situation or an object from a student to prevent either harm to themselves or others, then this should be recorded on the correct form and reported to the Headteacher.
  - it should not be secretive, even if accidental contact was made, it should be reported.
- Understand their position of power and influence over children and not misuse it in any way. This includes but is not limited to;
  - Accepting regular gifts from children,
  - Giving personal gifts to children.
- Recognise their influence and not engage in activities out of College that might compromise their position within College.
- Not establish or seek to establish social contact with students outside of College. This includes;
  - Communication with students in inappropriate ways, including personal e-mails and mobile telephones,
  - Passing your home address, phone number, e-mail address or other personal details to students/children,
  - The transportation of students in your own vehicle without prior management approval,
  - Contact through social networking sites.
- Avoid volunteering to house children overnight.

### Safe Working Practice

#### All staff, volunteers and governors should:

- Only use e-mail contact with students via the College's system.
- Be careful about recording images of children and do this only when it is an approved educational activity. This can only be done when parents have given their express permission.
- Ensure that areas of the curriculum that may involve sexually explicit information are taught in accordance with College policies.
- Allow children to change clothes with levels of respect and privacy appropriate to their age, gender, culture and circumstances.
- Avoid working in one-to-one situations or conferring special attention on one child unless this is part of an agreed College plan or policy.
- Avoid meeting with students in closed rooms where possible.

- Not access inappropriate material via the internet.
- Not allow boundaries to become blurred and unsafe in more informal settings such as trips out, out of College activities etc.
- Never use a physical punishment of any kind.
- Not attribute touch to their teaching style.

## **Informing the DSL**

### **All staff, volunteers and governors should inform the DSL if:**

- There are any incidents or issues that might lead to concerns being raised about your conduct towards a child.
- There is any suggestion a student may be infatuated with you or taking an above normal interest in you.
- Parent concerns about a member of staff should be passed to the DSL for action.

If a member of staff is the subject of concerns or allegations of a child protection nature they should contact their professional association or trade union for support.

For more information on safe working practice see 'Guidance for Safer Working Practices 2015

<http://intranet.hants.gov.uk/safeguardingchildren>  
[www.safeguardingschools.co.uk](http://www.safeguardingschools.co.uk)

## Appendix 5

### Guidelines for the avoidance of unnecessary contact and unfounded allegations

Allegations are made by children against staff working in schools from time to time. Some of these allegations are true, some are essentially true but exaggerated, some are mistaken and some are malicious. In an environment in which the conduct of adults towards children comes under more and more scrutiny in the interests of protecting children, all employees in schools need to be aware that their actions or conduct may lead to formal investigations taking place under child protection procedures and this could in turn have implications for their employment records and future careers even where those concerns have not been substantiated.

Working with young people brings demands and challenges. There are also great rewards, not least of which are the good personal relationships, which help the growth and development of those young people. In a very small number of cases, things can go wrong. Allegations against staff are rare, but the damage to all concerned is so great that **all staff must be aware of the issues and think carefully about their conduct so that misinterpretations can be minimised.** It is not possible to prescribe courses of action for every circumstance but employees should observe these guidelines in the conduct of their work with young people.

#### TRUST

##### Power and Positions of Trust

Where a person aged 18 or over is in a position of trust with a child under 18, it is an offence for that person to engage in sexual activity with or in the presence of that child, or to cause or incite that that child to engage in or watch sexual activity (Sexual Offences Act 2003)

As a result of their knowledge, position and/or the authority invested in their role, many adults working with children and young people in education settings are in positions of trust in relation to the young people in their care, where they have direct unsupervised access to children. A relationship between a member of staff and a student cannot be a relationship between equals. There is potential for exploitation and harm of vulnerable young people and staff have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

Staff must avoid behaviour which might be misinterpreted by others, and Headteachers should record any incident with this potential and take measures to ensure such behaviour is not repeated.

