

# SAFEGUARDING OF YOUNG PEOPLE AND SAFER RECRUITMENT POLICY



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Policy Author (Subject Matter Expert):	Zoe Ramshaw
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## **Introduction and Legal Scope**

This policy is in line with:

- Department for Education Working Together To Safeguard Children, 2023.
- Department For Education - Keeping children safe in education – September 2024 updates
- Children Missing Education, September 2024
- Relevant sections of the Children Act 2004
- Relevant sections of the Children's Act 1989
- Relevant sections of the Education Act 2002
- Relevant sections of the Education Act 2011
- the Education (Independent School Standards) Regulations 2014
- Prevent Strategy, HM Government, June 2015 and updates
- National Guidelines on PVE (Preventing Violent Extremism)
- Apprenticeships, Children and Learning Act 2009
- Home Office and Foreign, Commonwealth and Development Office (2022) 'Multiagency statutory guidance for dealing with forced marriage and Multi-agency practice guidelines: Handling cases of forced marriage'
- HM Government (2020) 'Multi-agency statutory guidance on female genital mutilation'
- HM Government (2021) 'Channel Duty Guidance: Protecting people vulnerable to being drawn into terrorism'
- DfE (2018) 'Disqualification under the Childcare Act 2006'
- Voyeurism (Offences) Act 2019
- Domestic Abuse Act 2021
- The UK General Data Protection Regulation (UK GDPR)
- DfE (2020) 'Sharing nudes and semi-nudes: advice for education settings working with children and young people'
- DfE (2021) 'Teachers' Standards'

It also pays regard to:

- DfE “Use of Reasonable Force - Advice for head teachers, staff and governing bodies” - March 2013
- Local guidance issued by Barnet Safeguarding Children Partnership

**This policy applies to all adults, including volunteers, working in or on behalf of the school. Everyone in the education services shares an objective to help keep children and young people safe by contributing to:**

- 1. Providing a safe environment for children and young people to learn in an education setting; and**
- 2. Identifying children and young people who are suffering or likely to suffer significant harm, and taking appropriate action with the aim of making sure they are kept safe both at home and in the education setting**

**Safeguarding and promoting the welfare of children** means:

"Safeguarding and promoting the welfare of children is defined for the purposes of this policy as defined in KCSIE 2024:

- **providing help and support to meet the needs of children as soon as problems emerge**
- protecting children from maltreatment, **whether that is within or outside the home, including online**
- preventing the impairment of children’s mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes"

### ***Working Together to Safeguarding Children Definition***

*For information, the full definition in Working Together to Safeguard Children (December 2023) is as follows*

*"Safeguarding and promoting the welfare of children is defined for the purposes of this policy as:*

- *providing help and support to meet the needs of children as soon as problems emerge*
- *protecting children from maltreatment, whether that is within or outside the home, including online*
- *preventing impairment of children's mental and physical health or development*
- *ensuring that children grow up in circumstances consistent with the provision of safe and effective care*

**Child protection** is part of this definition and refers to activities undertaken to protect specific children who are suspected to be suffering, or likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including online.

**Abuse** is a form of maltreatment of a child, and may involve inflicting harm or failing to act to prevent harm. Appendix 1 explains the different types of abuse.

**Neglect** is a form of abuse and 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. Appendix 1 defines neglect in more detail.

**Sharing of nudes and semi-nudes** (also known as sexting or youth-produced sexual imagery) is where children share nude or semi-nude images, videos or live streams. This also includes pseudo-images that are computer-generated images that otherwise appear to be a photograph or video.

**Children** includes everyone under the age of 18.

The following 3 **safeguarding partners** are identified in Keeping Children Safe in Education (and defined in the Children Act 2004, as amended by chapter 2 of the Children and Social Work Act 2017). They will make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs:

- › The local authority (LA)
- › Integrated care boards (previously known as clinical commissioning groups) for an area within the LA
- › The chief officer of police for a police area in the LA area

**Victim** is a widely understood and recognised term, but we understand that not everyone who has been subjected to abuse considers themselves a victim, or would want to be described that way. When managing an incident, we will be prepared to use any term that the child involved feels most comfortable with.

**Alleged perpetrator(s)** and **perpetrator(s)** are widely used and recognised terms. However, we will think carefully about what terminology we use (especially in front of children) as, in some cases, abusive behaviour can be harmful to the perpetrator too. We will decide what's appropriate and which terms to use on a case-by-case basis.

Children include everyone under the age of 18.

There is a whole school approach to Safeguarding and this and Child Protection is at the forefront of everything we do. The pupil's welfare is paramount in everything we do and we work holistically with the hospital to ensure the pupils needs are recognised and met.

## **School Commitment**

Ellern Mede School is an independent school, registered for students aged 8 to 18, which is comprised of two sites: Ridgeway and Orange Tree. The Ellern Mede Ridgeway site educates young people who are admitted to Ellern Mede Hospitals for eating disorders and support inpatients during their care enabling them to access a high-quality education through which they can progress academically and achieve their aspirations. The second site, Ellern Mede Orange Tree educates children who may find mainstream schooling too difficult due to their social, emotional, and mental health (SEMH) needs. The children who attend Ellern Mede Orange Tree are not hospital inpatients.

Ellern Mede School staff, proprietor and Advisory Body are committed to Safeguarding and Promoting the Welfare of all of its pupils. Each pupil's welfare is of paramount importance. We recognise that school staff are in a position to identify concerns early and provide help for children, to prevent concerns from escalating. We recognise that some children *may* be especially vulnerable to abuse e.g. children regularly missing education, children with mental health issues, children on child protection plans and children in need plans, looked after children and children whose parents or carers have additional needs. We recognise that children who are abused or neglected may find it difficult to develop a sense of self-worth and to view the world in a positive way. Whilst at school, their behaviour may be challenging. We recognise that some children who have experienced abuse may harm others. We will always take a considered and sensitive approach in order that we can support all our pupils.

## **Key Aspects of the Policy**

**The aims of this policy are:**

- Provide the safest possible environment for young people to enjoy their learning and develop safe practices.
- To support the child's development in ways that will foster security, confidence and independence.
- To raise the awareness of both teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse or risk of abuse.



- To provide a systematic means of monitoring children known or thought to be vulnerable or at risk of harm.
- To emphasize the need for good levels of communication between all members of staff.
- To explain the system and procedure within the school which will be followed by **all** staff if they are worried about a child's welfare or if they are being abused.
- To develop and promote effective holistic working relationships
- To prevent unsuitable people from working with our young people, and ensure that all adults within our school who have access to children or who have access to information, data or meetings concerning children have been checked as to their suitability via their references and the disclosure and barring agency.
- To ensure that safe practice is rigorously promoted and any poor practice is investigated and challenged.

**We will ensure that:**

- The welfare of the child remains paramount.
- All our students, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity have the right to be protected from harm.
- The designated Safeguarding Lead for Orange Tree site is Zoe Ramshaw; [zoe.ramshaw@orangetreeschool.org](mailto:zoe.ramshaw@orangetreeschool.org), the DDSL's for the Orange Tree school are Keziah Arthur for KS3 [Keziah.arthur@orangetreeschool.org](mailto:Keziah.arthur@orangetreeschool.org), KS4 and 5 is Hayley Hunter: [Hayley.hunter@orangetreeschool.org](mailto:Hayley.hunter@orangetreeschool.org) . There is an DSL email address for the safeguarding team: [DSL@orangetreeschool.org](mailto:DSL@orangetreeschool.org).
- The DSL for Ridgeway site is [Barbara.maleki@ellernmede.org](mailto:Barbara.maleki@ellernmede.org), the DDSL for Ridgeway site is Sanchia Simon: [Sanchia.simon@ellernmede.org](mailto:Sanchia.simon@ellernmede.org) . The members of staff named at each site undertake regular training every 2 years for the role of Safeguarding Lead.
- Staff at Orange Tree school have annual level one training and regular updates and online training throughout each academic year.
- Staff at the Ridgeway site have annual training by the DSLs and the hospital staff.
- Online safety training for staff is provided and updates are regularly obtained when required and in line with government guidance. The school also undertakes online safety awareness courses with the pupils.

- All school staff will undergo appropriate training in child protection and safeguarding. The frequency and depth of training will depend upon their role. The aim of training is to develop their understanding of the signs and indicators of abuse and to ensure they understand what to do if they have concerns about a child. Staff working in a teaching role will receive training at least every 2 years, and in line with designated good practice, there will also be an annual update.
- All members of the Advisory Board will receive appropriate safeguarding and child protection training upon their induction and this training is updated regularly.
- All staff will be made aware of their obligations under the Human Rights Act 1998, the Equality Act 2010 (including the Public Sector Equality Duty), and the local multiagency safeguarding arrangements.

The headteacher has a duty to:

- All members of staff know how to respond to a pupil who makes an allegation, appears to be vulnerable or at risk, and have a duty to report without delay any concerns about a person's safety to a Designated Officer.
- All temporary staff and regular volunteers having contact with our pupils will be checked (DBS) and given a copy of this policy.
- All parents/carers are made aware of the responsibilities of staff members with regard to Safeguarding and Child Protection procedures; a copy of this policy is on the school website.
- All pupils are made aware of the Child Protection Policy and who they can speak to in school if they are worried or concerned.
- Our procedures will be regularly reviewed, updated and reported appropriately to the Advisory Body and will include an annual update.
- All new members of staff will be given a copy of our child protection procedures and informed of relevant systems as part of their induction into the school.

## **Roles and Responsibilities**

It is the responsibility of the proprietor to ensure the school has a Child Protection Policy and procedures in place that are in accordance with local authority guidance and locally agreed inter-agency procedures, and the policy is made available to parents. That there is a central record of recruitment and that the school operates Safe Recruitment procedures and makes sure that all appropriate checks are carried out on staff and volunteers who work with children.

The school has procedures for dealing with allegations of abuse against staff and volunteers that comply with guidance from the local authority and locally agreed inter-agency procedures.

The school has an advisory board member for overall Safeguarding and Child Protection/Health, Nancy Maicoo.

The Proprietor will also ensure that –

1. A senior member of the school's leadership team is designated to take lead responsibility for child protection and reports.
2. Staff undertake appropriate child protection training, they remedy, without delay, any deficiencies or weaknesses regarding child protection arrangements.
3. There is a Nominated Senior Safeguarding Lead, the Proprietor nominates one member of the Advisory Board to champion best practice at Ellern Mede School in relation to safeguarding and promoting the welfare of children (the Nominated Senior Safeguarding Lead). This person is currently Nancy Maicoo.

The Advisory board will assist the proprietor with the monitoring and reviewing of these policies and the effectiveness of the procedures in place.

The Nominated Senior Safeguarding Lead from the Advisory Board shall have a specific remit as set out under separate terms of reference as detailed in this policy. See appendix H.

## The Headteacher and the Lead Teacher at Ridgeway

Ensures that:

- The policies and procedures adopted are fully implemented, and followed by all staff;
- Sufficient resources and time are allocated to enable the designated person and other staff to discharge their responsibilities;

- All staff and volunteers feel able to raise concerns about poor or unsafe practice in regard to children, and such concerns are addressed sensitively and effectively in a timely manner in accordance with agreed whistle blowing policies;
- They act as a source of support, advice and expertise within the educational establishment;
- Detailed accurate written records are kept- please see Appendix D ;
- The Child Protection Policy is updated and reviewed annually and will work with the Advisory body and Proprietor regarding this;
- Staff recognise how to identify signs of abuse and when it is appropriate to make a referral;
- All staff have access to and understand the school's Child Protection Policy;
- All staff have induction and updating training;
- They obtain access to resources and attend any relevant or refresher training courses at least every two years.
- They maintains responsibility for the safety and security of the site and ensures safe access for students with disabilities.
- They are responsible for maintaining safe systems of internet access, blocking any undesirable (e.g. pornographic, racist, violent) sites.

The role of Designated Safeguarding Lead is lead by Zoe Ramshaw and Barbara Maleki and the responsibilities also apply to the DDSLs in place but it is important to note that the lead responsibility **cannot** be delegated. The role is to manage referrals

The designated safeguarding lead is expected to:

- refer cases of suspected abuse to the local authority children's social care as required and at Ridgeway in liaison with the Hospital's Social Worker and Hospital Manager as appropriate in the case of the Ridgeway site
- support staff who make referrals to local authority children's social care;
- refer cases to the Channel programme where there is a radicalization concern as required;
- support staff who make referrals to the Channel programme;
- refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required; and refer cases where a crime may have been committed to the Police as required.

## Work with others

The designated safeguarding leads are expected to:

- Liaise with any external agencies required to ensure joined up working and sharing of relevant information
- Ridgeway - liaise with the hospital Social Worker/ Hospital Manager at Ridgeway site to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations;
- as required, liaise with the “case manager” (as per Part four of KCSIE - Allegations of abuse made against teachers and other staff) and the designated officer(s) at the local authority for child protection concerns (all cases which concern a staff member); and
- liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff.

