



St Herbert's RC Primary School

SAFEGUARDING PROCEDURES & GUIDELINES

Approved by Governors on: 08.11.23

Date to be reviewed: November 2024

Signed on behalf of the Governing Body: *P Devine (Chair)*

These procedures and guidance are provided to all staff and Governors of St Herbert's RC Primary School. The school's Safeguarding and Child Protection Policy should be read in conjunction with this document.

Abbreviations used in this document

DSL Designated Safeguarding Lead.

KSiE Keeping Children Safe in Education

Disclosure Procedures

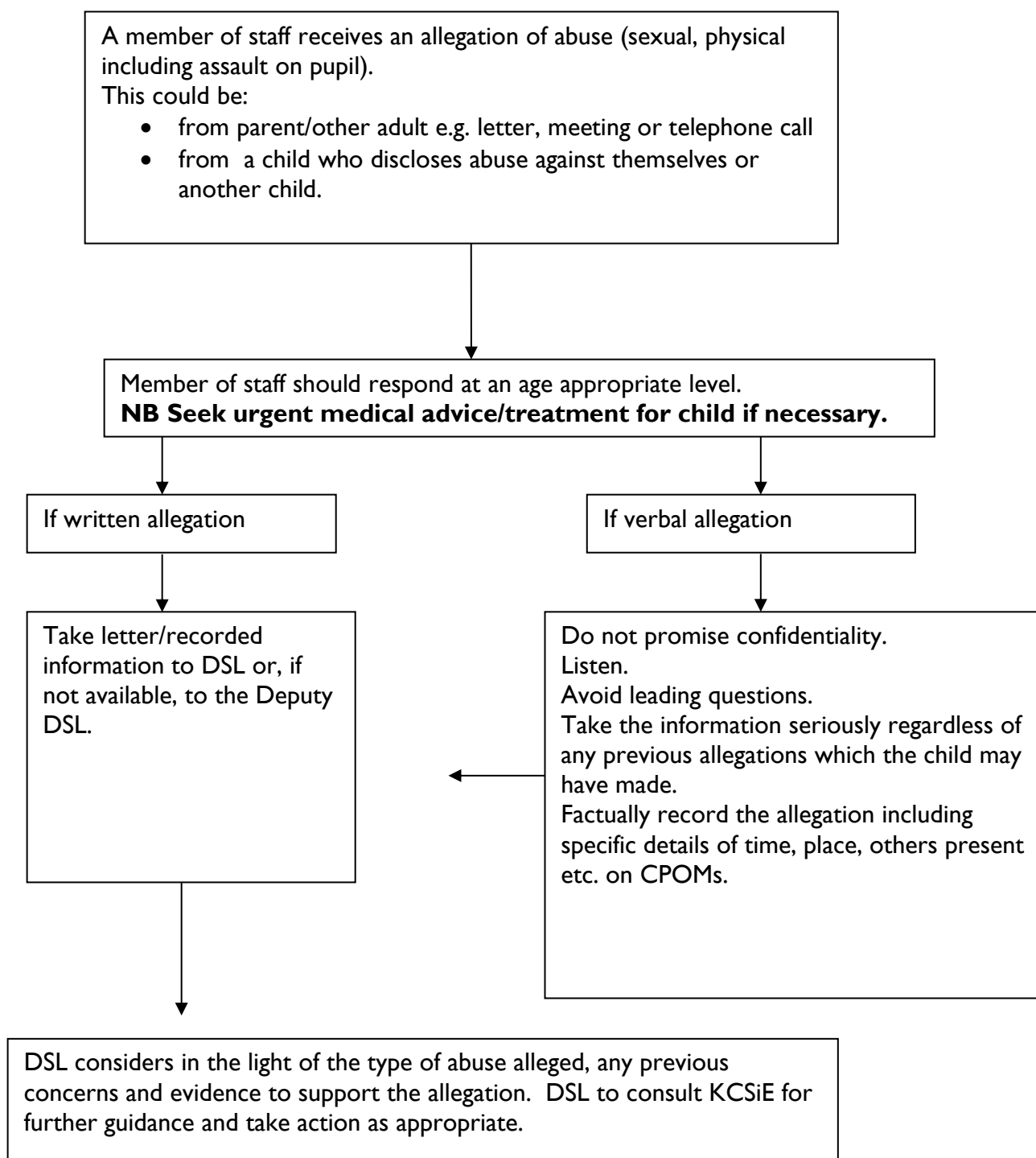
1. In cases of disclosure or abuse, by either children or adults, we are obliged to share the information with the DSL who will make referrals to Social Services without delay after speaking to the parents when it is necessary.
2. Monitor and record concerns using the CPOMs (online management system) incident form and alert the Designated Safeguarding Lead (DSL) by email (NB: inform the DSL immediately that a concern has been raised, by verbal communication, for serious incidents).

