



Highsted Grammar School

Child Protection Policy (including recording and retention of child protection files)

SAFEGUARDING: CHILD PROTECTION (INCLUDING RECORDING AND RETENTION OF CHILD PROTECTION FILES)

In accordance with the Children's Acts of 1989 and 2004 and the Education Act 2002, and Working Together to Safeguard Children 2015 and **Keeping Children Safe in Education 2018**, schools have a duty to assist local authority specialist children's services departments acting on behalf of children in need or enquiring into allegations of child abuse. Schools are not investigating or intervention agencies, however, their regular close contact with children does mean that they have a responsibility to observe, monitor, refer and record suspected abuse to the specialist children's services. In addition, Highsted Grammar School believes that it has a strong pastoral responsibility to promote the welfare of its students and that girls have a right to be protected from harm; this is consistent with our overall aims to educate the whole pupil and foster personal as well as academic development.

Aims

- to equip all pupils with the information and personal skills needed to help them stay safe and develop responsible attitudes to adult life and parenthood.
- to provide a school environment which is sensitive to the needs of all pupils, in which pupils feel secure and their viewpoints are valued.
- to provide a safe environment for children (this includes preventing unsuitable people working with children)
- to monitor and support pupils involved in child protection issues.
- to respect confidentiality as appropriate, whilst recognising the need to refer and inform.
- to ensure that as far as possible staff are appropriately trained in and informed about child protection issues and procedures.
- to contribute to a co-ordinated approach to child protection by developing effective partnership with all those involved in providing services to children.
- to work constructively and responsibly with parents in order best to support the child in need.
- to follow child protection procedures sensitively and with care.

Procedures

Detailed procedures are to be found in the Staff Handbook for easy staff reference, including appendices on Indicators of Abuse, Dealing with Disclosures, a Welfare Concern form and a Referral Flowchart. These will be reviewed annually, and amended following changes to the Procedures laid down by the Kent Safeguarding Children Board upon which they are based.

Designated Safeguarding Lead (DSL)

The Designated Safeguarding Lead for 2018-19 is Frances Tiernan-Powell

Acting as DSL is an aspect of the Assistant Headteacher, **Director of Studies KS5 role**, who works with SLG, Heads of House, Key Stage Learning Mentors relevant teaching staff and outside agencies to ensure that the needs of an individual are met and that the school environment is conducive to preventing and dealing with child protection issues. The Designated Safeguarding Lead will:

- have an overview of material covered in Personal, Social, Health, Citizenship and Economic Education focus days designed to equip pupils with the necessary skills to keep themselves safe;
- ensure that staff training needs are met and identify future needs;
- keep up-to-date with developments in safeguarding;
- follow child protection procedures, including deciding when to consult with or refer to specialist children's services;
- collate, maintain and store the confidential records pertinent to child protection;
- collate information for, and attend, case conferences and section 47 strategy meetings;
- record, monitor and review pupils connected with child protection concerns;
- manage and monitor the school's role in the child protection care plan recommended at the case conference.

Training

- Designated Safeguarding Lead should receive up-to-date training as required on aspects pertinent to child protection, which may include: Kent Child Protection Committee procedures; writing reports for outside agencies; attending case conferences; attending court; working with other agencies; and preventative curriculum work.
- Wherever possible, Heads of House and Key Stage Learning Mentors should be trained in child protection through multi-agency training or external courses. **All staff should be aware of the early help process, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment. They should also be aware of the process for making referrals to children's social care and along with the role they might be expected to play in such assessments.**
- Training on safeguarding and child protection issues should be provided for all staff at regular intervals, in order to update knowledge and train new staff. **This training will take place at least annually and will include information about the role of The Designated Safeguarding Lead.**

Partnership with External Agencies

Information, advice and support will be sought from, and referral made to, external agencies as appropriate to the needs of the individual child in accordance with procedures. Such agencies include:

- Specialist Children's Services



- LADO and Education Safeguarding Team
- Police, Special Investigations Unit (including Channel)
- CEOP
- NSPCC and Childline
- Health Authority
- Educational Welfare Service
- Educational Psychology Service
- Probation Service
- Other voluntary and church organisations

Review

This policy will be reviewed annually by the Designated Safeguarding Lead; major changes to procedure will be consequent upon changes to the procedures set out by Kent County Council.