## Training

The designated safeguarding lead (and any DDSLs) will undergo training to provide them with the knowledge and skills required to carry out the role. This training will be updated at least every two years.

The designated safeguarding lead and DDSLs has undertaken Prevent training, and all staff undertake online Prevent training. In addition to the formal training set out above, their knowledge and skills will be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, but at least annually, to allow them to understand and keep up with any developments relevant to their role so they:

- 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;
- 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;
- ensure each member of staff has access to and understands the school’s child protection policy and procedures, especially new and part time staff;
- are alert to the specific needs of children in need, those with special educational needs and young carers;

- are able to keep detailed, accurate, secure written records of concerns and referrals;
- understand and support the school with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation;
- obtain access to resources and attend any relevant or refresher training courses; and encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.

## Raise Awareness

The designated safeguarding lead should:

- ensure the school's child protection policies are known, understood and used appropriately;
- ensure the school's child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly, and work with the Advisory Board and Proprietor regarding this;
- ensure the 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; and
- link with the local LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

## Child protection file

At Orange Tree site the Child Protection files are held by the DSL team and kept securely on ISAMS.

At Ridgeway, all Child Protection files are kept securely in a secure safeguarding folder and also held by the senior social worker.

The Safeguarding leads liaises with the hospital Manager and the senior social worker in relation to this.

## Availability

During term time the designated safeguarding lead (or a deputy) is always be available (during school hours) for staff in the school to discuss any safeguarding concerns. Whilst generally speaking the designated safeguarding lead (or deputies) would be expected to be available in person, in exceptional circumstances they can also be contacted by email at [zoe.ramshaw@orangetreeschool.org](mailto:zoe.ramshaw@orangetreeschool.org) or [barbara.maleki@ellernmede.org](mailto:barbara.maleki@ellernmede.org) they can also be

contacted via [DSL@orangetreeschool.org](mailto:DSL@orangetreeschool.org) or by phone on the hospital's number 02032097900 for Ridgeway site or 02081481700 for Orange Tree School.

**c) All staff and Volunteers must:**

- Fully comply with the school's policies and procedures;
- Attend appropriate training;
- Inform the designated persons of any concerns;
- Always act in the best interests of the child, even when this is against the expressed wishes of the child;

The Ridgeway site school works with the Hospital Manager to ensure there is effective liaison and will be notified of any Child Protection Orders or other court orders that are in Place. The hospital manager holds overall responsibility and all documentation in relation to Child Protection. See Appendix I

At Orange Tree site any Child Protection Orders, other court orders and all documentation is overseen by the DSL and DDSL's.

The frequency for review of this policy will be annually or if any further updates of changes are required sooner.

The Head Teacher and Lead Teacher will undertake policy consultation and review annually as required by the proprietor and the Advisory body. It should be noted that -

There is ongoing evaluation of the school's systems by the Advisory Board · Policies are reviewed individually within the timescale stated on each document. Additionally, the policy is reviewed if and when new guidance is issued by the DfE.

It is the responsibility of Ellern Mede School to ensure that all steps required within the policy are adhered to.



# **Policy Management Process**

## **Principles/Procedure/Practice**

### **Providing a Safe and Supportive Environment**

#### **Safer Recruitment and Selection**

We ensure that all appropriate measures are applied in relation to everyone who works in the school who (that) is likely to be perceived by the children as a safe and trustworthy adult including volunteers and staff employed by contractors. Safer recruitment practice includes scrutinising applicants, verifying references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking interviews and, where appropriate, Barred List Check and Disclosure and Barring Service checks.

Statutory requirements have changed recently. The school will take account of the Keeping Children Safe in Education guidance and the statutory guidance for regulated activity.

This confirms the following:

1. A DBS Enhanced Disclosure with barred list information is required for all staff engaged in a regulated activity (as defined in Schedule 4 of the Safeguarding Vulnerable Groups Act 2006).
2. Any staff who are appointed to carry out teaching work has a separate check to ensure they are not prohibited from teaching.
3. Supervised volunteers are not in a regulated activity; however, an enhanced DBS check without a barred list check may be undertaken for these staff in appropriate circumstances.
4. The school keeps a single central record detailing the range of checks carried out on their staff, supply staff, others who work in regular contact with children, including volunteers and all members of the school. The register will confirm whether a check was carried out and the date of such a check.
5. All new appointments to the school workforce who have lived outside the UK are subject to additional checks as appropriate.
6. The school will check that supply staff have undergone the necessary checks by obtaining written confirmation from the agency or third-party organisation.

7. Identity checks must be carried out on all appointments to the school workforce before the appointment is made.
8. The Proprietor, the Chair of the Advisory board, the Nominated Senior Lead and the Headteacher/Lead Teacher have undertaken Safer Recruitment training. The Headteacher/Lead Teacher and the Proprietor will be involved in all staff and volunteer appointments and arrangements(including, where appropriate, contracted/commissioned services).

### **Statement of Intent**

Ellern Mede School fully adopts recruitment and selection procedures and other HR management processes that aim to deter, reject or identify people who might abuse children, or are otherwise unsuited to working with them. All members of our staff will have an enhanced DBS Check carried out.

### **Safe Practice in recruitment:**

The Proprietor, the Chairperson of the Advisory Board, the Nominated Senior Lead and the Headteacher have undertaken the 'Safer Recruitment' training and assessment.

Child protection and safeguarding issues will be promoted at every stage of the recruitment process from the planning, advertisement, collection and checking of information gathered.

- Advertisements will include our Statement of Intent (see above)
- Job descriptions and person specifications will make reference to the responsibility for safeguarding, promoting the welfare of young people and suitability to work with young people.
- The Ellern Mede Application Form will be used for all applicants and comprehensive information from candidates scrutinised. Any gaps or inconsistencies will be followed up with the candidate.
- Two references will be taken up prior to the interview after short listing. A specific safeguarding and child protection reference will be used.
- At interview, questions will be designed to explore the candidate's suitability to work with children as well as their suitability for the post. Candidates will be required to bring to the interview original proof of their identity, the necessary qualification original certificates. These will be checked and a photocopy taken.
- The successful candidate will be required to complete an enhanced DBS disclosure form and provide the necessary documentation. An offer of appointment will be conditional upon:
  1. Receipt of two satisfactory references
  2. Verification of identity

3. A satisfactory DBS disclosure
4. Verification of the candidate's medical fitness
5. Verification of qualifications and professional status if not verified at the interview
6. Verification of successful completion of statutory induction period for teachers who obtained QTS after 7th May 1999
7. For non-teaching posts verification of completion of the probationary period
8. For overseas candidates, individuals who have lived or worked outside the UK must undergo the same checks as all other staff even if the individual has never been to the UK. In addition, Ellern Mede School will make further checks that are appropriate so that any relevant events that occurred outside the UK can be considered. List 99 and DBS Disclosures will be completed, in addition, criminal records information will be sought from countries where the individual has worked or lived. For teaching positions- obtaining a letter of professional standing from the professional regulating authority in the country in which the applicant has worked.
9. Any member of staff who is appointed to carry out teaching work will require an additional check to ensure they are not prohibited from teaching.
10. Where appropriate the update service will be used.
11. For those engaged in management roles (in independent schools - including academies and free schools) an additional check is required to ensure they are not prohibited under section 128 provisions.

Where the School has any concerns about an applicant's suitability to work with children, the DBS help line can be contacted for further advice.

Helpline: 01325 953 795 Website: [www.gov.uk/dbs](http://www.gov.uk/dbs) Email: [dbsdispatch@dbs.gsi.gov.uk](mailto:dbsdispatch@dbs.gsi.gov.uk). You should not refer someone when an allegation is first made.

## Post Appointment Induction

- There is an induction programme for all staff newly appointed to Ellern Mede School, including teaching staff with previous experience. All new members of staff have an Induction pack and have an allocated Line Manager and/or Mentor. All staff will be given a copy of this policy and "Keeping Children safe in Education". All staff will provide written confirmation that they have read and understood this document. Staff receive individualised training in relation to this to ensure understanding of the documentation.

## Maintaining a Safer Culture

All staff will have appropriate training so that they understand their roles and responsibilities and are confident in carrying them out. Procedures and a clear reporting system for students, staff and parents to raise concerns will be shared and publicised. All members of our community must feel they can raise any concerns about the safety and welfare of our members and that they will be listened to.

## Monitoring

The recruitment process and induction arrangements will be monitored yearly to ensure future best practice. Staff turnover and reasons for leaving will be monitored and exit interviews carried out. Attendance at child protection training will be tracked for all staff.

## Dealing with allegations of abuse against teachers and other staff

It is essential that any allegations of abuse made against a teacher or other member of staff or volunteer in an education setting is dealt with fairly quickly and consistently, in a way that provides effective protection to the child, and at the same time supports the person who is the subject of the allegation.

This section of the policy sets out how we would manage cases of allegations that a member of staff has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child/children in way that indicates s/he is unsuitable to work with children

If such an allegation is made, the member of staff receiving the allegation will immediately inform the Headteacher.

If the allegation made to a member of staff concerns the Headteacher, the proprietor should be contacted. The LA's Designated officer for Safeguarding Children in Education should be as required. (Contact details can be found in Appendix J).

## Initial Considerations

The Headteacher, DSL and the Lead Teacher at Ridgeway will use common sense and professional judgement. In rare cases allegations will be so serious as to require immediate intervention by children's social services and/or the police.

Less serious allegations will be followed up and will be taken seriously. Low – level concern are where an adult has acted in a way that

- Is inconsistent with the staff code of code, including inappropriate conduct outside of work
- Does not meet the allegations threshold or it is not considered serious enough to refer to the local authority LADO.

Examples of low-level concerns could include

- Being over friendly with children
- Having favourites

Low-level concerns should be reported to the DSL or deputy. Concerns over the Headteacher should be reported to the Proprietor. All low-level concerns should be recorded.

Serious allegations will be referred to the LA's Designated Officer for an objective discussion and course of response. The allegation will not be investigated by the at this initial stage. The discussion will consider whether there is evidence or information that establishes that the allegation is false or unfounded.

If the allegation is deemed not to be false and there is reason to believe that a child is suffering or is likely to suffer harm, the local authority's designated officer will immediately refer to children's social services and ask for a strategy discussion in accordance with Working Together to Safeguard Children to be convened straight away.

If there is no cause to suspect that 'significant harm' is an issue, but a criminal offence might have been committed, the local authority's designated officer will immediately inform the police and convene a similar discussion to decide whether a police investigation is needed.

The Headteacher with the Lead DSL will inform the accused person about the allegation as soon as possible after consulting the Local Authority designated officer. However, where a strategy discussion is needed, or police or children's social care may need to be involved, the Headteacher/Lead Teacher should not do that until those agencies have been consulted and have agreed what information can be disclosed to the person. If the person is a member of a union or professional body, she/he should be advised to contact that organisation at the outset.

The school will always investigate and gather sufficient evidence and information to establish if an allegation has foundation all of this will be recorded and logged. This will inform processes for any decision to dismiss or remove the person from working with children and / or vulnerable adults. The school will make a referral even if a significant time period may have elapsed between the allegation and the gathering of sufficient evidence to support the decision to make a referral. The school will complete the investigations and disciplinary processes (even if the person has left our employment). This is particularly important as the

DBS has no investigatory powers. In making barring decisions the DBS relies upon the evidence provided with referrals and any other relevant evidence. The duty to make a referral is not triggered by temporary suspension. The school may suspend a person pending an investigation where there have been allegations of harm or risk of harm. If following investigation, the school decides to return the person to a position working in regulated activity with children or vulnerable adults (perhaps with additional training or supervision) then the school has no legal duty to make a referral to the DBS. However, if following investigation, the school decides to dismiss the person or remove them from working in regulated activity with children or vulnerable adults then the referral criteria would be met.

“Schools and colleges have a legal duty to refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult; where the harm test is satisfied in respect of that individual; where the individual has received a caution or conviction for a relevant offence, or if there is reason to believe that individual has committed a listed relevant offence; and that individual has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. The DBS will consider whether to bar the person. Referrals should be made as soon as possible after the resignation or removal of the individual. Guidance on referrals can be found on GOV.UK.”

### Action following initial consideration-timescale

If it has been decided that the allegation does not involve a possible criminal offence it will be for the school to deal with it. If the nature of the allegation does not require formal disciplinary action, the Headteacher and Lead Teacher Ridgeway will institute appropriate action within three working days. If a disciplinary hearing is required and can be held without further investigation, the hearing should be held within 15 working days. If further investigation is required to inform consideration of disciplinary action, the Headteacher or Lead Teacher Ridgeway will discuss who is most appropriate to carry this out. In any case a report should be produced within 10 working days.

On receipt of the report the DSL, Headteacher or Lead Teacher (DSL) in partnership with the Hospital's DSL (if this is a member of staff at Ridgeway site), will consult the Local Authority designated officer, and decide whether a disciplinary hearing is needed within two working days. If a hearing is needed it should be held within 15 working days.

Cases subject to police investigation should be reviewed no later than 4 weeks after the initial action meeting and dates for subsequent reviews set if necessary.