##### Infatuations

Staff need to be aware that it is not uncommon for students to be strongly attracted to a member of staff and/or develop a heterosexual or homosexual infatuation. All situations should be responded to sensitively to maintain the dignity of all concerned. Staff should also be aware that such circumstances always carry a high risk of words or actions being misinterpreted and for allegations to be made against staff.



A member of staff, who becomes aware that a student may be infatuated with themselves or a colleague, must discuss this at the earliest opportunity with a senior colleague so that appropriate action can be taken. In this way, steps can be taken to avoid hurt and distress for all concerned. Staff must also ensure that boundaries are maintained.

### **Social Contact**

Staff must not establish or seek to establish social contact with students for the purpose of securing a friendship or to pursue or strengthen a relationship. Even if a young person seeks to establish social contact, or if this occurs coincidentally, the member of staff must exercise her/his professional judgement in making a response and be aware that such social contact could be misconstrued.

Staff must not give their personal details such as home/mobile phone number or home or e-mail address to students **unless the need to do so is agreed and formally recorded with senior management.**

Internal e-mail systems must be used only in accordance with school policy. Use of texting as a means of communication with students is strongly discouraged as this may indicate an unprofessional relationship with a student.

## **CARE**

### **Care, Control and Physical Intervention**

The circumstances in which staff can intervene with a student are covered by the 1996 Education Act. Staff may legitimately intervene to prevent a student from committing a criminal offence, injuring themselves or others, causing damage to property, engaging in behaviour prejudicial to good order and to maintain good order and discipline. Staff should have regard to the health and safety of themselves and others.

This is a complex area and staff must have regard to current DfE and Local Authority guidance.

Under no circumstances should physical force be used as a form of punishment. The use of unwarranted physical force is likely to constitute a criminal offence and lead to potential dismissal.

In all cases where physical intervention is deemed necessary, the incident and subsequent actions must be documented and reported promptly.

### **Physical Contact and Personal Care**

There are occasions when it is entirely appropriate and proper for staff to have physical contact with students, but it is crucial that they only do so in ways appropriate to their professional role and responsibilities.

### **Personal Care**

All children have a right to safety, privacy, respect and dignity when contact of a personal nature is required (for example assisting with toileting or removing wet/soiled clothing). Children should be encouraged to act as independently as possible and to undertake as much of their own personal care as is practicable. Staff should not assist with any personal care task which a child is able to undertake themselves.

When assistance is required, staff must make another member of staff aware of the task to be undertaken.

Some job responsibilities necessitate intimate physical contact with children on a regular basis (for example the provision of medical care, physiotherapy, or toileting). A care plan should be drawn up and agreed with parents/carers for all children who require intimate care on a regular basis, with the views of the child actively sought wherever possible. The nature, circumstances and context of such physical contact should comply with the agreed plan, which should be regularly reviewed.

When personal care is being carried out, all children have the right to dignity and privacy i.e. they should be appropriately covered, the door closed or screens/curtains put in place. The number of adults engaged in the care should only reflect the minimum needed to perform the task safely and respectfully.

The responses of any child to personal care should be carefully and sensitively observed, and where necessary any concerns passed to the Headteacher and the child's parents/carers.

The responses of any child to personal care should be carefully and sensitively observed, and where necessary any concerns passed to the Headteacher and the child's parents/carers.

Additional vulnerabilities that may arise from a physical disability or learning difficulty should be considered with regard to individual teaching and care plans for each child. Issues relating to gender, culture and religion should also be taken into account in all actions and in making care plans. As with all arrangements for intimate care needs, agreements between the child, their parents/carers and the organisation must be negotiated, agreed and recorded. In addition, the views and/or emotional responses of children with special educational needs, regardless of age and ability must be actively sought in regular reviews of these arrangements.

A 'no touch' approach is impractical for most staff and may in some circumstances be inappropriate. When physical contact is made with students this should be in response to their needs at the time, of limited duration and appropriate given their age, stage of development, gender, ethnicity and background. Appropriate physical contact in schools may occur most often with younger students.

