



MANCHESTER
MUSLIM
PREPARATORY
SCHOOL

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Safeguarding & Child Protection Policy

Document Control

This policy has been approved for operation within	Manchester Muslim Preparatory School
Date of last review	August 2020
Date of next review	Summer 2021
Review period	Yearly
Policy status	Statutory
Owner	MMPS

This policy will be reviewed at annually unless an incident or new legislation or guidance suggests the need for an interim review

Ratification by Governing Body

Academic year	Date of ratification	Chair of Trust
2020-2021	September 2020	Zaheer Farroukh

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Safeguarding and Child Protection

Manchester Muslim Preparatory School (MMPS)

The Head Teacher, D. Ghafari, is the Designated Safeguarding Lead (DSL) with ultimate responsibility for safeguarding. In her absence, the authorised member of staff is N. Mian Deputy Head Teacher and Deputy DSL.

If both of the above are not available, advice can be sought from R. Osman. On the very rare occasion, if no DSL is available in school please, contact M. Mohamed, Executive Head Teacher, or make an urgent referral to Manchester Safeguarding Partnership (MSP) or the Police.

The Designated Safeguarding Team

Name	Role		Location and/or Contact Phone Number
D. Ghafari-Kanno	Head Teacher	DSL	Head Teacher Office 0161 445 54 52
N. Mian	Deputy Head Teacher	Deputy DSL	Deputy Head Teacher Office 0161 445 54 52
R. Osman	EYFS Coordinator	DSL	Nursery 0161 445 54 52
Mona Mohamed	Executive Head Teacher	DSL	MMPS Head Teacher Office or MIGSG 0161 881 2127

Summary of our procedure if there is a concern about child welfare or safeguarding is:

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All staff receive relevant safeguarding training and any concerns or referrals should be made to the school designated safeguarding team (details in policy) by recording a concern in writing on the 'Safeguarding Forms' (located in the staff room) and handing them to the DSL. If an urgent referral needs to be made, this can be done by any member of staff to any of the following agencies. The school safeguarding team should be informed of any referrals made.

Manchester Advice and Guidance Service (specialist social care/early help staff): **0161 234 5001**

Early Help Hubs: North 0161 234 1973, Central 0161 234 1975, South 0161 234 1977

National Society for the Prevention of Cruelty to Children (NSPCC): 0800 800 5000

Local Authority (LA) Safeguarding in Education Team: 0161 245 7171

Named Trustee for Safeguarding & Prevent	Contact Email/Phone
Zaheer Farroukh	Via –Trust Manager Mr Zahid Hafeez f.zaheer@miet.uk

At Manchester Muslim Preparatory School (MMPS) we are committed to safeguarding children and young people and we expect everyone who works in our school to share this commitment. Adults in our school take all welfare concerns seriously and encourage children and young people to talk to them about anything that worries them. We will always act in the best interest of the child.

If staff or volunteers wish to raise a concern about poor or unsafe practice and potential failures in our safeguarding procedures -internally or externally- they can follow procedures set out in the MMPS Whistleblowing Policy, available in the staff room and in the Staff Shared Drive.

- Any concerns, referrals or allegations regarding staff, including supply teachers, volunteers or visitors, should be made to the DSL or another member of the Safeguarding Team. All details for whistleblowing are in the policy and can be found here too.
- **Advice Line: NSPCC Whistleblowing Helpline: 0800 028 0285.**

Our procedure, if there is an allegation that an adult has harmed a child, or that a child is at risk from a named adult is:

Any concerns, referrals or allegations regarding an adult should be made directly to the DSL, the Head Teacher; if it is regarding the Head Teacher they should be made to the Executive Head Teacher or the chairman of Trustees for safeguarding, Mr Zaheer Farroukh (details above) or directly the local authority designated officer.

- **Manchester LA Designated Officer 0161 234 1214.**

Key External Contact Details

MCC Designated Officers	0161 234 1214 Quality.assurance@manchester.gcsx.gov.uk
Manchester Contact Centre	0161 234 5001 (24 hrs; 7 days a week) mcsreply@manchester.gov.uk
Support and Advice about Extremism	<p>Police Channel Team GMP CTU 0161 856 6362 channel.project@gmp.police.uk</p> <p>Prevent Emergency: 999 or Confidential anti-terrorist hotline: 0800 789 321</p> <p>Non-Emergency number: 101 Channel.project@gmp.police.uk</p> <p>Local Authority Prevent Team 0161 234 1489 s.butt@manchester.gov.uk</p> <p>Prevent Lead: Samiya Butt</p> <p>Department for Education Non-Emergency Number: 020 7340 7264 Email:counter.extremism@education.gsi.gov.uk</p>
NSPCC Whistleblowing advice line	Address: Weston House, 42 Curtain Road London EC2A 3NH Tel: 0800 028 0285 help@nspcc.org.uk
Disclosure and Barring Service	Address: PO Box 181, Darlington, DL1 9FA 01325 953795 dbsdipatch@db.s.gsi.gov.uk
National College for Teaching and Leadership	Address: 53 – 55 Butts Road, Earlsdon Park, Coventry, CV1 3BH 0207 593 5393 misconduct.teacher@education.gov.uk
OFSTED Safeguarding Children	Tel: 0300 123 4666 (Monday to Friday from 8am to 6pm) Email: Whistleblowing@ofsted.gov.uk