Member of Staff Responsible

Frances Tiernan-Powell

Policy Date

November 1995

Reviewed: June 1997
June 1998
Revised: March 2001
Reviewed: June 2002
Reviewed and updated: June 2003
Reviewed: June 2004
Reviewed: June 2005
Reviewed and updated: June 2006
Reviewed: July 2008
Reviewed and updated: July 2009
Reviewed: July 2010
Reviewed and updated: June 2014
Reviewed and updated: June 2015
Reviewed and updated: August 2016
Reviewed and updated: September 2017
Reviewed and updated: September 2018

CHILD PROTECTION PROCEDURES

All staff members are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the best interests of the child. Knowing what to look for is vital to the early identification of abuse, neglect and specific safeguarding issues. If staff members are unsure they should always speak to the designated safeguarding lead. In exceptional circumstances, such as in emergency or a genuine concern that appropriate action has not been taken, staff members should speak directly to children's social care.

DEFINITIONS

All staff should be aware abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another.

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children. Child abuse can take many forms but they are usually divided into four categories:

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

Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Sexual abuse: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect: the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment.

Further detailed indicators of abuse are to be found as Appendix 1.

SPECIFIC SAFEGUARDING ISSUES

- child missing from education
- child missing from home or care
- child sexual exploitation (CSE)
- bullying including cyberbullying
- child on child sexual violence and sexual harassment
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM) forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- private fostering
- preventing radicalisation – and see page 16
- sexting
- teenage relationship abuse
- trafficking

Further information on child sexual exploitation

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or don't take part in education.

Further information on Female Genital Mutilation

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

Indicators

There are a range of potential indicators that a girl may be at risk of FGM.

If staff have a concern regarding a girl that might be at risk of FGM they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care. Since 31 October 2015 there has been a mandatory reporting duty placed on teachers that requires a different approach where FGM has taken place.

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers¹¹, along with social workers and healthcare professionals, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by "to discover that an act of FGM appears to have been carried out" is used for all professionals to whom this mandatory reporting duty applies. Information and guidance can be found at- Mandatory reporting of female genital mutilation procedural information. Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should still consider and discuss any such case with the school's designated safeguarding lead and involve children's social care as appropriate.

Further information on preventing radicalisation

Protecting children from the risk of radicalisation should be seen as part of schools' wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people. As with other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme. Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. From 1 July 2015 specified authorities, including all schools (and since 18 September 2015 all colleges) as defined in the summary of this guidance, are

subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 (“the CTSA 2015”), in the exercise of their functions, to have “due regard¹⁴ to the need to prevent people from being drawn into terrorism”¹⁵ This duty is known as the Prevent duty.

The statutory Prevent guidance summarises the requirements on schools in terms of four general themes:

- Schools and colleges are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This means being able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them. Schools and colleges should have clear procedures in place for protecting children at risk of radicalisation. These procedures may be set out in existing safeguarding policies. It is not necessary for schools and colleges to have distinct policies on implementing the Prevent duty.
- The Prevent duty builds on existing local partnership arrangements. For example, governing bodies and proprietors of all schools should ensure that their safeguarding arrangements take into account the policies and procedures of Local Safeguarding Children Boards.
- The Prevent guidance refers to the importance of Prevent awareness training to equip staff to identify children at risk of being drawn into terrorism and to challenge extremist ideas. Individual schools are best placed to assess the training needs of staff in the light of their assessment of the risk to pupils at the school of being drawn into terrorism. As a minimum, however, schools should ensure that the designated safeguarding lead undertakes Prevent awareness training and is able to provide advice and support to staff on protecting children from the risk of radicalisation.
- Schools and colleges must ensure that children are safe from terrorist and extremist material when accessing the internet in schools.