It is not possible to be specific about the appropriateness of each physical contact, since an action that is appropriate with one child in one set of circumstances may be inappropriate in another, or with a different child. Staff should therefore, use their professional judgement at all times and act in accordance with the school's behaviour management and restraint policy.

Physical contact should never be secretive, or for the gratification of the adult, or represent a misuse of authority. If a member of staff believes that an action could be misinterpreted, the incident and circumstances should be recorded as soon as possible in the school's incident book and, if appropriate, a copy placed on the child's file.

Physical contact, which occurs regularly with an individual child or young person, is likely to raise questions unless the justification for this is part of a formally agreed plan (for example in relation to students with SEN or physical disabilities). Any such contact should be the subject of an agreed and open school policy and subject to review. Where feasible, staff should seek the child's permission before initiating contact. Staff should listen, observe and take note of the child's reaction or feelings and – so far as is possible - use a level of contact which is acceptable to the child for the minimum time necessary.

Specific attention should be paid to gender, culture and religious issues for children and their views should be sought about their preferences in relation to staff who are required to assist with personal care.

Extra caution may be required where it is known that a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to the child feeling anxious or upset. This may also lead to staff being vulnerable to allegations of abuse. It is recognised that many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child sensitively by helping them to understand the importance of personal boundaries.

The general culture of 'limited touch' should be adapted, where appropriate, to the individual requirements of each child. Children with special needs may require more physical contact to assist their everyday learning. The arrangements should be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny.

## **CURRICULUM**

### **Curriculum**

Many areas of the curriculum can include or raise subject matter which is sexually explicit, or of an otherwise sensitive nature. Care should be taken to ensure that resource materials cannot be misinterpreted and clearly relate to the learning outcomes identified by the lesson plan. This plan should highlight particular areas of risk and sensitivity, taking particular account of religious, culture and gender issues.

The curriculum can sometimes include or lead to unplanned discussion about subject matter of a sexually explicit or otherwise sensitive nature. Responding to students' questions can require careful judgement and staff may wish to take guidance in these circumstances from a senior member of staff.

Care should also be taken to abide by the governing body's required policy on sex and relationships education and the wishes of parents. Parents have the right to withdraw their children from all or part of any sex education provided (but not from the biological aspects of human growth and reproduction necessary under the science curriculum).

Individual children may indicate their discomfort with specific materials and should be allowed to refrain from reading aloud and acting out parts of a play that they find sensitive, even if it is deemed appropriate for the class.

### **Educational Visits and After School Clubs etc**

Staff must take particular care when supervising students in the less formal atmosphere of a residential setting or after-school activity.

During school activities that take place off the school site or out of school hours, a more relaxed discipline or informal dress and language code may be acceptable. However, staff remain in a position of trust and need to ensure that their behaviour cannot be interpreted as seeking to establish an inappropriate relationship or friendship. Clear boundaries must be maintained and staff should be clear about acceptable behaviour by students regarding smoking/drinking.

Where out of school activities include overnight stays, careful consideration needs to be given to sleeping arrangements. Students, staff and parents should be informed of these prior to the start of the trip.

Health and Safety arrangements require members of staff to keep colleagues/employers aware of their whereabouts, especially when involved in an out of school activity.

Staff must be aware of and follow LA regulations, policies and guidance to include evidence of parental permission, approval of volunteers (including DBS disclosures and Barred List Checks where the volunteer is not supervised) , choice of residential site and an explicit code of conduct for staff and students.

## **WHISTLEBLOWING**

### **Whistleblowing**

Whistleblowing is the mechanism by which staff can voice their concerns, made in good faith, without fear of repercussion. Each school should have a clear and accessible whistleblowing policy that meets the terms of the Public Interest Disclosure Act 1998. A model procedure is provided in the Manual of Personnel Practice.

All staff should understand their individual responsibilities to bring matters of concern about children, colleagues or volunteers to the attention of senior management and/or relevant external agencies in writing. This is particularly important where the welfare of children may be at risk. Staff will be judged to be failing in their duty to safeguard children if they do not report such matters, and such failure could result in formal disciplinary action.