All referrals including referrals regarding radicalisation, must be kept confidential; staff will only discuss them with people with a legitimate need to know.

Procedures and Guidance:

Action to be taken by any staff on receiving an allegation/disclosure of abuse

The person to whom the child chooses to disclose should listen and record as below so that the child is not expected to repeat the information to a series of people.



School Child Protection Procedures.

In most cases, parents are informed about our concerns and intended course of action, with the exception of suspected neglect, emotional abuse, sexual abuse, multiple or organised abuse, or Fabricated Induced Illness.

The different forms of abuse that may precipitate a referral are:-

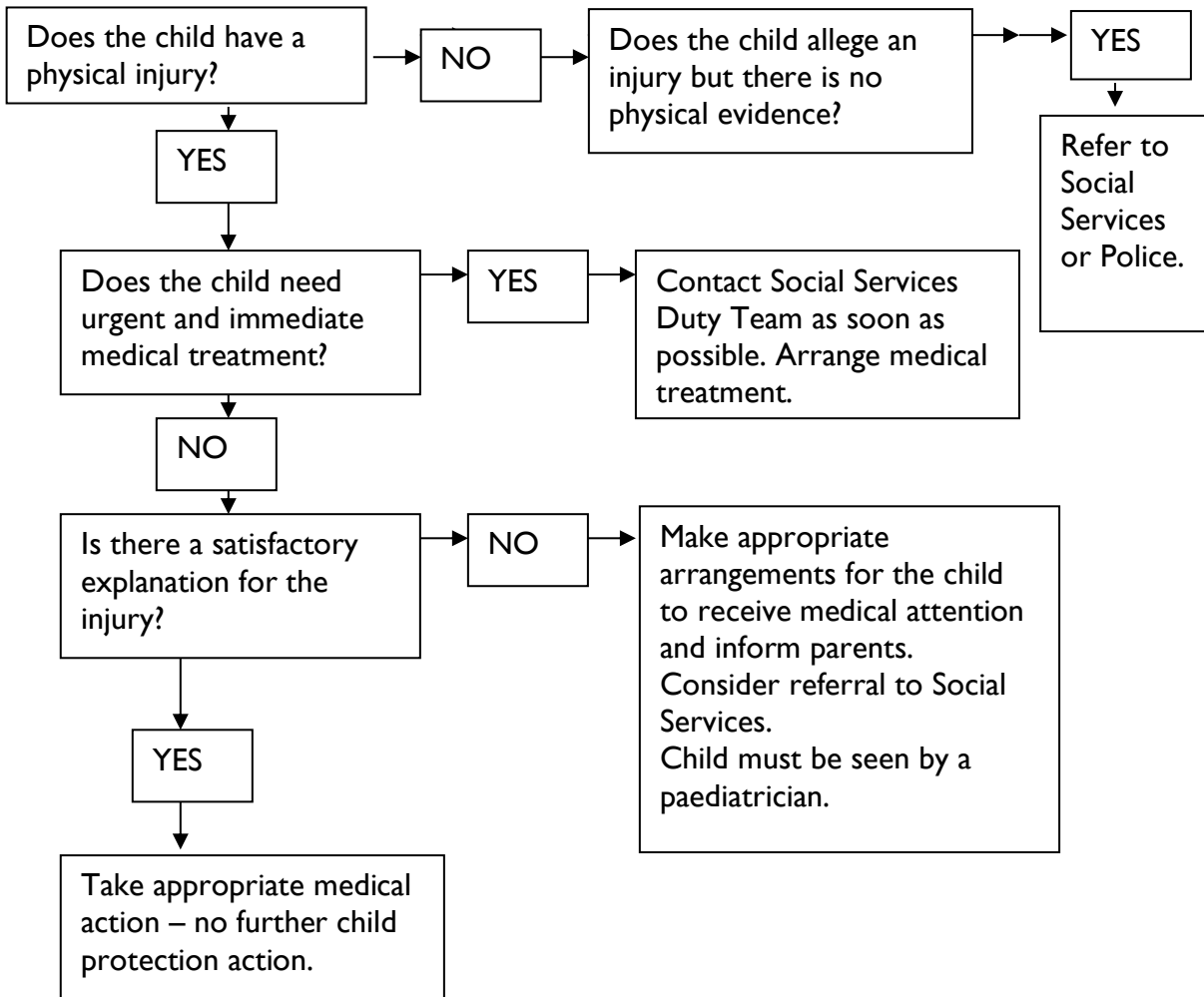
- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