IN-SCHOOL PROCEDURES

- **Concerns:** any member of staff with concerns about a pupil with reference to child protection issues should note these on a green ‘Safeguarding Incident / Welfare Concern Form’ and pass the information to the Designated Safeguarding Lead **via safeguarding@highsted.kent.sch.uk** for triage – **paper copies are available via reception if the school network is not functioning.** Please refer to Appendix 3: ‘Safeguarding Incident / Welfare Concern Form’. The information should include specific details causing concern (facts including observable behaviour, reported speech, attendance patterns and academic work, rather than opinions); the time and date of the incident; and should be signed by the member of staff and have evidence of all communication attached. If there is physical evidence such as bruising, it is helpful to note the position, size and type of injury on a drawing of the body; sheets are available from the Designated Safeguarding Lead for this purpose. N.B. Staff should never ask pupils to remove clothing to show bruises / marks. Staff should use the term mark and not bruise as they are not trained to make medical diagnosis.
- **Triage:** Upon receiving a ‘Safeguarding Incident / Welfare Concern Form’ the Designated Safeguarding Lead will review/assess the ‘Tier of Intervention’ and assign responsibility to the most appropriate member of staff. Please refer to Appendix 4: Child Protection Responsibilities.



- **Disclosures:** if a pupil makes a direct disclosure to a member of staff, there are clear guidelines which must be followed. Please refer to Appendix 2, "Dealing with Disclosures".
- **Child Protection Records:** information pertaining to Child Protection (High Tier 3 and Tier 4) issues or concerns should **not** be kept in the pupil's school files, but in the locked filing cabinet in the Designated Safeguarding Lead's office.

CHILD PROTECTION ENQUIRIES AND INVESTIGATIONS

Under the Child Protection Procedures implemented from 1st November 1995 and amended 1st April 2013, there is the opportunity for schools to seek advice from the Area Safeguarding Advisor and/or specialist children's services in cases where there is concern about a pupil, but insufficient evidence to warrant immediate referral. Such a Consultation does not have to name the pupil and is designed to enable schools to decide on an appropriate course of action. If it is felt that a pupil has suffered or is at risk of suffering significant harm or if a disclosure has been made, then a referral to specialist children's services should be made immediately. Once a referral has been made to specialist children's services, the Designated Safeguarding Lead must collate the school's evidence and information.

Unless it were felt that to do so would endanger the pupil, parents would be informed of the course of events by the Designated Safeguarding Lead or the Headteacher. Details of the procedures, following those set out by Kent Safeguarding Children's Board are to be found as Appendix 3.

If any teacher feels that the Designated Safeguarding Lead has not acted appropriately following referral, s/he should speak with the Headteacher in the first instance, but failing that should make direct contact with the Area Safeguarding Advisor.

ALLEGATIONS OF ABUSE AGAINST A MEMBER OF STAFF

Teachers are particularly vulnerable both to the possible consequences of their close relationships with pupils and to malicious or misplaced allegations made by pupils deliberately or innocently, arising from normal association with them in school. All procedures with regard to Child Protection (disclosures, concerns and records) must be carefully followed, whoever the alleged perpetrator is.

Allegations of abuse against a member of staff must be reported immediately to the Designated Safeguarding Lead, who will then inform the Headteacher. If the Designated Safeguarding Lead is the subject of the allegation, the Headteacher must be informed direct. The Headteacher (or the Chair of Governors if the Headteacher is the subject of the allegation) will then inform the local authority designated officer (LADO) and this consultation will advise on further action. This is not the beginning of an investigation. The LADO will be contacted by the Headteacher/Chair of Governors and a discussion will take place to decide whether:

- no further actions are needed
- a strategy discussion should take place
- there should be immediate involvement of the police or social care.