If the police and/or the CPS decide not to charge the individual with an offence, or decide to administer a caution or the person is acquitted by a Court, the police should pass on all their information to the School and the same procedure will be followed as was demonstrated above after receipt of report.

## Suspension

Suspension should be considered in any case where there is cause to suspect a child is at risk of significant harm, or the allegation warrants investigation by the police, or is serious that it might be grounds for dismissal. However, a person will not be suspended automatically or without careful thought.

## Monitoring

The local authority's designated officer will regularly monitor the progress of cases.

## Whistleblowing

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues. Any such concern should be made to your line manager or the Headteacher. Concerns regarding the Headteacher should go directly to the proprietor and the Local Authority Senior Officer as required.

If staff have concerns that things are not being done properly then they should contact the NSPCC Whistleblowing advice line on 08000280285.

## Complaints or Concerns expressed by Students, Parents, Staff or Volunteers

We recognise that listening to children is an important and essential part of safeguarding them against abuse and neglect. To this end any expression of dissatisfaction or disquiet in relation to an individual child will be listened to and acted upon in order to safeguard his/her welfare.

We will also seek to ensure that the child or adult who makes a complaint is informed not only about the action the school will take but also the length of time that will be required to resolve the complaint. The school will also endeavour to keep the child or adult regularly informed as to the progress of his/her complaint.

Managing allegations against other pupils:

- When an allegation is made by a pupil against another student, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the Designated Safeguarding Lead (DSL) Headteacher/ Lead Teacher should be informed.
- A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances.
- The Lead Teacher in the case of Ridgeway site should follow the procedures outlined in Appendix I.

- The Headteacher and Lead Teacher will follow through the outcomes of the discussion and make a referral where appropriate.
- If the allegation indicates that a potential criminal offence has taken place, the case will be referred to the multi-agency safeguarding hub where the police will become involved.
- Parents, of both the student being complained about and the alleged victim, should be informed and kept updated on the progress of the referral.
- The Headteacher/Lead Teacher will ensure they make a record of the concern, the discussion and any outcome and keep a copy in the files of both pupils' files.
- It may be appropriate to exclude the pupil being complained about for a period of time according to the school's behaviour policy and procedures.
- Where neither social services nor the police accept the complaint, a thorough school investigation should take place into the matter using the school's usual disciplinary procedures.
- In situations where the school considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative, supervision plan.
- The plan should be monitored and a date set for a follow-up evaluation with everyone concerned.

## Safe Practice

The school regularly reviews its Staff Handbook which sets out our requirements for relationships with students and expectations of staff.

Safe working practice ensures that pupils are safe and that all staff:

- Are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions;
- Work in an open and transparent way;
- Discuss and/or take advice from school management over any incident which may give rise to concern;
- Understand that in a case where there is a risk of immediate serious harm to a child, they are responsible for ensuring that a referral is made. Record any incidents or decisions made;
- Apply the same professional standards regardless of gender or sexuality



- Are aware that breaches of the law and other professional guidelines could result in criminal or disciplinary action being taken against them.

For full information relating to safe practice refer to the detailed Staff Handbook.

## Safeguarding Information for pupils

The Ellern Mede School (Orange Tree site and Ridgeway) is committed to ensuring that pupils are aware of behaviour towards them that is not acceptable and how they can keep themselves safe. All pupils know that we have a senior member of staff with responsibility for child protection and know who they are. We inform pupils of whom they might talk to, both in and out of school, their right to be listened to and heard and what steps can be taken to protect them from harm.

The Ridgeway site will work in partnership with the hospital for Young People with Eating Disorders.

The following Information is made available to pupils at both sites - e.g. Childline and NSPCC helplines, posters, NSPCC and Childline website addresses.

School's arrangements for consulting with and listening to pupils are the Key Teacher System, peer support schemes, their CPA and MDT meeting as appropriate. The Advocacy Services and counselling services offered at the hospital (in the case of Ridgeway site) also ensures the pupils are listened to.

Ensuring pupils are aware of these arrangements and the staff involved is a major part of the Induction programme. This is followed up in Key Teacher discussions, community meetings, PSHE.

We regularly audit the curriculum schemes of work to identify appropriate opportunities where student safety can be highlighted.

## Partnership with Parents

The school shares a purpose with parents to keep children safe from harm and to have their welfare promoted. We are committed to working with parents positively, openly and honestly. We ensure that all parents are treated with respect, dignity and courtesy. We respect parents' rights to privacy and confidentiality and will not share sensitive information unless we have permission or it is necessary to do so in order to protect a child.

As part of the usual communication with parents, the school will reinforce the importance of Safeguarding of young people

pupils being safe online and inform parents that they will find it helpful to understand what systems the school uses to filter and monitor online use.

The school will also make it clear to parents what their children are being asked to do online for school.

The School will share with parents any concerns we may have about their child unless doing so, may place a child at risk of harm. At Ellern Mede School, we encourage parents to discuss any concerns they may have with the Key Teacher or form Tutor. Finally, we make parents aware of our policy by the school website and prospectus, and parents are made aware that they can view this policy on request or on the website.

### **School Training and Staff Induction**

The school's staff with designated responsibility for child protection undertake Child Protection Training and training in inter-agency working at 2 yearly intervals, with annual updates. The DSL's, DDSL's, Headteacher,

All other school staff, including non-teaching staff, undertake appropriate induction training to equip them to carry out their responsibilities for child protection effectively, which is kept up to date by refresher training annually.

### **Support, Advice and Guidance for Staff**

Staff will be supported by the Designated Staff for Child Protection.

The designated senior person will be supported by the nominated Advisory Board member.

Advice and support is always available from the local authority designated person (DO).

### **Related School Practice and Policies**

Safeguarding covers more than the contribution made to child protection in relation to individual children. It also encompasses issues such as pupil health and safety and bullying and a range of other issues, for example, arrangements for meeting the medical needs of children, providing first aid, school security, drugs and substance misuse, etc. There may also be other safeguarding issues that are specific to the local area or population'.

Types of abuse and neglect include physical abuse, emotional abuse, sexual abuse and neglect. Some specific forms of abuse or safeguarding concern are outlined below:

### **Domestic Violence**

DV is a safeguarding and child protection issue. Any child or young person who has been witness to or involved in incidents of domestic violence will have suffered a degree of trauma, likely to be at risk of emotional damage and / or physical injury.

Allegations of domestic violence or the risk of/ or witnessing of such incidents will be treated under our Child Protection Procedures.

Safeguarding of young people

and safer recruitment policy

There is now additional information in relation to the risk factors which increase the involvement in serious violence. Risk factors include:

- Being male
- Having been frequently absent or permanently excluded from school
- Having experienced child maltreatment
- Having been involved in offending, such as theft or robbery

## Self-Harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body. For example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

Such behaviour will be dealt with as per the School Self-Harm Policy (Appendix B)

## Honour based violence

### Forced Marriage

This is a safeguarding and child protection issue. Ellern Mede School – Ridgeway and Orange Trees sites will ensure:

- All staff need to be aware of any signs that would indicate a pupil is concerned that they may be taken away.
- There are close checks on requests for holidays abroad or requests for leave of absence
- There is close monitoring of attendance and reasons for absence.
- Following discussion with the Hospital Manager – (Ridgeway site) only.

All concerns regarding the possibility of Forced Marriage will be referred to the Duty and Assessment Team of the Forced Marriage Unit 0207 0080151 or out of hours 0207 008 0151 or 0207 008 1500.

- If you have concerns about forced marriage, please call the Police on 101. If a life is at risk, call 999

### Female Genital Mutilation (FGM)

Any FGM procedure on a woman or girl is unlawful under the Female Genital Mutilation Act 2003. It is also an offence under the Act for UK nationals or permanent residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

School staff should be aware of the risk of a girl having suffered FGM or be a risk of this. Victims of FGM are more likely to come from a community that is known to practise this activity. Staff should note that girls at risk of FGM may not be aware of the practice or that it may be conducted on them, therefore sensitivity should be shown when approaching the subject.

There are a number of indicators which could identify that a girl is at risk of FGM. Further guidance is available via a national helpline, which operates 24 hours a day, 7 days a week. The helpline details are

**0800 028 3550 and emails sent to [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)**

As a school we will monitor before all school breaks on the return to school in order to support any individual student that may be at risk and also help raise awareness amongst parents, pupils and teachers. We will also draw on the knowledge of our local community.

The Serious Crime Act 2015 came in to force in July 2015 and with it new legal powers to deal with FGM. From a school perspective, it is important to note that a new mandatory reporting came into force in October 2015. Once in force, teachers will have a duty to report to police any instance where they 'discover' that FGM has been carried out on a girl under 18. Unless the teacher has 'good reason', any concerns of FGM should be passed to the school's Designated Safeguarding Lead. (It is important to note that teachers will become aware of FGM by disclosure, not through physical examination.)

## Sexting

The term 'sexting' is derived from texting and refers to the sending of sexually provocative material (including photos, videos and sexually explicit text) from modern communication devices or applications, such as mobile phones, tablets, email, social networking sites and instant messaging services. The UK Council for Child Internet Safety (UKCCIS) have produced guidance for schools on how to tackle sexting and youth produced sexual imagery. The increase in the ease and speed of sharing imagery can expose young people to risk, increased vulnerability to child sexual exploitation and bullying. Mobile phones are not allowed on the school site.

Staff will receive appropriate training regarding child sexual development and will understand the difference between sexual behaviour that is considered normal and expected for the age of the pupil, and sexual behaviour that is inappropriate and harmful. Staff will receive appropriate training around how to deal with instances of sharing nudes and semi-nudes in the school community, including understanding motivations, assessing risks posed to pupils depicted in the images, and how and when to report instances of this behaviour.

## Legal Implications for Students

Making, possessing and distributing any imagery of someone under 18 which is 'indecent' is illegal. Consensual image sharing, especially between older children of the same age, may require a different response. It might not be abusive – but children still need to know it is illegal- whilst non-consensual is illegal and abusive. UKCIS provides detailed advice about sharing of nudes and semi-nude images and videos.

Sexting may breach laws that prohibit the creation, distribution or possession of child pornography regardless of whether all parties involved consent to the images being taken and shared, or whether the images are sent to other minors, even minors of the same age.

Sexting can constitute a criminal offence and sexual harassment. It can also be considered a form of sexual exploitation and cyberbullying.

This is especially the case where images are shared past the intended audience or when accompanied by nasty comments.

All staff members are required to notify the appropriate DSL immediately upon becoming aware that sexting by a student is likely to have occurred.

Staff members are not permitted to forward, copy or print any sexting images, however it must be reported to the Headteacher and Lead Teacher. Procedures in Appendix I will be followed at Ridgeway site.

When an incident involving youth produced sexual imagery comes to a school's attention:

- The incident should be referred to the Designated Lead as soon as possible
- The Designated Lead should hold an initial review meeting with appropriate school staff
- There should be subsequent interviews with the young people involved (if appropriate)
- Parents should be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the young person at risk of harm
- The school will act in line with the guidance "Sexting in Schools" (UKCCIS) UK Council for Child Internet Safety. The types of incidents which this advice covers are:
  - A person under the age of 18 creates and shares sexual imagery of themselves with a peer under the age of 18
  - A person under the age of 18 shares sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult
  - A person under the age of 18 is in possession of sexual imagery created by another person under the age of 18.

The advice does not cover:

- The sharing of sexual imagery of people under 18 by adults as this constitutes child sexual abuse and schools should always inform the police.
- Young people under the age of 18 sharing adult pornography or exchanging sexual texts which don't contain imagery.

## Children Absent From and Missing from Education

We know that a when children have unexplained absence from school, this could mean they are at risk from harm or an indicator of abuse or neglect and can lead to a child becoming missing from education. We refer to 'working together to improve school attendance' (May 22) and have a separate attendance policy.

Children's unexplained and/or persistently absent or missing from education are at greater risk of:

- Physical harm
- Sexual exploitation
- Becoming involved in crime

- Demonstrating anti-social behaviour
- Abusing drugs and alcohol
- Being illegally employed
- Extremism or radicalisation

Knowing where children are during school hours is an extremely important aspect of safeguarding. Missing school can be an indicator of abuse and neglect and in older children may raise concerns around child sexual exploitation. Any concerns staff have should be brought to the attention of the Headteacher.

Our classes are small, and attendance is therefore easy to track closely. Absent children are contacted daily, and any student absent for a prolonged period of time or repeated regularly without reasonable explanation will get immediate input from the DSL. If there are children that do not attend regularly the local authority will be contacted to highlight concerns.

We know children absent from education for prolonged periods of time can act as a warning sign for a range of potential safeguarding concerns. Staff are alert to look for signs including abuse, FGM, forced marriage and CSE.

Children who frequently go missing from education, home or care is a key indicator for an Early help referral.