Making a referral

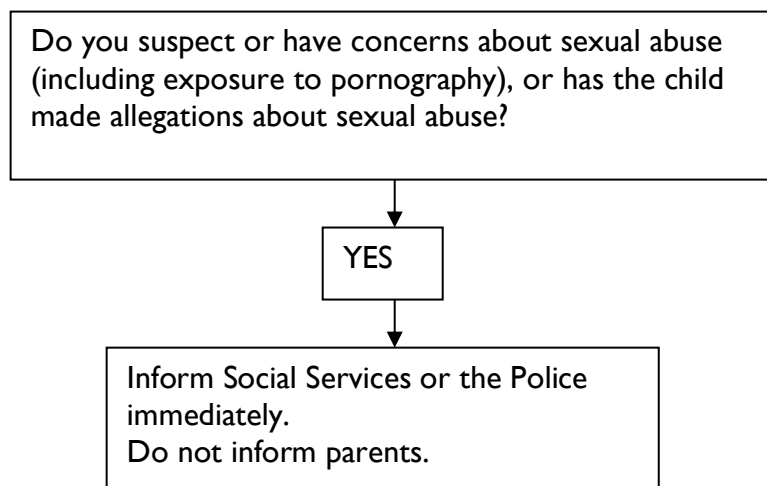
All staff should report any concerns about a child to the designated safeguarding lead/designated person. The designated safeguarding lead will then speak to the parents, as appropriate, and make the referral to the MASH (multi-agency safeguarding hub) team or the Police.

The procedures to be followed by the DSL after referral are as listed below:

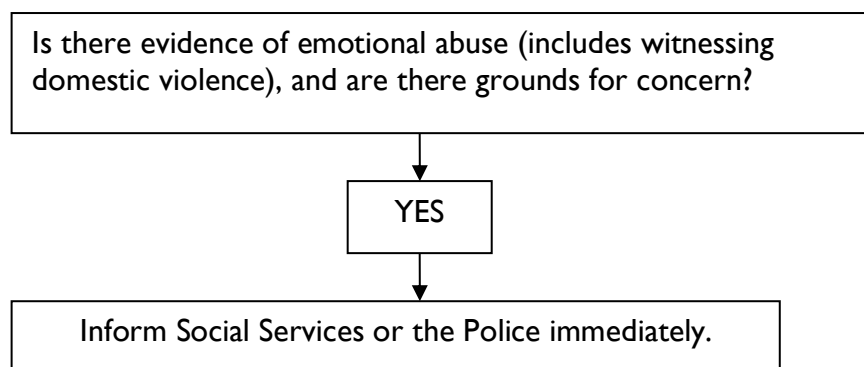
Physical Abuse



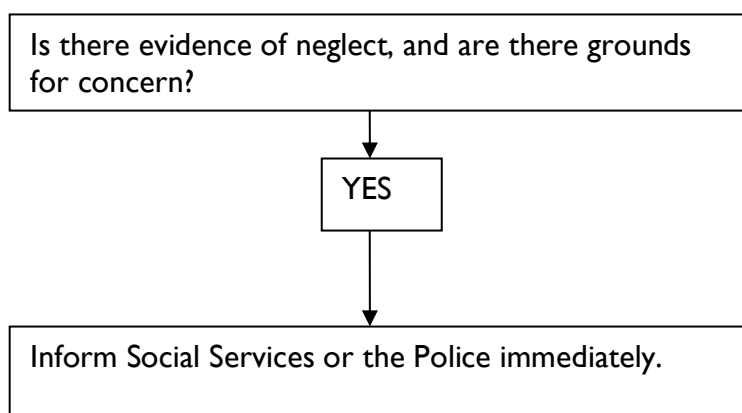
Sexual Abuse



Emotional Abuse



Neglect



In all cases make a written record of your observations and actions, using CPOMs.

Definition of Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

Definitions Of Neglect

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

Possible signs Of Neglect

- Undernourished
- Appearance (dirty, unkempt, poor health)
- Constant Hunger
- Poor hygiene
- Inappropriate dress
- Poor social relationships
- Untreated medical concerns or problems
- Tiredness
- Late and Non attendance (Children Missing in Education – see Pupil Attendance Policy)
- Withdrawn
- Constant scrounging or stealing
- Lack of physical, emotional, social, development (including speech)
- Obvious lack of parental concern
- Low Self Esteem
- Out of control behaviour
- Behaviour changes
- Inappropriate vocabulary
- Inappropriate knowledge and behaviour
- Vulnerability
- Emotional changes or expressions e.g. upset or angry
- Accidental injury (through lack of supervision)
- Expressionless
- Inappropriate roles – parent/child
- Inappropriate role play

Definition Of 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.

Possible Signs Of Physical Abuse

- Unexplained injuries or burns
- Refusal to discuss or explain injuries
- Injuries or illness not attended to or left to linger
- Excessive punishment
- Shrinking from physical contact
- Fear of returning home or parents being contacted
- Fear of undressing
- Fear of medical help
- Aggression or bullying
- Over compliant behaviour
- Running away
- Significant changes in behaviour
- Deterioration of work
- Unexplained absences which may hide bruises or injury

Signs of physical abuse can occur anywhere on the body. Bruising, bites, burns, scalds, breaks may all be signs. However, most injuries are not a result of child abuse. Yet, we know that this phenomenon exists and we need to be alerted to it. If a child has an injury, then we should tactfully and professionally try to find out why. An injury without plausible explanation is, in itself, a cause for concern. The following are only examples and staff must not automatically assume a child is being abused because they come into school with an injury as exemplified below. However, they should inform the designated safeguarding person of any injury which causes them concern

Skull

- Fracture
- Bruising or bleeding under the skin, (from shaking)

Eyes

- Bruising
- Black or discolouring (particularly both eyes)