If there is clear evidence of abuse, then a referral must be made to the specialist children's services, the LADO must be informed of the allegation in writing and advice must be sought from Area Personnel. The School should be able to work jointly with specialist children's



services and the Police at this stage and a multi-agency planning meeting will take place as soon as possible, preferably within two working days, in order to decide whether and how to proceed and which agencies will be involved. The LADO or representative will take responsibility for advising on all stages of personnel procedures.

The member of staff against whom the allegation has been made should not be informed of the allegation initially and the Headteacher/Designated Safeguarding Lead in consultation with the LADO/Area Safeguarding Advisor needs to ensure that pupils are protected and the alleged abuser not alerted to the allegation during the time which elapses before the pupil is interviewed jointly by the Police and specialist children's services. Confidentiality must be maintained. Specialist children's services may advise the school to take action in order to ensure the protection of the pupil and/ or employee or to safeguard the evidence, and this may result in the member of staff being suspended on full pay whilst the child protection and criminal investigations are conducted. Any suspension is regarded as a neutral act to safeguard the interests of all concerned and does not imply blame or punishment. Highsted's Code of Practice for Suspension of Staff can be found in the policy for 'Allegations of Abuse against Staff' and the 'Whistleblowing Policy and Procedure'.

If a decision is taken to initiate the Child Protection Procedure, the subsequent CP case conference centres on the needs of the pupil, although senior officers from the Education Department will normally attend to hear the information. CP investigations are seen as paramount and further action under disciplinary procedures may therefore have to await full completion of the CP and criminal investigations. The initial CP investigation will normally be completed within three weeks when specialist children's services will inform the Education Department of the outcome. If disciplinary action is considered, this will be with the advice of Area Personnel and procedures will follow those set out in Appendix 10 to Section 17 of the Personnel Manual.

Where allegations are unsubstantiated, the Headteacher has a duty to ensure that the member of staff is able to return to work smoothly and that s/he is supported appropriately, including taking action to try to prevent further allegations.

Whenever an allegation of abuse is made, consideration should be given to what support is needed for the school as a whole, both staff and pupils. All investigations must be handled sensitively, and independent support and counselling provided if required.

INDICATORS OF ABUSE

Appendix 1

This is a list of possible signs and symptoms which may be consistent with abuse; some children may exhibit one or more of these signs for other reasons.

PHYSICAL INJURY

Physical Indicators

Unexplained bruise/ welts/ lacerations/ abrasions:

- on face, lips, mouth
- on torso, back, buttocks, thighs
- in various stages of healing
- clustering, forming regular patterns
- reflecting shape of article used, e.g. belt, buckle, electrical flex
- on several different surface areas
- regularly appear after absence, weekend or holiday
- bite marks or fingernail marks
- bilateral bruised eyes
- finger tip bruising

Unexplained burns:

- cigar or cigarette burns, especially on soles of feet, buttocks, palms or back
- “immersion” burns, where hands, feet or body have been forcibly immersed in very hot water
- patterns like electric burner, iron, etc.
- rope burns on arms, legs, neck or torso

Unexplained fractures:

- to skull, nose, facial structure
- in various stages of healing
- multiple or spiral fractures

Behavioural Indicators

- flinching when approached or touched
- reluctance to change clothes for PE lessons
- wary of adult contacts
- difficult to comfort
- apprehension when other children cry
- crying/ irritability
- frightened of parents
- afraid to go home
- rebelliousness in adolescence
- reported injury caused by parents
- behavioural extremes - aggressiveness, withdrawal, impulsiveness
- regression to child-like behaviour
- frozen watchfulness
- apathy
- depression
- poor peer relationships

- panic in response to pain
- parents not leaving the side of an injured child

NEGLECT

Physical Indicators:

- consistent hunger
- poor hygiene
- inappropriate or inadequate dress
- consistent lack of supervision, especially in dangerous activities for long periods
- unattended physical problems or medical needs
- abandonment
- growth failure

Behavioural Indicators:

- begging
- stealing food
- constant fatigue
- poor relationship with parent/carer
- parents with mental health/ drug/ alcohol problems – which are chaotic
- frequent delays in collecting child
- poor attendance
- withdrawn