It is important that if concerns are expressed about alleged child abuse or inappropriate behaviour towards a child, this must be reported to the Headteacher or appropriate line manager. Such concerns should be pursued to reach a conclusion, with or without a formal complaint being made, even when the child or parent is not asking for further action to be taken about this matter. Concerns about Headteachers should be dealt with by the Chair of Governors.

### **Use of internet**

It is not acceptable for staff or volunteers to download inappropriate material using any computer to which students may have access, or to make use of such material in a school.

Any member of staff or volunteer who receives inappropriate material on the internet on a school computer, should report the matter urgently to their manager and ensure that the material is removed.

Staff need to be aware of the school's policy on the use of internet, mobile phones, etc to communicate with children.

## **Sharing Concerns and Recording Incidents**

All staff must be aware of the school's child protection procedures, including procedures for dealing with allegations against staff, which are informed by the DfE Statutory Guidance. Staff who are the subject of allegations are advised to contact their trade union and/or professional association.

In the event of an incident occurring, which may result in an action being misinterpreted and/or an allegation being made against a member of staff, the relevant information must be clearly and promptly recorded and reported to senior staff. Early discussion with a parent or carer could avoid any misunderstanding (subject to advice in this procedure and from the Local Authority Designated Officer (LADO) about contacting parents).

Members of staff should feel able to discuss with their line manager any difficulties or problems that may affect their relationship with students so that appropriate support can be provided or action can be taken.

All complaints, concerns or allegations against a member of staff that have child protection implications, or might relate to a risk posed by a person in a position of trust must be fully recorded. Records must include how these complaints, concerns or allegations were investigated and the outcome of any investigation with the rationale for this decision.

## **Conclusion**

It would be impossible and inappropriate to lay hard and fast rules to cover all the circumstances in which staff relate to young people and where opportunities for their conduct to be misconstrued might occur.

In all circumstances, professional judgement will need to be exercised. For the vast majority of staff the above guidelines will serve only to confirm what has always been their practice. If staff have any doubts about the advice contained in this document they should consult their Headteacher or line manager as appropriate.

More detailed guidance can be found on EPS' Safer Culture guidance.

## Appendix 6

### Female Genital Mutilation: your responsibilities and the support available

Female Genital Mutilation (FGM) is child abuse and is illegal in the UK with a maximum penalty of 14 years in prison for anyone found guilty of the offence. It is also illegal to take a British National or permanent resident abroad for FGM or to help someone trying to do this.

All teaching professionals should report any suspicions that a girl has undergone, or is likely to be subjected to, the procedure. The safeguarding responsibilities of school staff, and the procedures to follow, can be found in statutory safeguarding guidance, Keeping Children Safe in Education <http://dmtrk.net/HSS-2LFLW-DMML8C-15AHLB-1/c.aspx>, published in June 2015.

#### **NSPCC FGM Helpline - 0800 028 3550**

The NSPCC FGM helpline offers free 24-hour advice and support for anyone who may have questions about FGM or to report suspected cases. You can report concerns, or get further information and advice from trained professionals by calling the helpline on 0800 028 3550. Please also see the NSPCC FGM Factsheet <http://dmtrk.net/HSS-2LFLW-DMML8C-15AHLB-1/c.aspx>

#### **Government Guidelines**

The Government has published FGM multi-agency practice guidelines <http://dmtrk.net/HSS-2LFLW-DMML8C-15AHLB-1/c.aspx> to support front-line professionals in recognising and preventing FGM.

#### **Spot the Signs**

Make sure you are aware of the signs a girl could be at risk of FGM or has been subjected to the procedure. These might include:

- Families making preparations for the girl to take perhaps an extended holiday, including arranging vaccinations.
- A girl talking about a special procedure or ceremony that is going to take place.
- Prolonged absence from school with noticeable behaviour change on return.
- Possible bladder or menstrual problems.
- Younger girls finding it difficult to sit still, looking uncomfortable, complaining about pain between their legs, or talking of something somebody did to them that they are not allowed to talk about.