#### Orange Tree Site

- We will always report unexplained absence of a child with a child protection plan to the social worker on the same day.
- We will always report a continued absence (15 or more school days) if we have not been notified by the parent or carer to the Local Authority's SEND and Education Welfare Service.
- We will always report the continued absence of a child known or thought to be taken overseas if the child does not return on their expected date to the Education Welfare Service.
- We will report the following to the child's Local Authority;
  - The pupil has been taken out of the school by their parent and are being educated out of the school system
  - The pupil has ceased to attend school



- The pupil has been certified as medically unfit to attend school

Orange Tree School buy into the Barnet EWO services and work closely with them to monitor all attendance concerns. Any concerns are acted on quickly and with the support and guidance from Barnet EWO. There is a robust attendance policy in place that the Orange Tree School follow.

- The pupil is in custody

On the rare occasion a pupil is suspended for a fixed term period, we will inform both the parents and the Local Authority and a social worker if appropriate. We will provide work for the fixed period of time but we cannot be responsible for the pupil's safety and welfare during their time at home.

Ridgeway site - If there are children that do not attend regularly, and in discussion with Ellern Mede Hospital (for Ridgeway site) for Young People with Eating Disorders, the child's relevant local authority will be contacted to highlight concerns.

A child's home local authority is contacted upon placement and discharge.

Ellern Mede School – Ridgeway site has ongoing liaison with the child's home school and on discharge will notify the Local Authority and Home School if there has been any indication from the parent that the child is being removed from their roll. Ellern Mede School (Ridgeway site) always contacts the child's local authority advising them that a child has been discharged. Ellern Mede School (Ridgeway site) will highlight any concerns the school has in relation to continued attendance at the home school.

Ellern Mede School acts in line with the government guidance in relation to "Children Missing Education" issued in September 2016.

## Political and Violent Extremism

- In line with Government and local guidelines, Ellern Mede School is committed to protect the freedom of speech. However, we understand that we must challenge any extremist (and non-violent) ideas that are part of a terrorist ideology. We are committed to intervene to prevent students from being drawn into radicalisation and terrorism.
- Ellern Mede School has a separate "Prevent policy".
- Ellern Mede -Ridgeway site will also work in partnership with Ellern Mede Hospital for Young People with Eating Disorders to ensure our responsibilities are met.
- We have worked and will continue to work in partnership with a wide range of local and national agencies.
- Teachers and HCA's and LSA's working within the school (in line with the "Prevent Programme") monitor report and record any activity deemed inappropriate.
- Internet filtering is provided by the external ICT providers, by category and by user all staff are made aware of the system in place.
- Ellern Mede School regularly seeks advice to inform planning for relevant curriculum area, assemblies, PSHE and general events and seeks to provide a range of open

forums to give students the opportunities to ask questions and debate opinions in a safe and secure environment.

- Ellern Mede School seeks to educate students about risky behaviours in school and the wider community in relation to social media and the internet.
- Ellern Mede School seeks to provide community cohesion by actively celebrating its broad cultural demographic and by providing a range of facilities/resources to meet the diverse needs of its community.

## Homelessness

Children can be affected if they are homeless or at risk of becoming homeless. The Hospital's Social Worker should be able to assist in getting the correct support.

Indicators that a family maybe at risk of homelessness includes household debt, domestic abuse, anti-social behaviours or could be a family being asked to leave a property.

It is the duty of all members of staff who suspect a pupil maybe 'homeless' or is at risk of becoming homeless to report this to a Designated Officer- Headteacher or Lead Teacher.

## Mental Health

At Ellern Mede School : The site at Orange Tree works with pupils with SEMH, staff work with a range of advisors and counsellors and clinical staff to ensure the pupils mental health needs are met.

At Ridgeway site, the children we work with are inpatients in a CAMHS Tier 4 setting. Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Public Health England has produced a range of resources to support secondary school teachers to promote positive health, wellbeing and resilience among children. Rise Above provides links to support materials.

## Children and the Court System

Children are sometimes required to give evidence in criminal courts. There is guidance available on the government website that explains the process and support that are available for children.

It is the responsibility of all staff to report any concerns to the Headteacher or Lead Teacher. The DSL will ensure correct support is in place for any pupil that may be required to give evidence in a criminal court.

## Children with family members in prison

Approximately 200,000 children in England and Wales have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. NICCO provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

It is the responsibility of all staff to report any concerns to The Headteacher or Lead Teacher. The DSL will work with the Hospital Social Worker (Ridgeway site) to ensure correct support is in place for any pupil that has a family member in prison.

## LGBTQ+

The fact that a pupil may be LGBTQ+ is not in itself an inherent risk factor for harm; however, staff will be aware that LGBTQ+ pupils can be targeted by other individuals. Staff will also be aware that, in some cases, a pupil who is perceived by others to be LGBTQ+ (whether they are or not) can be just as vulnerable as pupils who identify as LGBTQ+.

Staff will also be aware that the risks to these pupils can be compounded when they do not have a trusted adult with whom they can speak openly with. Staff will endeavour to reduce the additional barriers faced by these pupils and provide a safe space for them to speak out and share any concerns they have.

## Allegations from pupils against other pupils

### Child on child abuse

For the purposes of this policy, **“child-on-child abuse”** is defined as abuse between children.

The school has a zero-tolerance approach to abuse, including child-on-child abuse.

All staff will be aware that child-on-child abuse can occur between pupils of any age and gender, both inside and outside of school, as well as online. All staff will be aware of the indicators of child-on-child abuse, how to identify it, and how to respond to reports. All staff will also recognise that even if no cases have been reported, this is not an indicator that child-on-child abuse is not occurring. All staff will speak to their DSL if they have any concerns about child-on-child abuse.

Child-on-child abuse can be manifested in many different ways, including:

- Bullying, including cyberbullying and prejudice-based or discriminatory bullying.
- Abuse in intimate personal relationships between peers – sometimes known as ‘teenage relationship abuse’.
- Physical abuse – this may include an online element which facilitates, threatens and/or encourages physical abuse.
- Sexual violence – this may include an online element which facilitates, threatens and/or encourages sexual violence.
- Sexual harassment, including online sexual harassment, which may be standalone or part of a broader pattern of abuse.
- Causing someone to engage in sexual activity without consent.
- The consensual and non-consensual sharing of nude and semi-nude images and/or videos.
- Upskirting
- Down blousing
- Initiation- and hazing-type violence and rituals, which can include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element.

It should be assumed with child-on-child abuse that “it can happen here” and the school applies the approach of zero tolerance. It is important that inappropriate behaviours are challenged and not downplayed as just “banter” as this can lead to a culture of unacceptable behaviours. Even if there are no reports of child – on – child abuse it doesn’t mean it is not happening. If there are any concerns the DSL should be contacted.

All staff should be aware of the school’s policy and procedures with regard to child-on-child abuse. Any concerns in relation to child-on-child abuse should be immediately discussed with a Designated Officer.

### **Sharing of nudes and semi-nudes (‘sexting’)**

#### **Your responsibilities when responding to an incident**

If you are made aware of an incident involving the consensual or non-consensual sharing of nude or semi-nude images/videos, including pseudo-images, which are computer-generated images that otherwise appear to be a photograph or video (also known as ‘sexting’ or ‘youth produced sexual imagery’), you must report it to their DSL immediately.

You must **not**:

- › View, copy, print, share, store or save the imagery yourself, or ask a pupil to share or download it (if you have already viewed the imagery by accident, you must report this to your DSL)

, Delete the imagery or ask the pupil to delete it

- › Ask the pupil(s) who are involved in the incident to disclose information regarding the imagery (this is the DSL's responsibility)
- › Share information about the incident with other members of staff, the pupil(s) it involves or their, or other, parents and/or carers
- › Say or do anything to blame or shame any young people involved

You should explain that you need to report the incident, and reassure the pupil(s) that they will receive support and help from the DSL.

### **Initial review meeting**

Following a report of an incident, the DSL or DDSL will investigate with appropriate school staff – this may include the staff member who reported the incident and the safeguarding or leadership team that deals with safeguarding concerns. The DSL or DDSL will consider the initial evidence and aim to determine:

- › Whether there is an immediate risk to pupil(s)
- › If a referral needs to be made to the police and/or children's social care
- › If it is necessary to view the image(s) in order to safeguard the young person (in most cases, images or videos should not be viewed)
- › What further information is required to decide on the best response
- › Whether the image(s) has been shared widely and via what services and/or platforms (this may be unknown)
- › Whether immediate action should be taken to delete or remove images or videos from devices or online services
- › Any relevant facts about the pupils involved which would influence risk assessment
- › If there is a need to contact another school, college, setting or individual
- › Whether to contact parents or carers of the pupils involved (in most cases parents/carers should be involved)

The DSL or DDSL will make an immediate referral to police and/or children's social care if:

- › The incident involves an adult. Where an adult poses as a child to groom or exploit a child or young person, the incident may first present as a child-on-child incident. See appendix 4 for more information on assessing adult-involved incidents
- › There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example, owing to SEN)
- › What the DSL or DDSL knows about the images or videos suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent
- › The imagery involves sexual acts and any pupil in the images or videos is under 13
- › The DSL or DDSL has reason to believe a pupil is at immediate risk of harm owing to the sharing of nudes and semi-nudes (for example, the young person is presenting as suicidal or self-harming)

If none of the above apply then the DSL or DDSL, in consultation with the headteacher and other members of staff as appropriate, may decide to respond to the incident without involving the police or children's social care. The decision will be made and recorded in line with the procedures set out in this policy.

### **Further review by the DSL**

If at the initial review stage a decision has been made not to refer to police and/or children's social care, the DSL will conduct a further review to establish the facts and assess the risks.

They will hold interviews with the pupils involved (if appropriate).

If at any point in the process there is a concern that a pupil has been harmed or is at risk of harm, a referral will be made to children's social care and/or the police immediately.

### **Informing parents/carers**

The DSL will inform parents/carers at an early stage and keep them involved in the process, unless there is a good reason to believe that involving them would put the pupil at risk of harm.

### **Referring to the police**

If it is necessary to refer an incident to the police, this will be done by the DSL, DDSL or headteacher.

### **Recording incidents**

All incidents of sharing of nudes and semi-nudes, and the decisions made in responding to them, will be recorded. The record-keeping arrangements have already been referred to in the document for both school sites.

### **Curriculum coverage**

Pupils are taught about the issues surrounding the sharing of nudes and semi-nudes as part of our PSHE programmes. The teaching can and will be adapted if needed to cover issues that have happened either within the school community or highlighted nationally.

## **Child criminal exploitation (CCE)/Gangs: (including county lines)**

The definition of child criminal exploitation (CCE) and child sexual exploitation (CSE) in KCSIE is defined as CCE and CSE '**may involve** an exchange for something the victim wants, and/or for the financial advantage or increased status of the perpetrator or facilitator'.

Child Criminal Exploitation CCE is not defined in law but is a term that has come to be associated with 'county lines'. County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons. Child criminal exploitation occurs where an individual or group takes advantage of an



imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity:

- in exchange for something the victim needs or wants.
- for the financial or other advantage of the perpetrator or facilitator.
- through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact, it can also occur through the use of technology. The criminal exploitation of children is not confined to county lines but can also include other forms of criminal activity such as theft, acquisitive crime, knife crimes and other forms of criminality.

The UK government defines county lines as a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one of more importing areas within the UK, using dedicated phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence and weapons.

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism should be considered.

Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years; however, children aged 15-16 is the most common age range.
- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

Gangs are known to target vulnerable children and young people. Factors that increase a person's vulnerability include:

- Having prior experience of neglect physical and or/sexual abuse
- Lack of safe/stable home environment, now or in the past
- Domestic violence
- Parental substance misuse
- Mental health issues
- Criminality
- Social difficulties
- Economic vulnerability
- Homelessness
- Learning disabilities
- Mental health difficulties
- Being in care or have been in care
- Being excluded from mainstream education

Staff should be aware of the key indicators to look out for that might indicate criminal exploitation such as absence from school and new items such as phones or clothes. Criminal exploitation can also come from other children and young people either in or outside the school, as well as adults in a position of influence or trust. Criminal exploitation is not always recognised by adults or professionals and indicators can be different for boys and girls. Teachers should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

The government has published the Child Exploitation Disruption Toolkit, which provided further advice and support in this matter.

It is important that if staff have any concerns about child-on-child abuse they should speak to their DSL immediately.

## **Child Trafficking and Sexual Exploitation – See Appendix 6**

### **Child Sexual Exploitation (CSE)**

CSE is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as

masturbation, kissing, rubbing, and touching outside clothing. It may include noncontact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

CSE can occur over time or be a one-off occurrence, and may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on social media. CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16 and 17 year olds who can legally consent to have sex. Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship. Sexual exploitation can take many forms, ranging from seemingly "consensual" relationships to serious organised crime by gangs. It is exploitation if there is an imbalance of power in the relationship. Sexual exploitation can involve varying degrees of coercion, intimidation or enticement, unwanted pressure from peers to have sex, sexual bullying (including cyberbullying) and grooming.

Staff should be aware that sexual exploitation can come from other children and young people either in or outside the school, as well as adults in a position of influence or trust.