SEXUAL ABUSE

Physical Indicators

- difficulty in walking, sitting down
- stained or bloody underclothing
- pain or itching in genital area
- bruising, bleeding, injury to external genitalia, vaginal or/ and anal areas
- vaginal discharge
- bed-wetting
- excessive crying
- sickness
- pregnancy
- sexually transmitted infections/diseases

Behavioural Indicators

- inappropriate sexual behaviour or knowledge for the child's age
- promiscuity
- sudden changes in behaviour
- uncomfortable secrets
- self-harming behaviour
- running away from home
- wary of adults
- feeling different from other children
- unusual avoidance of touch
- reporting of assault
- substance abuse

- emotional withdrawal through lack of trust in adults
- over-compliance with requests of others
- frequent complaints of unexplained abdominal pains
- eating problems
- sleep disturbances
- poor peer relationships
- possessing money or “gifts” that cannot be accounted for
- inappropriately sexually explicit drawings or stories
- enuresis or soiling, especially at the end of the school day
- frequent non-attendance at school
- avoidance of school medicals

EMOTIONAL ABUSE

Physical Indicators

- failure to thrive
- delays in physical development or progress

Behavioural Indicators

- sucking, biting, rocking
- anti-social, destructive
- sleep disorders, inhibition of play
- compliant, passive, aggressive, demanding
- inappropriately adult or infant
- impairment of intellectual, emotional, social or behavioural development
- child is responsible for caring for other children/ parents
- parental behaviour:
 - i) constant scapegoating
 - ii) constant blaming, ridicule, criticism
 - iii) domestic violence
 - iv) addiction to drugs/ alcohol or involvement in deviant lifestyle
 - v) bizarre beliefs
 - vi) serious physical or psychiatric illness
 - vii) overly compliant or passive
 - viii) dominating or controlling behaviour
 - ix) fear, anxiety or despair

DEALING WITH DISCLOSURES

Appendix 2

- Reassure the pupil that it is right to tell, but do not make promises which cannot be kept, like “Everything will be all right now,” or “I will stay with you.” Do not promise confidentiality; explain that there is a duty to refer and to ensure that the child is safe. It is desirable to alleviate guilt if the pupil refers to it; for example by saying, “You’re not to blame,” or “You’re not alone; this kind of thing has happened to others.”
- Receive what is being said without displaying shock or disbelief and accept this. Do not interrogate for full details or ask leading questions, even such as “What did he do next?” as this would invalidate evidence in court. Allow the pupil to tell you what she wants to and no more. The pupil must be directed to write their own account.
- Do not shut up a child or probe the reluctant child.
- Questions
 - i) Keep them brief and open ended, such as “Anything else to tell me?”, “Yes?”, “And?”
 - ii) Do not ask leading questions or become an investigator
- Do not criticise, whether it be the perpetrator, family, friends or the pupil.
- Record the events carefully: make brief notes at the time and write them up as soon as possible. Do not destroy these original notes. Record the time, date, place, any noticeable non-verbal behaviour and the words used by the child as accurately as possible. Draw a diagram to record any mark preferably using the sheets for that purpose available from the Social Services. Ensure the record is factual rather than containing interpretations or assumptions. Sign and date the statement at the end. Any personal views that have been written down need to be clearly distinguished from facts by underlining them.
- Explain to the pupil what happens next and who has to be told. Try to make her feel secure.
- Inform the Social Services immediately. Use the green ‘Safeguarding Incident / Welfare Concern Form’ and attach all communication and written notes.
- Keep in contact with the pupil. Arrange a time to see them again.
- Support may be needed for staff involved: ensure you get this if you need it, even some weeks later.