Ears

- Pinch or slap marks
- Bruising
- Cuts or tears

Cheeks and Face

- Finger marks
- Cuts
- Bruising

Mouth

- Tearing
- Burst lips

- Tooth damage

Neck

- Bruising
- Finger marks/grasp marks

Shoulders

- Grasp marks
- Bruising
- Burn marks
- Friction burns

Back

- Grasp marks
- Bruising
- Burn marks
- Friction burns

Chest

- Grasp marks
- Bruising
- Burn marks
- Friction burns

Buttocks

- Linear bruising
- Bruising
- Burns
- Friction burns

Genitals

- Bruising
- Bleeding
- Cuts
- Marks

Knees

- Bruises
- Grasp marks

Non Accidental Injury

Bruises likely to be:

- Frequent
- Patterned (finger, thumb etc.)
- Old and new in same place
- In unusual position

Consider:

- The development level and age of the child and the activities he/she is involved in
- May be more difficult to see on darker skins

Burns and Scalds are likely to have:

- A clear outline
- Splash marks around the burned area
- Unusual position e.g. back of hand or torso
- Indicative shapes e.g. cigarette burns, bar of electric fire

Injuries may be suspicious if:

- They are bite marks
- Finger nail marks
- Large and deep scratches
- Incisions
- Large areas
- Unusual area
- Repeated injuries

Fractures are likely to be:

- Numerous (healed at different times)

Consider the age of the child. Always suspicious if under 2 years old or if there is a delay in seeking treatment

Remember, most injuries can be explained and children do injure themselves. It could well be accidental if an injury is:

- Rare
- Easily explained and the explanation is acceptable and credible
- Is age appropriate
- Is in a visible common place for injuries (e.g. a child playing football can have a burst nose, but a child playing football is unlikely to suffer a burn on the anal area)

Definition of Sexual Abuse

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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Possible Signs of Sexual Abuse

- Bruises, scratches, burns or bite marks

- Unexplained soreness
- Scratches, abrasions, infections (eg warts or Gonorrhoea, other sexually transmitted infections) and bleeding in or around the genital or anal area
- Pregnancy
- Inappropriate sexual awareness, knowledge or vocabulary
- Public Masturbation
- Attempts to teach other children sexual language or behaviour
- Refusing to go to certain places or with certain people, including fear of one gender
- Aggressiveness, anxiety, anger or distress
- Withdrawal from friends
- Withdrawal in general
- Sexual play or role play

Definition of 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.

Possible Signs Of Emotional Abuse

- Low Self esteem
- Self depreciation
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Self harm or mutilation
- Compulsive stealing or scrounging
- Drug or solvent abuse
- "Neurotic behaviour" – obsessive rocking or thumb sucking etc.
- Air or detachment or not caring type attitude
- Social isolation – not joining in, few friends etc.
- Desperate or attention seeking behaviour
- Eating problems – over eating or loss of appetite or weight loss
- Depression and withdrawal
- Talk of running away or suicide
- Talk or harming self – or others

Safeguarding Protocols and Procedures

1. Professional Standards for teachers and TAs

All staff are professionals and should refer to the professional standards which govern their employment. This is non-negotiable and the starting point for all expectations on staff in all their conduct and duties. The NAHT and Unison developed non-statutory standards for teaching assistants (TAs) and published them in June 2016. TAs will be expected to conduct themselves in line with these standards.

2. Isolation

Members of staff should avoid being on their own with a pupil. The concept of “Reasonable Professional Judgment” should apply. There may be some situations – an accident, a child confiding an allegation, a child not picked up after school or after football, etc. where an adult is alone with a child. However, staff should try to ensure they are not by themselves if reasonably possible.

3. First Aid

First aid should only be applied by members of staff with current qualifications. If a child needs first aid that entails intimate care, then unless it is an emergency, there should be more than one member of staff present.

Staff should receive appropriate training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

Advice on managing medicines is included in the statutory guidance on supporting pupils at school with medical conditions. In circumstances where a pupil needs medication regularly, this would usually be recorded in their individual healthcare plan. This provides details of the level and type of support a child needs to manage effectively their ongoing medical condition in school and should include information about the medicine to be administered, the correct dosage and storage requirements.