Any concerns in relation to sexual exploitation should be immediately discussed with a Designated Officer.

### **Health and Safety – For more information see full and detailed policy.**

Our Health and Safety Policy, set out in a separate document, reflects the consideration we give to the protection of our children both within the school environment and when away from the school when undertaking school trips and visits.

Ellern Mede School ensures the safety of its environment for pupils through:

- Controlling access to the sites
- Conducting an accessibility report and acting on its recommendations. There are special arrangements for students and staff with disabilities
- Ensuring that we comply with Health and Safety requirements for all on-site activities
- Compiling risk assessments before allowing any trips, visits or work experience placements
- Vigilant monitoring to guard against intruders, antisocial behaviour and drug and alcohol misuse on both sites
- Curriculum activities and social areas compliant with Health and Safety Requirements

- Visitors with prior appointments have their identity checked
- Visitors being met in the reception areas and escorted into the school
- CCTV monitoring of the sites
- A record of staff and visitors signing in/ out

Other areas include where safety is a concern include:

- Child and Sexual Exploitation
- Bullying, including cyber bullying
- All illicit drugs
- Fabricated or induced illness
- Faith abuse
- Gangs and youth violence
- Gender-based violence/violence against women and girls
- Mental health
- Radicalisation
- Teenage relationship abuse
- Private fostering - The Children Act 1989 Section 66 defines a 'privately fostered child' as:

*A child who is under 16 years, or 18 if disabled, who is cared for and provided with accommodation in their own home by someone other than:*

*His or her parent;*

*Another person who is not his or her parent but who has **Parental Responsibility** for him or her;*

*A child's relative - defined by the Children Act 1989 Section 105(1) as a grandparent, brother, sister, uncle or aunt (whether of full or half blood or by affinity (marriage) or civil partnership), or step parent.*

**And the child has been or is intended** to be cared for and accommodated by that person for 28 days or more.

*A child is **not** privately fostered if they are cared for in any of the following:*

*Children's residential home/unit;*

*School in which the child is receiving full-time education - residential or boarding school*

*NHS hospital where the child is a patient for 28 days or more;*

*Residential care home, nursing home or psychiatric nursing home or in a home/institution provided, equipped or maintained by the secretary of state.*

*Nor is a child privately fostered if:*

*The child is looked after by the local authority;*

*Placed in the care of a person who proposes to adopt the child under arrangements made by an adoption agency in line with adoption legislation.*

## **Confidentiality**

Personal information about children and families held by agencies should not normally be disclosed without the consent of the subject. The law permits, however, the disclosure of confidential information necessary to safeguard the child or act in their best interests.

**Other relevant school policies / procedures which should be read in conjunction with this policy are:**

1. Staff handbook
2. Code of conduct
3. Data Protection Policy
4. Remote Learning Policy
5. Prevent Policy
6. Equality Policy
7. Anti-Bullying Policy
8. AIUS
9. First Aid Policy
10. Behaviour for Learning
11. Admissions Policy
12. Assessment, Recording and Reporting
13. Curriculum Policy
14. Whistleblowing Policy

NB- Where a staff member feels unable to raise an issue with their employer, or feels that their genuine concerns are not being addressed, other whistleblowing channels are open to them:

- general guidance on whistleblowing can be found via: Advice on Whistleblowing • the NSPCC's what you can do to report abuse dedicated helpline is available as an alternative route for staff who do not feel able to raise concerns regarding child

protection failures internally, or have concerns about the way a concern is being handled by their school or college. 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](mailto:help@nspcc.org.uk)

## **Pupil Information**

In order to keep children safe and provide appropriate care for them the school requires accurate and up to date information regarding:

- Names and contact details of persons with whom the child normally lives
- Names and contact details of all persons with parental responsibility (if different from above)
- Emergency contact details (if different from above)
- Any relevant court orders in place including those which affect any person's access to the child (e.g. Residence Order, Contact Order, Care Order, Injunctions etc.)
- If the child is or has been the subject of a Child Protection Plan
  - Any other factors which may impact on the safety and welfare of the child

## **Identifying Children and Young people who may be suffering significant harm**

Teachers and other adults in school are well placed to observe any physical, emotional or behavioural signs which indicate that a child may be suffering significant harm. The relationships between staff, pupils, parents and the public which foster respect, confidence and trust can lead to disclosures of abuse including where they see hear or experience its effects in relation to domestic abuse, and/or school staff being alerted to concerns.

Behaviours linked to issues such as drug taking and or alcohol misuse, Unexplainable and/or persistent absences education and consensual and non-consensual sharing of nude and semi-nude images and/or videos can be signs that children are at risk.

## **Signs and symptoms of abuse**

### **A: Possible sign of physical abuse**

1. Unexplained injuries or burns, particularly if they are recurrent
2. Refusal to discuss injuries
3. Improbable explanation for injuries
4. Untreated injuries or lingering illness not attended to

5. Disclosure of punishment which appears to be excessive
6. Shrinking from physical contact
7. Fear of returning home or of parents being contacted
8. Fear of undressing
9. Fear of medical help
10. Aggression / bullying
11. Running away from home
12. Significant changes in behaviour with no apparent explanation
13. Deterioration in work
14. Unexplained pattern of absences which may serve to hide bruises or other physical injuries
15. Signs of exploitation

#### **B: Possible signs of emotional abuse**

1. Continual self-deprecation
2. Fear of new situations
3. Inappropriate emotional responses to painful situations
4. Self-harm or mutilation
5. Drug / solvent abuse
6. 'Neurotic' behaviour – obsessive rocking, thumb- sucking etc.
7. Social isolation – does not join in and has few friends
8. Desperate attention seeking behaviour
9. Eating problems, including over-eating and lack of appetite
10. Depression, withdrawal
11. Signs of exploitation

#### **C: Possible signs of neglect**

1. Constant hunger
2. Poor personal hygiene
3. Inappropriate clothing
4. Frequent lateness or non-attendance at school
5. Untreated medical problems
6. Low self-esteem
7. Poor social relationships
8. Compulsive stealing or scrounging
9. Constant tiredness

10. Weight loss
11. Signs of exploitation

#### **D: Possible signs of sexual abuse**

1. Bruises, scratches, burns or bite marks on body
2. Scratches, abrasions or persistent infections in the anal or genital regions
3. Pregnancy – particularly in the case of young adolescents who are evasive concerning the identification of the father
4. Sexual awareness inappropriate to the child's age shown in drawings, vocabulary, games etc.
5. Frequent public masturbation
6. Attempts to teach other children about sexual behaviour
7. Refusing to stay with certain people or go to certain places
8. Aggressiveness, anger, anxiety, tearfulness
9. Withdrawal from friends
10. Signs of exploitation

#### **E: Possible signs in older children**

1. Promiscuity, prostitution, provocative sexual behaviour
2. Self-injury, self-destructive behaviour, self-harm attempts
3. Eating disorders
4. Tiredness, lethargy, listlessness
5. Over compliant behaviour
6. Sleep disturbances
7. Unexplained gifts of money
8. Depression
9. Changes in behaviour

### **Children with special educational needs and disabilities**

Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges and can be particularly vulnerable. Additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;



- The potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and •
  - Communication barriers and difficulties in overcoming these barriers.
- As a school we are aware of these additional factors and will ensure that we act accordingly to address any difficulties faced.

# **Taking Action to Ensure that Children are Safe at School and at Home**

It is **not** the responsibility of the school staff to investigate welfare concerns or determine the truth of any disclosure or allegation. This may only be investigated by the Police, NSPCC or Social Care. All staff, however, have a duty to recognise concerns and maintain an open mind. Accordingly, all concerns regarding the welfare of pupils will be recorded and discussed with your DSL with responsibility for child protection (prior to any discussion with parents). At Ridgeway site if there is a disclosure the Hospital Manager/Social Worker will be notified immediately. It is the Hospital manager that will then take the case forward. If the disclosure is in relation to a member of school staff, the Head teacher will take responsibility for the investigation. Be aware that a pupil may not feel ready or know how to tell someone that they are being abused, exploited or neglected, and/or may not recognise their experiences as harmful.

## **1. Staff will immediately report:**

- Any suspicion that a child is injured, marked, or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play
- Any explanation given which appears inconsistent or suspicious
- Any behaviours which give rise to suspicions that a child may have suffered harm (e.g. worrying drawings or play)
- Any concerns that a child may be suffering from inadequate care, ill treatment, or emotional maltreatment
- Any concerns that a child is presenting signs or symptoms of abuse or neglect
- Any significant changes in a child's presentation, including non-attendance
- Any hint or disclosure of abuse from any person
- Any concerns regarding person(s) who may pose a risk to children (e.g. living in a household with children present).

## **2. Responding to Disclosure**

Disclosures or information may be received from pupils, parents or other members of the public. School recognises that those who disclose such information may do so with difficulty, having chosen carefully to whom they will speak. Accordingly, all staff will handle disclosures

with sensitivity. Should pupils have communication difficulties the school will ensure they are enabled to express themselves to a member of staff with appropriate skills wherever possible.

Such information cannot remain confidential, and staff will immediately communicate what they have been told to the designated persons and make a contemporaneous record as soon as possible following the disclosure.

### **Timing of Referrals**

It is particularly important that any concerns about the Safeguarding and Protection of a child or young person is raised as soon as possible to ensure that matters can be dealt with promptly.

This is to safeguard the young person and ensure systems are in place, but also to ensure that relevant staff are available to attend any strategy meetings, conferences or to provide reports.

Staff will not investigate but will, wherever possible, elicit enough information to pass on to the designated persons in order that s/he can make an informed decision of what to do next

Staff will:

- Listen to and take seriously any disclosure or information that a child may be at risk of harm
- Try to ensure that the person disclosing does not have to speak to another member of school staff
- Clarify the information if necessary
- Try to keep questions to a minimum and of an 'open' nature e.g. 'Can you tell me what happened?' rather than 'Did x hit you?'
- Try not to show signs of shock, horror or surprise
- Not express feelings or judgements regarding any person alleged to have harmed the child
- Explain sensitively to the person that they have a responsibility to refer the information to the senior designated person
- Reassure and support the person as far as possible
- Explain that only those who 'need to know' will be told but the information does have to be passed onto relevant members of staff

- Explain what will happen next and that the person will be involved as appropriate
- 

### **3. Action by the relevant DSL (or Deputy Safeguarding Lead in their absence)**

Following any information raising concern at Ridgeway site the senior designated person will contact the Hospital DSL team, please see appendix I.

### **4. Action following a child protection referral**

The designated senior person or other appropriate member of staff will:

- Wherever possible, contribute to the Strategy Discussion
- Provide a report for, attend and contribute to any subsequent Child Protection Conference
- If the child or children are the subject of a child protection plan, contribute to the Child Protection Plan and attend Core Group Meetings and Review Child Protection Conferences

We recognise that staff working in the school who have become involved with a child who has suffered harm or appears to be likely to suffer harm may find the situation stressful and upsetting. We will support such staff by providing an opportunity to talk through their anxieties with the designated teacher and to seek further support as appropriate.

### **5. Recording and monitoring**

Accurate comprehensive records will be made as soon as practicable and will clearly distinguish between observation, fact, opinion and hypothesis. All records will be signed and dated, any information given will be recorded and a note made of the location and description of any injuries seen. Details of how concerns were followed up and resolved will be kept and information in relation to any actions taken and decisions made.

### **6. Supporting the Child and Partnership with Parents**

- School recognises that the child's welfare is paramount, however good child protection practice and outcome relies on a positive, open and honest working partnership with parents.
- Whilst we may, on occasion, need to make referrals without consultation with parents, we will make every effort to maintain a positive working relationship with them whilst fulfilling our duties to protect any child.
- The school will liaise with hospital staff to ensure that the child feels fully supported. We want to reassure victims of abuse that their concerns will be taken seriously and

we will do everything possible to support them. Staff recognise that it might be difficult for a young person to communicate what has happened to the, Children and young people will never be made to feel ashamed or made to feel that they are creating a problem by reporting abuse, sexual violence or sexual harassment.

### **Malicious or unsubstantiated allegations**

If a child makes an allegation which is determined to be malicious or unsubstantiated, the DSL will discuss the situation and discuss what support the child needs this will be discussed and also the possibility that the child may have been abused by someone else.

At Ridgeway site the action taken will be in line with Appendix I and the DSL team.

### **Confidentiality**

The Education Act 2011 contains provisions to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated. The legislation imposes reporting restrictions making it clear that “publication” of material that may lead to the identification of the accused teacher is prohibited. This would include publication by a parent on a social networking site.

## Appendix A: Definitions

As in the Children Acts 1989 and 2004, a **child** is anyone who has not yet reached his/her 18th birthday.