SAFEGUARDING INCIDENT / WELFARE CONCERN FORM

Appendix 3

Student Name:	Click here to enter text.
Year Group and House:	Click here to enter text.
Name (including position) of person completing form:	Click here to enter text.
Date of the incident/concern:	Click here to enter text.
Full details of the incident/concern/initial actions taken:	
<p><i>continue on a separate sheet if necessary and attach all evidence of communication</i></p> <p>Click here to enter text.</p>	
Were there any witnesses?	
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
If yes, who?	
Click here to enter text.	
Signature:	Date form completed and referred to DSL:
Click here to enter text.	Click here to enter text.
DSL signature:	Date response initiated:
Click here to enter text.	Click here to enter text.

CHILD PROTECTION RESPONSIBILITIES

Appendix 4

Designated Safeguarding Lead: Frances Tiernan-Powell

Designated member of staff responsible for Looked after Children: Victoria Newton

Tier 1: Universal Needs

- Universal services
- No additional support beyond that which is universally available

Staff responsible: Head of House and Learning Mentor

Information sharing and record keeping: Records are kept on student file. Information is shared with relevant Assistant Headteacher.

Tier 2: Low to Vulnerable

- Requires additional support beyond which is universally available
- KFSF/EHN (after pre-assessment checklist has been completed)

Staff responsible: Head of House, Learning Mentor and Assistant Headteacher

Information sharing and record keeping: Records are kept with Learning Mentor and relevant Assistant Headteacher. Information is shared with Designated Safeguarding Lead.

Tier 3: High or Complex

- Need and risk requires specialist services
- KFSF/EHN or CAMHS if threshold for Social Services not met
- Referral to Children's Social Services if threshold met

Staff responsible: Assistant Headteacher (or Designated Safeguarding Lead if threshold met)

Information sharing and record keeping: Records kept with Assistant Headteacher. Information shared with Designated Safeguarding Lead and Headteacher. Referral made to Children's Social Services if threshold met.

Information sharing and record keeping (if referral made): Records kept securely with Designated Safeguarding Lead. Referral confirmed with relevant Assistant Headteacher. Information shared with Headteacher.

Tier 4: Complex and Acute

- Referral to Children's Social Services
- Need and risk require intensive specialist services

Staff responsible: Designated Safeguarding Lead

Information sharing and record keeping: Records kept securely with Designated Safeguarding Lead. Referral confirmed with relevant Assistant Headteacher. Information shared with Headteacher.

PEER ON PEER ABUSE

Appendix 5

Children and young people may be harmful to one another in a number of ways which would be classified as peer on peer abuse. (Read this in conjunction with our anti bullying policy.)

Verbal abuse should never be tolerated or passed off as banter or as part of growing up. While there is no intent to criminalise young people peer to peer abuse does form part of our safeguarding procedures.

Some forms of peer on peer abuse;

- Physical abuse e.g. (biting, hitting, kicking, hair pulling etc.)
- Sexually harmful behaviour/sexual abuse e.g. (inappropriate sexual language, touching, sexual assault etc.)
- Bullying (physical, name calling, homophobic etc.)
- Cyber bullying
- Youth produced sexual imagery- popularly known as 'Sexting'
- Prejudiced Behaviour
- Teenage relationship abuse

Teenage relationship abuse is defined as a pattern of actual or threatened acts of physical, sexual, and/or emotional abuse, perpetrated by an adolescent (between the ages of 13 and 18) against a current or former partner.

At Highsted we have set clear expectations through our Highsted Virtues and consequences for unacceptable behaviour in our Behaviour Policy, together with visible staff presence which have helped to establish an ethos of respect, friendship, courtesy and kindness.

Any peer on peer allegation must be referred to the Designated Safeguarding lead immediately. Where a concern regarding peer on peer abuse has been disclosed to the Designated Safeguarding lead advice and guidance will be sought from Children Social Services and where it is clear a crime has been committed or there is a risk of crime being committed the Police will be contacted. Working with external agencies there will usually be a response to the unacceptable behaviour, for example, if a pupil's behaviour negatively impacts on the safety and welfare of other pupils then safeguards will be put in place to promote the well-being of the pupils affected, the victim and perpetrator will be provided with appropriate support to prevent any reoccurrence of improper behaviour.