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This could include for example, the application of any ointment or sun cream, or use of inhalers or epi pens.

4. Physical Contact

Staff should avoid physical contact that could be deemed inappropriate. Staff must tactfully and sensitively discourage those who are overly affectionate and if this is a problem they must report it to the DSL. For further guidance see the government document about safe working practice. Infant staff may need to comfort a child who is distressed. This will be done in a caring and professional manner. Any concerns of a child displaying inappropriate behaviours towards staff will be monitored and recorded. Where a pupil has specific needs in respect of particularly challenging behaviour, a positive handling plan may be drawn up and agreed with parents.

5. Transport

All transport provided for children should be agreed in advance with parents/guardians. Staff must ensure that they have adequate insurance which covers business use before giving lifts. Staff should never provide transport for a single pupil unless there is another adult in the vehicle or it is an extreme emergency.

6. Toilets

Staff should never enter a children’s toilet room unless it is an emergency. Before entering, a knock and a verbal warning that someone is about to enter should be given, and an extra member of staff should also be there if possible.

In Foundation Stage, pupils should be encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable. When assistance is required, this should normally be undertaken by one member of staff in the open toilets. However, they should try to ensure that another

appropriate adult is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are visible and/or audible. Intimate or personal care procedures will not normally involve more than one member of staff unless the pupil's care plan specifies the reason for this.

7. Aggressive Conduct

If a teacher feels that their safety is likely to be compromised in a meeting with a parent or pupil due to an aggressive record, verbal abuse, rudeness and drugs or alcohol, for example, then that member of staff will be accompanied by a member of SLT. Any acts of aggression will not be tolerated and action will be taken which could include removal from the building and reporting to the Police. Any member of staff who feels their welfare may be compromised must not hesitate to report the fact.

8. Collection of Children

Children must only be collected from school by named adults on the personal data sheets (SIMs). If a different adult is collecting the child, the parents must inform school. Otherwise children must not be allowed to leave the premises. Children in the Foundation Stage and KSI must be collected by people over the age of 16 years.

Visitors to School including Extra-Curricular Procedures for Safeguarding Staff and Children

Procedures for extra-curricular activities.

Office to be staffed until 4:00pm. Senior member of staff to remain on premises until all children have been collected from after school activities – activities generally run from 3:15-4:15pm.

Risk assessments for all extra-curricular activities must be written by the adult running the activity and approved by the head teacher before the activity takes place.

Opening and closing school gates (Broadway)

Site manager to open gates at 8:35am

Site manager to lock gates at 8:55am

Site manager to open gates at 3:05pm.

Site manager to lock gates at 3:25pm

Vigilance required to check for strangers.

For after school clubs: parents to access the playground via Edward St entrance.

Site manager to have St Herbert's branded clothes, and lanyard to make sure that visitors know he is a member of staff.

Off-site Activities

Evolve forms and risk assessments must be completed: activities within LA – one week prior to the event; activities outside of the LA – one month prior to the event.

A minimum of 2 adults (DBS checked adult volunteers included as well as staff) must be present with mobile phones and first aid kits. Personal mobile phones will only be used in the event of an emergency.

Each activity must have a digital file prepared (PDF document on iPad), with a register containing pupil details including name, class and medical conditions.

Any child with medical needs e.g. asthma, should have their medication with them.

Activities/Tournaments in School

All adults must sign in to enter the premises.

Visitors to School Procedure

See Visitor Policy.

Past Pupils Visiting School

Past pupils will always be welcome in our school (restricted at under certain circumstances eg: pandemic restrictions). The following procedure is in place to keep pupils and staff safe.

- Past pupils are expected to sign in and out of the Entry-Sign digital system at the office like any other visitor, if they enter the premises.
- Visits will take place in an open, public area such as the entrance hall or with other members of staff.
- Any past pupils visiting members of staff should not be alone in school.
- Visits of this nature will be expected to be immediately before or after school and will be completed before school starts or by 4:00pm.
- If a child contacts a member of staff by email directly rather than the office, the member of staff should inform the head teacher before agreeing the meeting and then adding to the online calendar.