**Safeguarding:** This is now in line with the Working together to safeguard children 2023 guidance. Safeguarding and promoting the welfare of children is now defined as:

- Providing help and support to meet the needs of children as soon as problems emerge (this bullet point is new)
- Protecting children from maltreatment, whether that is within or outside the home, including online
- Preventing the impairment of children's mental and physical health or development
- Making sure that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

**Harm** means ill-treatment or impairment of health and development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another;

**Development** means physical, intellectual, emotional, social or behavioural development;

**Health** includes physical and mental health;

**Ill-treatment** includes sexual abuse and other forms of ill-treatment which are not physical.

**Abuse and Neglect** are forms of maltreatment. Somebody may abuse or neglect a child by inflicting harm or failing to act to prevent harm including exploitation. Children may be abused in a family or in an institutional or community setting; by those known to them, or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children. Abuse and Neglect also including where they see, hear or experience its effects' in relation to domestic abuse.

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

**Sexual Abuse** involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening.

The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

**Emotional Abuse** is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Neglect** is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

1. Provide adequate food and clothing, shelter (including exclusion from home or abandonment).
2. Protect a child from physical and emotional harm or danger.
3. Ensure adequate supervision (including the use of inadequate caretakers).
4. Ensure access to appropriate medical care or treatment.

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

**Radicalisation** is the process of a person legitimising support for, or use of, terrorist violence

**Extremism** is the promotion or advancement of an ideology based on violence, hatred or intolerance, that aims to:

1. negate or destroy the fundamental rights and freedoms of others; or
2. undermine, overturn or replace the UK's system of liberal parliamentary democracy and democratic rights; or
3. intentionally create a permissive environment for others to achieve the results in (1) or (2).

## **Appendix B: Self-Harm Policy**

### **Introduction**

Recent research indicates that up to one in ten young people in the UK engage in self harming behaviours, and that this figure is higher amongst specific populations, including young people with special educational needs. School staff can play an important role in preventing self-harm and also in supporting students, peers and parents of students currently engaging in self-harm.

### **Scope**

This document describes the school's approach to self-harm. This policy is intended as guidance for all staff including non-teaching staff and directors.

### **Aims**

- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with students who self-harm
- To provide support to students who self-harm and their peers and parents/carers

### **Definition of Self-Harm**

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

### **Risk Factors**



The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

#### **Individual Factors:**

- Depression / anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

#### **Family Factors**

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family

#### **Social Factors**

- Difficulty in making relationships / loneliness
- Being bullied or rejected by peers

#### **Warning Signs**

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated teachers for safeguarding children. School staff will communicate any concerns with clinic staff directly.

Possible warning signs include:

- Changes in eating / sleeping habits (e.g. student may appear overly tired if not sleeping well)

- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g. more aggressive or introverted than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. becoming a Goth

### **Staff Roles in working with students who self-harm**

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. School staff may experience a range of feelings in response to self-harm in a student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to students it is important to try and maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

Students need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of harming themselves then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should consult the clinical team.

Following the report, the appropriate course of action will be decided upon. This may include:

- Arranging professional assistance e.g. doctor
- Immediately removing the student from lessons if their remaining in class is likely to cause further distress to themselves or their peers
- In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times
- If a student has self-harmed in school a first aider should be called for immediate help
- At Orange Tree site their personal Risk assessment will be updated

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

Ellern Mede School has many students who exhibit self-harm behaviours. To ensure the young persons' safety, all staff must be fully aware of the need to restrict access to sharps. Whereas some sharps are obvious:

- Scissors
- Sharpeners
- Scalpels

Other potentially dangerous implements are less obvious, this may include:

- Plastic pen lids
- Sharp pencils/pens
- Broken plastic rulers

All staff must make themselves aware of the potential risks that teaching resources may harbour. No sharps should be brought into the school or school rooms from outside. At the school any sharps used in learning activities must be supplied by the school, and logged out and in from the secure storage boxes that are kept on both sites. Any equipment used in ward teaching must be removed with the teacher when he/she leaves.

At the Orange Tree site, there are sharps such as scissors in most classrooms which are overseen by the teacher. Classrooms are always locked when not in use. Students can bring their own pencil cases in from home unless their personal risk assessment does not allow for this.

### **Further Considerations**

It is important to encourage students to let you know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and that by seeking help and

advice for a friend they are taking responsible action & being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

## Appendix C: Safeguarding Contacts

**Orange Tree School:** [DSL@orangetreeschool.org](mailto:DSL@orangetreeschool.org)

DSL – Zoe Ramshaw: [zoe.ramshaw@orangetreeschool.org](mailto:zoe.ramshaw@orangetreeschool.org)

DDSL KS3 – Keziah Arthur: [keziah.arthur@orangetreeschool.org](mailto:keziah.arthur@orangetreeschool.org)

DDSL KS4/5: Hayley Hunter: [Hayley.hunter@orangetreeschool.org](mailto:Hayley.hunter@orangetreeschool.org)

Headteacher: Zoe Ramshaw: [zoe.ramshaw@orangetreeschool.org](mailto:zoe.ramshaw@orangetreeschool.org)

### Ridgeway site

**DSL: Barbara Maleki:** [Barbara.maleki@ellernmede.org](mailto:Barbara.maleki@ellernmede.org)

**DDSL: Sanchia Simon:** [Sanchia.simon@ellernmede.org](mailto:Sanchia.simon@ellernmede.org)

EM Hospital Safeguarding Team (for any historical, family, clinically related, or concerns raised about inpatient care / treatment):

- [EMR-safeguarding@ellernmede.org](mailto:EMR-safeguarding@ellernmede.org)

### **Hospital GROUP DSLs are:**

- Steve Cross (Patient Safety Lead)
- Nancy Maicoo (Operations Director)
- Dr Hind Al-khairula (Medical Director)

Serious concerns involving any DSLs or site managers need to go to SMT.

[EMGSMT@ellernmede.org](mailto:EMGSMT@ellernmede.org) or LA / CQC (below)

**Hospital Manager – Nancy Maicoo –**

**Safety Lead - Steve Cross –**

**Peter Curtis – Tel 0208-959-7774 Proprietor**

**Barnet LADO - Rob Wratten**

**MASH LADO –is the first point of call**

Multi-Agency Safeguarding Hub (MASH) **020 8359 4066**. The MASH team are available Monday to Thursday 9am to 5.15pm and Friday 9am to 5pm.

Outside these hours you should report any concerns that need an immediate response to our emergency duty team on 020 8359 2000.

**If the concern about the child relates to possible criminal activity:**

**Call the Police on 999 if it is an ongoing crime or emergency; or 101 in all other cases.**

**If the contact or referral is about a child who already has social worker involvement, then please contact the social worker directly. If you don't know who the social worker is, contact the Multi-Agency Safeguarding Hub (MASH).**

**Where an emergency response is required please contact the Police on 999 at any time.**

**Forced Marriage - Duty and Assessment Team of the Forced Marriage Unit 0207 0080151 or out of hours 0207 0081500.**

**NSPCC – Whistleblowing Advice Line – 08000280285**

Useful Websites: [www.ceop.gov.uk](http://www.ceop.gov.uk)  
[www.missdorothy.com](http://www.missdorothy.com)

[www.anti-bullyingalliance.org](http://www.anti-bullyingalliance.org)

[www.kidscape.org.uk](http://www.kidscape.org.uk)

[www.childline.org.uk](http://www.childline.org.uk)

[www.nspcc.org.uk](http://www.nspcc.org.uk)

[www.ceop.org.uk/thinkuknow](http://www.ceop.org.uk/thinkuknow)

[www.childnet-int.org](http://www.childnet-int.org)

[www.kidsmart.org.uk](http://www.kidsmart.org.uk)

NEOST Guidance [www.lg-employers.gov.uk](http://www.lg-employers.gov.uk)

Guidance for Staff facing an Allegation of Abuse

**Definitions and Thresholds for Managing Allegations against School Staff**  
**Managing the Aftermath of Unfounded and Unsubstantiated Allegations**

Training Materials

**Online Basic Awareness Training [www.safeguardingchildren.co.uk](http://www.safeguardingchildren.co.uk)**



## Appendix D: Child Protection Record/Referral Form

**Ellern Mede School** (Ridgeway and Barnet)

**CONFIDENTIAL**

### **Child Protection Record/Referral Form**

Student name: \_\_\_\_\_

Time of incident/disclosure: \_\_\_\_\_

Where: \_\_\_\_\_

Details of incident/disclosure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When it happened: \_\_\_\_\_

Who was present: \_\_\_\_\_

Any other relevant  
information: \_\_\_\_\_

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Staff member: \_\_\_\_\_ Date: \_\_\_\_\_

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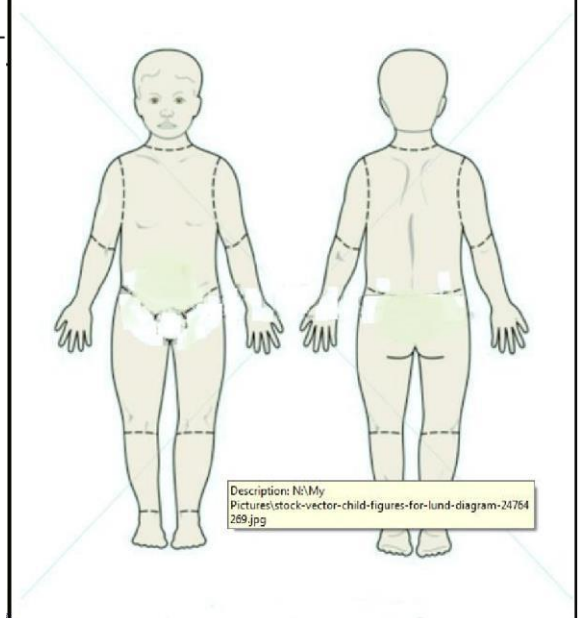
---

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Indicate areas of physical injury if appropriate



**Child Protection Record/Internal Referral Form (Orange Tree)**

Disclosure/Concern  
Number:

Student Name: \_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_

Where: \_\_\_\_\_

Who was present: \_\_\_\_\_

Details of Incident/Disclosure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did the incident happen? Date/Time: \_\_\_\_\_

Any other relevant information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

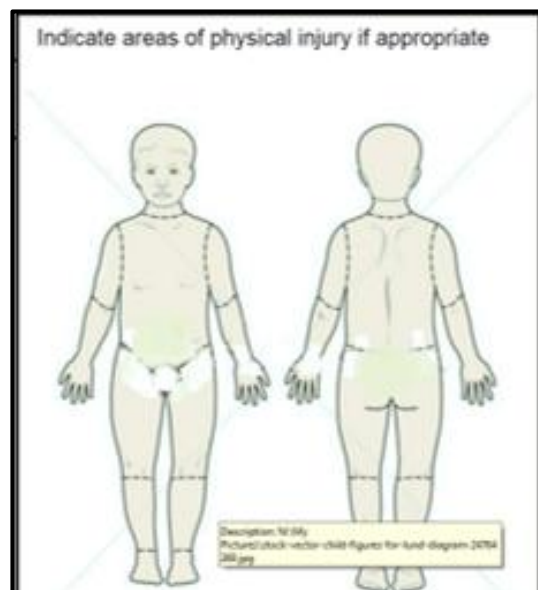
\_\_\_\_\_

\_\_\_\_\_

Who was informed? \_\_\_\_\_ Date/Time: \_\_\_\_\_

Staff member filling in form: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Please indicate location and size of injury on  
picture, and description here:



<b>Immediate Action to be Taken:</b>	
<b>Allocated to:</b> _____	<b>Date:</b> _____
<b>Once complete, please sign and date:</b>	
<b>Name:</b> _____	<b>Date:</b> _____

<b>Follow up Action if Required:</b>	
<b>Any Final Comments:</b> _____	
<b>Once complete, please sign and date:</b>	
<b>Name:</b> _____	<b>Date:</b> _____

**Were parents/carers informed?** \_\_\_\_\_

**If yes: By who?** \_\_\_\_\_ **Time/Date:** \_\_\_\_\_

**Final Signature to confirm above is complete:**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Concern Categories

Accessing sexual material online	Child Trafficking	Gang Related	Physical Abuse	Sexual Abuse
Allegations against a member of staff	Cyber Bullying	General	Physical Bullying	Sexual Harassment
Anti-social behaviour	Damage to property/equipment	Grooming	Physical harm/assault on a child	Sexual Violence
Appearance	Disability Discrimination	Homo/bi/transphobic discrimination/abuse	Physical harm/assault on an adult	Sexualised Behaviour
Bereavement	Discrimination	Medical	Pregnancy Related	Sexualised language
Child Missing from <u>home</u>	Domestic abuse	Misunderstandings	Racism	Substance Misuse
Child Missing in Education	Emotional Abuse	Neglect	Radical/Extremism/Terrorism	Theft
Child Protection	Emotional Bullying	Online Abuse	Safeguarding	Unkind Behaviour
Child Sexual Exploitation	Female Genital Mutilation	Operation Encompass Alert	Self-Harm	<u>Upskirting</u> /Downblousing
	Forced Marriage	Persistent Disruptive behaviour	Sending or requesting inappropriate images	Verbal abuse/Threat
	Friendship Issues			Verbal Bullying
				Wellbeing

Appendix E: Child Protection Concern Form for Specific Disclosures

**Ellern Mede School (Ridgeway and Barnet)**  
**CONFIDENTIAL**

**Child Protection Concern Form for Specific  
Disclosures**

**This information will be filed and used as a reference and to inform further action.**

Date:  
\_\_\_\_\_

Student name:  
\_\_\_\_\_

Concern:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff member: \_\_\_\_\_

Date: \_\_\_\_\_

**Forward to: DSL (Ridgeway) for (Child Protection)**

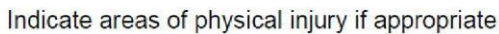
\_\_\_\_\_

Action taken:

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



## Appendix F: Signs of Physical Abuse

The listed signals of abuse give a broad range of 'indication'.

A student will often show one or more of the 'signs' and not be at risk. If you have concerns about any child follow our procedures of referral informing the designated teacher as quickly as possible.

### **Signs of Physical Abuse**

- Absenteeism together with other symptoms, e.g. returning with injury
- Unexplained injuries or burns, particularly if they are recurrent
- Improbable excuses given to explain injuries
- Refusal to discuss injuries
- Untreated injuries
- Admission of punishment which appears excessive
- Bald patches
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of returning home
- Fear of medical help
- Self destructive tendencies
- Aggression towards others
- Running away

### **Neglect**

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Frequent lateness or non-attendance at school
- Untreated medical problems
- Destructive tendencies
- Low self-esteem
- Poor social relationships
- Running away
- Compulsive stealing

### **Signs of Emotional Abuse**



- Physical, mental and emotional development behind the 'average' for a year group
- Admission of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-criticism
- Sudden speech disorders (stammer, etc.)
- Fear of new situations
- Inappropriate behaviour (e.g. rocking, hair twisting, thumb sucking)
- Inappropriate emotional responses to painful situations
- Self-mutilation
- Fear of parents being contacted
- Extremes of passivity or aggression (i.e. under or over-reaction to things)
- Drug, solvent abuse
- Running away
- Compulsive stealing

## Signs of Sexual Abuse

- Sudden changes in behaviour or school performance
- Displays of affection in a sexual way/manner inappropriate to age
- Tendency to cling or need reassurance
- Tendency to cry easily
- Regression to younger behaviour, such as thumb sucking, playing with discarded toys, acting like a baby
- Complaints of genital itching or pain
- Distrust of a familiar adult, or anxiety about being left with a relative, a babysitter or lodger
- Unexplained gifts or money    Depression and withdrawal    apparent secrecy
- Wetting, day or night
- Sleep disturbances or nightmares
- Chronic illness, especially throat infections and venereal diseases
- Anorexia or bulimia
- Fear of undressing, e.g. for sport

## Common Sites of physical injury:

Accidental Injury	Non Accidental
<ul style="list-style-type: none"><li>• Crown of the head</li><li>• Forehead</li><li>• Nose</li><li>• Elbows</li><li>• Hips</li><li>• Hands</li><li>• Knees</li><li>• Shins</li></ul>	<ul style="list-style-type: none"><li>• •</li><li>• • Black eyes (often two)</li><li>• • Cheeks</li><li>• Marks around neck: finger marks/thin red line</li><li>• Bloodshot eyes – possible caused by shaking</li><li>• Ears – red, bleeding, cut skin (very common)</li><li>Mouth – cuts, loose or broken teeth</li><li>Stomach – evidence of bruising</li><li>Buttocks – discomfort when sitting</li><li>• Inner arms – red marks or bruising</li></ul>

## Appendix G: DfE Guidelines

### **What to do if you suspect a child is being sexually exploited**

#### **A step-by-step guide for frontline practitioners**

1. This step-by-step guide complements, and should be read in conjunction with, the *Safeguarding children and young people from sexual exploitation*<sup>1</sup> statutory guidance published in 2009. It is intended for frontline practitioners in the statutory and voluntary and community sectors (VCS). It outlines the actions they should take, as a minimum, if they suspect that a child they are in contact with is being sexually exploited.
2. Child sexual exploitation is a form of child abuse which involves children and young people (male and female, of a range of ethnic origins and ages, in some cases as young as 10) receiving something in exchange for sexual activity. Perpetrators of child sexual exploitation are found in all parts of the country and are not restricted to particular ethnic groups.
3. Local Safeguarding Children Boards (LSCBs) are responsible for ensuring that appropriate local procedures are in place to tackle child sexual exploitation. All frontline practitioners need to be aware of those procedures (including ones for early help) and how they relate to their own areas of responsibility. LSCBs and frontline practitioners should ensure that actions to safeguard and promote the welfare of children and young people who are sexually exploited focus on the needs of the child.

#### **Step 1: Identifying cases**

4. Frontline practitioners from voluntary and statutory sector organisations (including, for example, health and education) should be aware of the key indicators of children being sexually exploited which can include:
  - going missing for periods of time or regularly coming home late;
  - regularly missing school or education or not taking part in education;
  - appearing with unexplained gifts or new possessions;
  - associating with other young people involved in exploitation;
  - having older boyfriends or girlfriends;
  - suffering from sexually transmitted infections;
  - mood swings or changes in emotional wellbeing; drug and alcohol misuse; and
  - displaying inappropriate sexualised behaviour.
- staff might also overhear conversations that suggest a child has been harmed or receive a report from a friend of the child

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

5. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. Return interviews for young runaways can help in establishing why a young person ran away and the subsequent support that may be required, as well as preventing repeat incidents. The information gathered from return interviews can be used to inform the identification, referral and assessment of any child sexual exploitation cases.

6. In assessing whether a child or young person is a victim of sexual exploitation, or at risk of becoming a victim, careful consideration should be given to the issue of consent. It is important to bear in mind that:

- a child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching;
- sexual activity with a child under 16 is also an offence;
- it is an offence for a person to have a sexual relationship with a 16 or 17-year-old if they hold a position of trust or authority in relation to them;
- where sexual activity with a 16 or 17-year-old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered;
- non consensual sex is rape whatever the age of the victim; and
- if the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent and therefore offences may have been committed.

Child sexual exploitation is therefore potentially a child protection issue for all children under the age of 18 years and not just those in a specific age group.

## **Step 2: Referring cases**

7. Where child sexual exploitation, or the risk of it, is suspected, frontline practitioners should discuss the case with a manager or the designated member of staff for child protection. If after discussion there remain concerns, local safeguarding procedures should be triggered, including referral to local authority (LA) children's social care and the police, regardless of whether the victim is engaging with services or not.

## **Step 3: Assessment**

8. On receipt of a referral to LA children's social care, a qualified social worker should discuss the case with other services and professionals that they consider relevant and decide on a course of action within one working day of the referral. Where there is a risk to the life of

a child or a likelihood of serious immediate harm, an agency with statutory child protection powers must act quickly to secure the immediate safety of the child.

9. An assessment under section 17 of the Children Act 1989 must be undertaken in all cases where child sexual exploitation, or the likelihood of it, is suspected. The local authority, health and other partners must follow the process set out in the *Framework for assessment of children in need and their families*. The assessment is not an end or a process in itself, but the means of informing the planning and delivery of effective services for children. The need to make timely, proportionate assessments to understand a child's needs and circumstances is critical to secure good outcomes for the most vulnerable children and young people. The assessment should contain a conclusion as to whether the child is suffering, or is likely to suffer, significant harm.

10. If a section 17 enquiry shows that a child is suffering, or is likely to suffer, significant harm, the social worker should hold a strategy discussion involving the police, health and other relevant statutory and VCS organisations to consider whether a section 47 enquiry is required. If the decision is taken to initiate a section 47 enquiry, the social worker should convene a child protection conference.

11. The child or young person's wishes and feelings should be considered when determining what services to provide and before making decisions about action to be taken to protect individual children.

12. Where the child or young person is not deemed to be in need, the social worker must consider onward referral to agencies who provide services for children and young people with additional needs (for example, a VCS or health organisation; see Step 4 below).

#### **Step 4: Supporting victims out of CSE and in recovery**

13. Statutory agencies and voluntary sector organisations should reach agreement on the services to be provided to the child or young person and on how they will be coordinated. The types of intervention offered should be appropriate to the needs of the child or young person. They should take full account of both the identified risk factors and the child or young person's family and wider circumstances. The latter might, for example, include previous abuse, running away from home or care, involvement in gangs and groups and/or child trafficking. The health services provided might include sexual health services and mental health services or counselling.

14. Because the effects of child sexual exploitation can last well into adulthood, such support may be needed over a long period of time. For this reason, effective links should be made between children and adult services and between statutory and VCS organisations.

15. Consideration should also be given to supporting the families of victims, including through the work of organisations like the Coalition for the Removal of Pimping.

#### **Step 5: Identifying and prosecuting perpetrators**

16. The police and criminal justice agencies lead on the identification and prosecution of perpetrators. All frontline practitioners involved with victims of child sexual exploitation should continually gather record and share information with the police as soon as practicable, including data on running or missing episodes.

#### **Step 6: Ensuring child victims are supported through related legal proceedings**

17. Child victims should be supported throughout the prosecution process and beyond, including through the use of special measures where appropriate. Independent Sexual Violence Advisers or specialist VCS services, where available, may also have an important role to play.

#### **Further information**

18. Further information on child sexual exploitation can be found on the Department for Education website.

## **Appendix H: Advisory Body - Nominated Senior Safeguarding Lead**

### **Outline of role:**

The Children's Act 2004 places a duty on agencies to ensure that their functions are discharged having regard for the need to safeguard children and promote their welfare.

By safeguarding and promoting welfare we mean:

- Protecting children from abuse or neglect
- Preventing impairment of the child's health or development
- Ensuring children are growing up in circumstances consistent with the provision of safe and effective care
- Creating opportunities to enable children to have optimum life chances in adulthood
- As the Senior Safeguarding Lead responsible for safeguarding children, you will play an essential role in ensuring children in education are kept safe from harm

### **Suggested duties:**

- To be familiar with LA and DfE guidance and policy relating to Safeguarding and Child Protection and associated issues, and to attend training for nominated Safeguarding and Child Protection Lead/Governor
- To ensure that the Proprietor assisted by the Advisory Board puts in place a suitable Safeguarding and Child Protection Policy and associated procedures
- To champion safeguarding and child protection issues within the school

- To encourage other members of the Advisory body to develop their understanding of the responsibilities with regard to Child Protection and assist them to perform their functions in respect of Safeguarding Children and Young People
- To contribute to ensuring any deficiencies in the school's safeguarding practices are addressed which may be brought to the Advisory board or the Proprietor's attention by a member of school staff, a parent, an officer of the Authority or from any other source
- To meet regularly with the senior member of the school's leadership team who is the designated Lead for safeguarding and child protection in order to monitor the effectiveness of the Safeguarding and Child Protection policy. It is recommended that this is at least a termly meeting
- To ensure that the Advisory body and the Proprietor receives an annual report on the implementation of the school's safeguarding and child protection policy and procedures including:

Arrangements for ensuring that the school's safeguarding and child protection policy is communicated to, and implemented by, all staff:

- Ensuring that the designated member of staff with lead responsibility for Safeguarding and Child Protection is part of the school's leadership team, and has sufficient time and resources at his /her disposal to carry out his / her duties effectively
- Ensuring that a deputy designated teacher for safeguarding and child protection is identified
- Ensuring that the Designated Teacher for Safeguarding and Child Protection and his/her deputy receive training every two years
- Training in Child Protection undertaken by ALL staff every two years and the Annual Update is received
- Arrangements are in place for the inclusion of child protection procedures in an induction programme for all people working in the school, no matter for how long, nor the status of that individual



- Monitoring of arrangements to ensure safer recruitment procedures and appropriate checks on new staff and volunteers
- Monitoring of how Safeguarding and Child Protection issues are addressed through the curriculum
- Liaise with the Head teacher and the Proprietor over matters regarding confidential child protection issues involving allegations against staff as and when required
- Where there is an allegation of abuse against the Head Teacher, take the lead in
  - Notifying the Local Authority Designated Officer (LADO) immediately where applicable in liaison with the proprietor
  - Ensuring with LA support that appropriate action is to be taken in accordance with agreed procedures
  - To attend initial and subsequent strategy meetings as required if other agencies are involved
  - To take the lead with the Proprietor in an investigation

## Appendix 1a - EMS - FLOW CHART FOR RAISING SAFEGUARDING CONCERNS ABOUT A CHILD- RIDGEWAY SITE

Designated EM School Safeguarding Team:

**Barbara Maleki -DSL**

**Designated DDSL -Sanchia Simon - Ridgeway**

- Nancy Maicoo** (EM Group, Operations Director / Advisory board Safeguarding Rep) Concerns relating to staff, go directly to the Headteacher (who will decide who should be informed on a need-to-know basis, as well as protecting confidentiality). Concerns relating to the Headteacher or DSL go to the Local Authority (see below)

**Concern put in writing on a yellow Child Protection Record/Referral Form**

Hand concern form to DSL:

**Barbara Maleki**

[barbara.maleki@ellernmede.org](mailto:barbara.maleki@ellernmede.org)

EM Hospital Safeguarding Team (for any historical, family, clinically related, or concerns raised about inpatient care / treatment):

- Contact individual site (Ridgeway, Barnet, Moorgate, Derby) Hospital Manager, and email safeguarding team:
- i.e [EMR-safeguarding@ellernmede.org](mailto:EMR-safeguarding@ellernmede.org) (replace EMD, EMM, EMB per site).