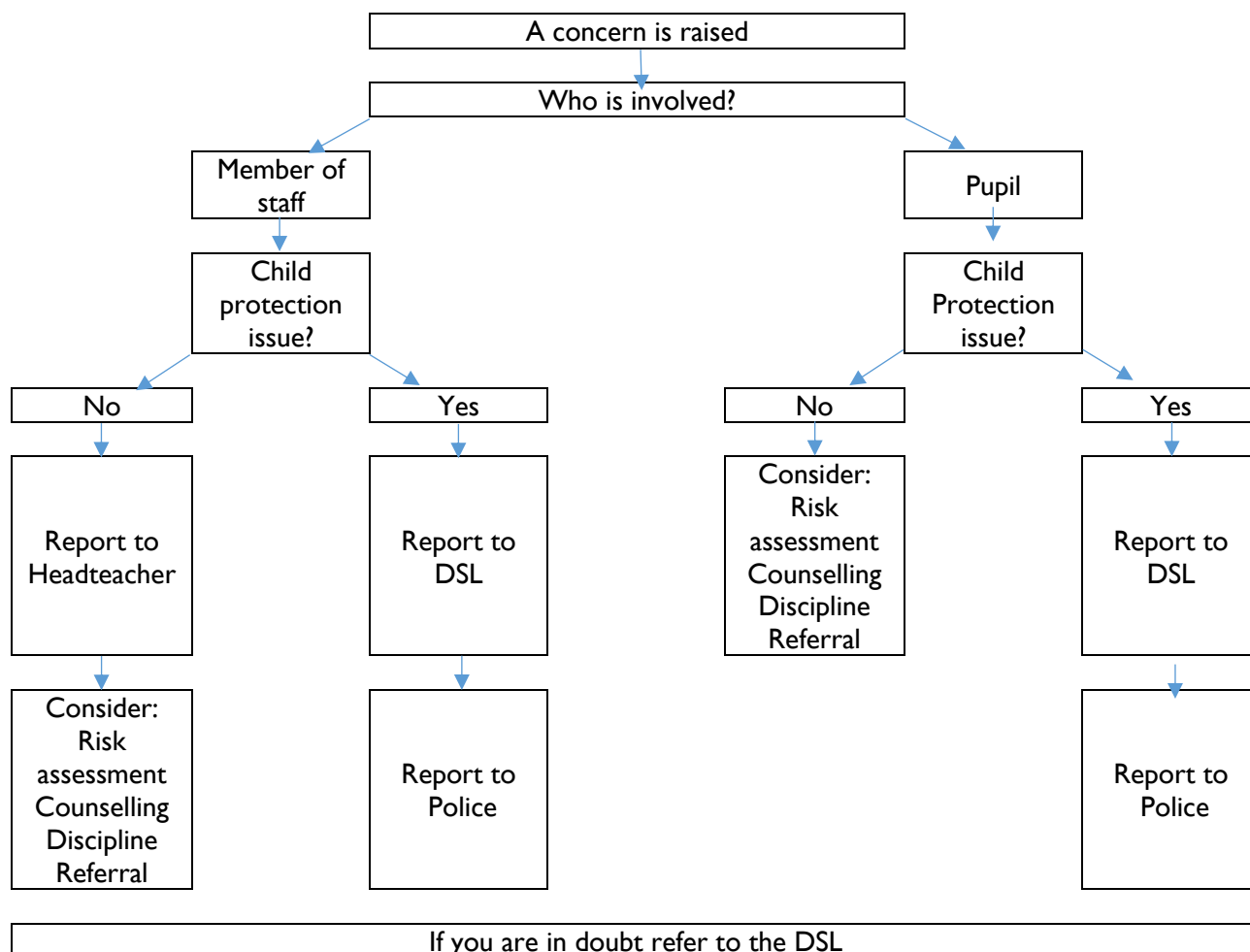
E-safety Procedures

Online monitoring and filtering

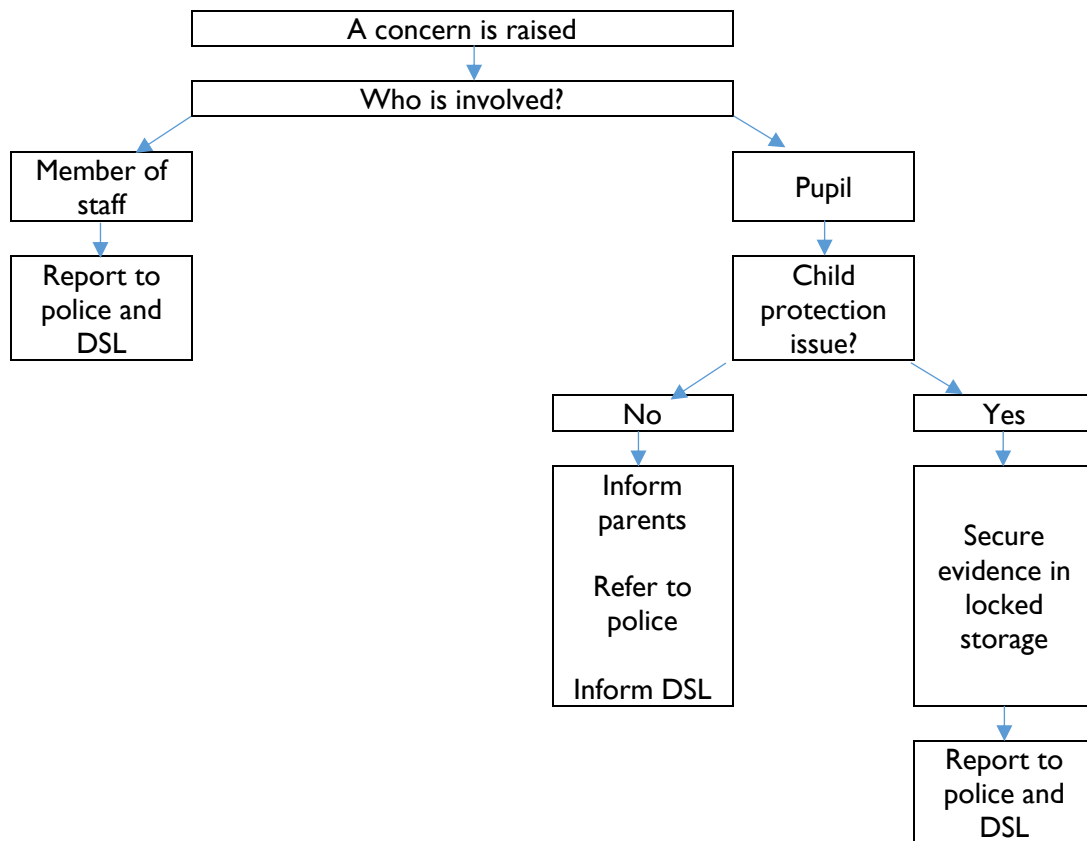
In order to safeguard all pupils and staff, all school owned devices are enrolled into a web content filtering and monitoring system that continually filters and monitors the internet traffic, wherever the device is connected to the internet.

Our alert system is an at-risk student identification solution that monitors and analyses online activity for signs of self-harm, violence and bullying. Key personnel are alerted to concerning on-line activity, and this allows us to focus efforts on early intervention and take a pro-active approach to student safety.

Inappropriate Activity Flowchart



Illegal Activity Flowchart



Note:
Never investigate
Never share your concern with other staff members (except the DSL)
Do not let others handle evidence – Police only

Radicalisation Flowchart