**Hospital GROUP DSLs are:**

- Steve Cross (Patient Safety Lead)
- Nancy Maicoo (Operations Director)
- Dr Hind Al-khairula (Medical Director)

Serious concerns involving any DSLs or site managers need to go to SMT. [EMG-SMT@ellernmede.org](mailto:EMG-SMT@ellernmede.org) or LA / CQC (below)

**\*DSL / School Safeguarding Team review concern.**

Consider any need for emergency action or Police threshold  
 \*Consider if meets threshold for external referral (LA / Ofsted).  
 \*Consider if isolated School, Hospital or Shared concern  
 \*Re-assure young person, keep them informed, consider their views and any need / appropriateness to inform parents

**Keep young person informed and supported. Consider and respect their views, choices and confidentiality throughout the process**  
*(factoring in their age, capacity / competency, any other children at risk or any over-riding public*

**School Only Concern:**

Decide if warrants external referral, Internal/external investigation or Monitoring

**Shared / Joint (Sch & Hosp) Concern:**

Share with Hospital safeguarding team (see above box)

**Hospital Only Concern:**

Share with Hospital safeguarding team (see above box)

Follow school safeguarding policy / system. Check if external referral required (Ofsted, LADO, Police, CP)  
 Staff will be asked to monitor child and feedback to the DSL within agreed timescale.  
 Document interactions. (if required); Investigation lead will be assigned, consider who needs to be kept informed during and on investigation closure.  
 Share outcome with EM team if necessary / appropriate.

**Shared / Joint (Sch & Hosp) Strategy Meeting:**  
 Decide re external referral (CQC, Ofsted, Police, NHSE, LADO, CP), Internal/external investigation or Monitoring  
 Copy information over to SG1.  
 Document internal strategy meeting & actions i.e. SG2 (all need to know professionals across school and hospital site)  
 Monitor case  
 or (if required) assign lead investigator  
 Continue joint liaison until closed and document on both systems. Feedback to all parties inc updates to any external organisations

Hospital Safeguarding Team, Duplicate information from school form onto SG1.  
 Hospital continues to follow own internal safeguarding policy / system, consider need for external referral (Police, CQC, NHSE, LADO, CP).  
 Update school re outcome if necessary / appropriate.

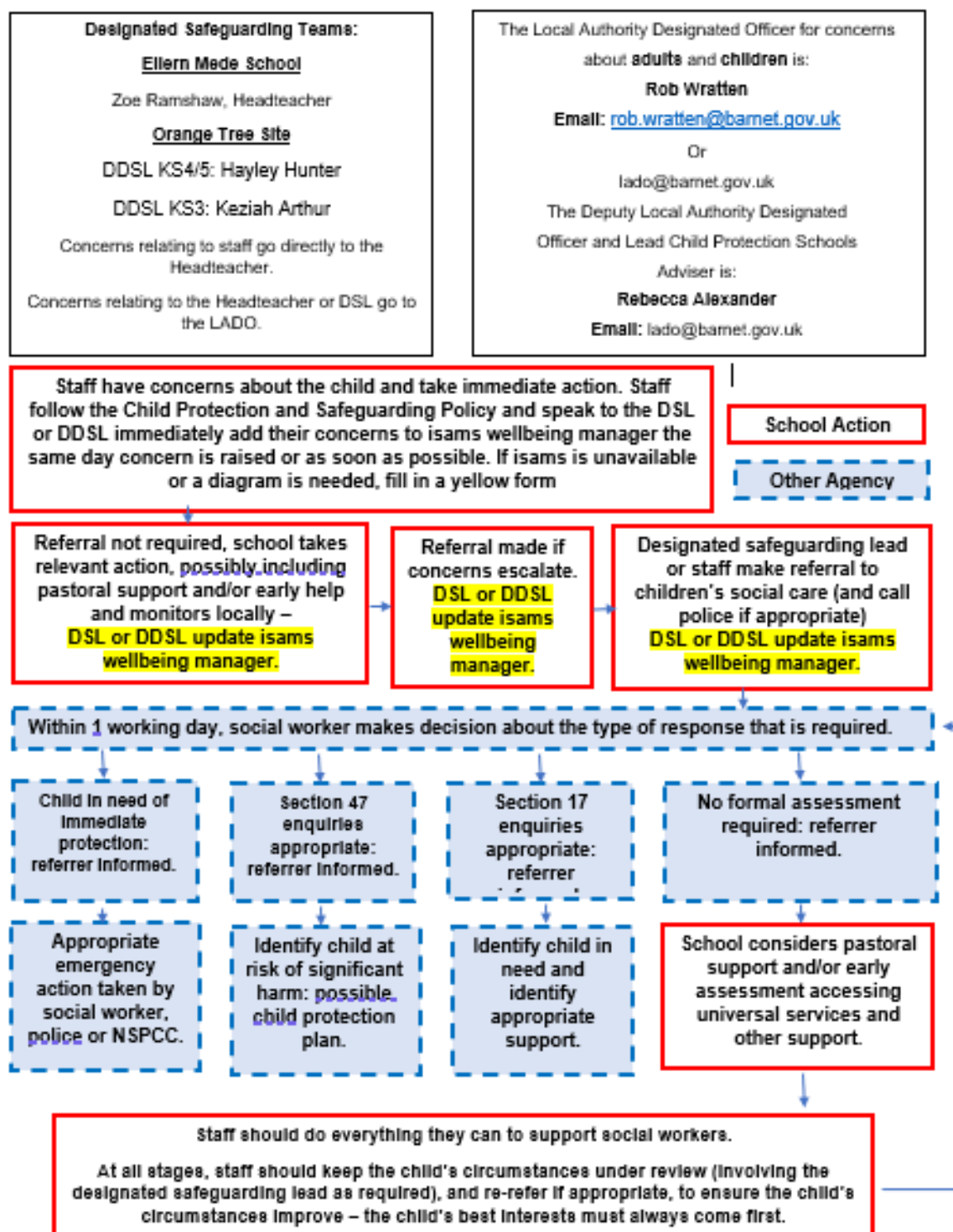
[LADO@Barnet.gov.uk](mailto:LADO@Barnet.gov.uk)

**Ofsted:** 0300 123 4666 / [CIE@ofsted.gov.uk](mailto:CIE@ofsted.gov.uk) | **CQC:** 0300 061 6161 / [HSCA\\_notifications@cqc.org.uk](mailto:HSCA_notifications@cqc.org.uk)

Safeguarding of young people  
 and safer recruitment policy

## Appendix 1b -FLOW CHART FOR RAISING SAFEGUARDING CONCERNS ABOUT A CHILD at Orange Tree Site

### Actions where there are concerns about a child.



## Appendix J - London Borough of Barnet (LADO) Referral Form

The LADO must be notified **within one working day** (and prior to any further investigation taking place), when an allegation is made against **any person who works with children** in a paid or voluntary capacity has:

1. behaved in a way that has *harmed* or may have harmed a child;
2. possibly committed a *criminal offence* against or related to a child;
3. behaved towards a child/ren in a way that indicated s/he would pose a risk of harm if they worked regularly or closely with children. Sec. 7 London Child Protection Procedures.

The LADO can be contacted for advice where it is unclear if the allegation meets the threshold for referral and/or where there are concerns about a staff member's behaviour towards children, or any other issues that indicate they may pose a risk of harm to children.

The LADO referral form **MUST** be completed and sent to the LADO ([LADO@Barnet.gov.uk](mailto:LADO@Barnet.gov.uk)) where the threshold is met and/or after having a discussion and receiving advice from the LADO.

The LADO manages and responds to concerns and allegations against professionals, volunteers or anyone in a position of trust. These can be safeguarding concerns within the work environment, or where activities or offences are committed outside work. This includes a criminal offence; 'involvement by association', where a worker provides childcare on domestic premises and their partner, family or household member may pose a risk to children; and a parent or carer is subject to Child Protection Procedures.

The LADO evaluates the information provided on this referral form to decide whether it meets the following criteria:

1. **An allegation of a crime – to be investigated by the police.**
2. **A child protection concern – to be investigated by the Council's Children's Services Social Care Teams.**
3. **A disciplinary issue – to be investigated by the employer of the staff member under disciplinary/regulatory procedures/ standard of care.**
4. **A complaint – to be handled under the employer's complaints process.**

The LADO takes a lead role from the initial allegation referral through to the conclusion of the cases, providing advice and guidance, and liaising with the police and other relevant agencies. The LADO is also responsible for ensuring an appropriate outcome is reached in a timely manner. The LADO does not investigate. Responsibility for investigations remains with the police and or the employer (or whoever is commissioned by the employer to investigate).

Information provided as part of this referral will be shared with the appropriate agencies, which include council social care and education teams, the police, or the person's employer. More information on what information is collected and shared, and who it may be shared with, can be found in the [council's privacy notice](#).

**STRICTLY CONFIDENTIAL**

**THE CONTENTS OF THIS FORM ARE NOT TO BE REPRODUCED, COPIED OR DIVULGED IN ANY WAY. INFORMATION IS NOT TO BE DISCUSSED WITH, OR REVEALED TO, PERSONS WHO ARE NOT REQUIRED IN THE INTERESTS OF A CHILD TO HAVE SUCH INFORMATION. ALL ENQUIRIES FOR THE USE OF ANY SUCH INFORMATION SHOULD BE MADE TO THE LOCAL AUTHORITY DESIGNATED OFFICER (LADO)**

**Referrer's Details**

Date of referral:	
Name of person completing the form:	Job title:
Place of employment & employer's address:	Contact details (phone & email):
Name of Designated Safeguarding Lead/Manager:	Status of organisation e.g. LA, private, voluntary etc.

**Allegation Details**

Date of alleged incident:	Date reported to referrer:
Who has made the allegation e.g. child, parent, other professional etc.:	Who else has been informed about the allegation?
Are there any written reports/witness statements regarding the allegation? Please provide details.	Did child sustain an injury? Was the injury seen by a professional?
Are the parents/carers aware of the allegation and referral to LADO?	Parents/carers views:
Is child aware of the allegation and referral to LADO?	Child's views:



**Barnet  
Safeguarding  
Children Partnership**

Full details of the allegation to include time, place, if any injuries sustained and actions taken:



Local Authority Designated Officer (LADO)



**Barnet  
Safeguarding  
Children Partnership**

**Resilient Families, Resilient Children**  
Allegations Against Staff Referral Form

**Details of person/s subject to the allegation –**

Family Name:	First Name:
Date of Birth:	Ethnicity:
Gender: Male/Female/Other (please state if gender is different to that assigned at birth).	
Phone number:	Home address:
Email:	
Place of employment:	Address:
Employment status i.e. temporary, permanent, voluntary, agency (details)	Job title:
Length of employment:	Date of last DBS:
Have they been subject to previous allegations? If so please provide full details.	Does this person have children of their own, if so how old are they?
Does this person work in any other capacity with children either paid/unpaid?	Has this person undertaken any Safeguarding Training? Please specify.

What has the alleged perpetrator been told about the allegation?	Has the person been suspended/advice taken from HR/emotional support?
--	---



**Barnet  
Safeguarding  
Children Partnership**

Resilient Families, Resilient Children

Local Authority Designated Officer (LADO)

Allegations Against Staff Referral Form

**Details of potential victim/child** - please repeat box if more than one child

<u>Details of child involved</u>	
Family Name:	First Name:
Date of Birth:	Gender: Male/Female/Other (please state if gender is different to that assigned at birth).  Ethnicity:
Address:	
<u>Details of any siblings - repeat box if required</u>	
Family Name:	First Name:
Date of Birth:	Gender: Male/Female/Other (please state if gender is different to that assigned at birth).  Ethnicity:
Family Name:	First Name:
Date of Birth:	Gender: Male/Female/Other (please state if gender is different to that assigned at birth).  Ethnicity:
<u>Details of parents/carers</u>	



Mother:	Address:  Phone number:
Father:	Address:  Phone number:
Carer:	Address:  Phone number:
Who has Parental Responsibility for the child?	



Local Authority Designated Officer (LADO)



**Barnet  
Safeguarding  
Children Partnership**

**Resilient Families, Resilient Children**  
Allegations Against Staff Referral Form

Has the child made previous allegations? If so please give details.	Is/has this child been looked after or on a child protection plan?
Are there other professionals working with this child e.g. Social Worker/SEN input etc.? Please provide details.	Are there any known concerns about this child's home life?
<b>Please give details of any other relevant information</b>	

**Referrer's name:**

**Referrer's signature:**

**Date:**

**Completed form should be returned to:** [LADO@Barnet.gov.uk](mailto:LADO@Barnet.gov.uk)

Rob Wratten (LADO) – June 2022