Important additional contact information

Local Authority Children’s Social Care:	<i>Pupils at MMPS attend from different local authorities; referrals should be made to the relevant authorities.</i>
Manchester: Social Care Advice & Guidance Service	0161 234 5001
Oldham	0161 770 3790
Rochdale	0845 226 5570
Stockport	0161 217 6028
Tameside	0161 342 4150
Trafford	0161 912 5125
MCC Safeguarding in Education Team	0161 245 7171
Early Help Hubs	North: 0161 234 1973 Central: 0161 234 1975 South: 0161 234 1977
Complex Safeguarding Hub Advice Line	0161 226 4196
Police	101 (non-emergency, 999 (emergency))
Prevent and counter-extremism	Helplines for non-emergency advice on religious and political extremism
Department for Education 020 7340 7264	Police 101 counter-extremism@education.gsi.gov.uk
Additional numbers	
Manchester Family Information Service	0800 083 7921
Childline	0800 1111
NSPCC 24/7 Helpline	0808 083 7921
Barnardo’s	0800 942 8787
NSPCC FGM Helpline	0800 028 3550
NSPCC Whistleblowing Helpline	0800 028 0285
National Bullying Helpline	0845 028 0285

Key School Contact Details for Safeguarding.

For the purpose of this policy, the following individuals are the relevant post holders.

- **Chair of Trustees:** Mr Zaheer Farroukh f.zaheer@miet.uk
- **Lead Trustee with responsibility for Safeguarding, Child Protection and Prevent:**
Mr Zaheer Farroukh f.zaheer@miet.uk
Trust Administrative Manager: Mr Zahid Hafeez: 0161 860 7575; z.hafeez@miet.org.uk
- **Head Teacher, Designated Safeguarding Lead (DSL):**
Doris Ghafari-Kanno: 0161 445 54 52; d.ghafari@mmmps.miet.uk
- **Deputy Head Teacher, Mental Health Lead, Deputy Safeguarding Lead (DDSL):**
Nasreen Mian; 0161 445 54 52; n.mian@mmmps.miet.uk
- **EYFS Coordinator, Designated Safeguarding Lead (DSL):**
Rafifah Osman: 0161 445 54 52; r.osman@mmmps.miet.uk

- **Executive Head Teacher, Designated Safeguarding Lead (DSL):**

Mona Mohamed: 0161 445 54 52 or 0161 881 21 27 executive.head@mmmps.miet.uk

This policy is in two parts:

- ❖ Part one: Safeguarding information for all staff
- ❖ Part two: The management of safeguarding

What it replaces

This guidance replaces previous statutory documents.

It should be read alongside statutory guidance Working Together to Safeguard Children (2018) and Keeping Children Safe in Education (KCSIE) September 2020

All staff must have read:

- Keeping Children Safe in Education (2020) [Part One]; and school leaders and staff that work directly with children should also read Annex A
- Staff Code of Conduct
- Safeguarding and Child Protection Policy
- School's Behaviour Policy *including Covid-19 Addendum*
- School Attendance Policy *including Covid-19 Addendum*

This policy will be reviewed regularly (annually), and may be revised and updated as and when the need arises.

This policy is relevant for all members of staff including the ranges of people who will refer to the policy are:

Teaching, non-teaching, supply, ancillary and lunch time staff, parent helpers, volunteers, all adults from outside the school who have close contact with pupils (mentors, EWOs, support teachers) as well as young people in the setting.

All external visitors including Trustees, supply teachers, volunteers, contractors and speakers will be made aware of the information contained within our safeguarding policy and their responsibility to comply with it through abiding by and signing the MMPS Visitors' Protocol.

Links with other Policies

This Safeguarding and Child Protection Policy has obvious links with the wider safeguarding agenda. When reviewing this policy, links will be made with other relevant guidelines and procedures such as:

- ❖ Admission
- ❖ Attendance
- ❖ Whistleblowing
- ❖ Anti-Bullying Policy
- ❖ Positive Behaviour Policy
- ❖ Equality
- ❖ Health and Safety
- ❖ PSHE (Personal, Social and Health Education)
- ❖ Safer Recruitment
- ❖ Mobile Phone Policy

INTRODUCTION

The Islamic Context

The model for human behaviour and interaction has been given to us by Islam and the Prophet Muhammad (peace be upon him).

In the Qur'an (the holy book in Islam) the Almighty Lord has stated:

"The (faithful) servants of the Beneficent are those who walk upon the earth modestly." (Al Furqaan 25:63).

The following are some of the Hadeeth (narrations) of the Prophet (PBUH):

" (On the Day of Resurrection) there will be nothing heavier in the scale than good character (and polite manners)."

"I have been sent (by the Lord, as a Messenger) for the perfection of human conduct."

"The true believer is one from whom people are safe with their lives and wealth."

"He is not from amongst us who doesn't show respect to his elders and does not show affection towards his youngsters."

"Show mercy (be kind) to those on earth and He who is in the heavens will have mercy upon you."

Part one: Safeguarding information for all staff

Safeguarding and child protection is everyone's responsibility. This policy applies to all adults in our school, including regular staff, supply staff, volunteers, visitors and trustees in the school and is consistent with the procedures of the three local safeguarding partners.

Our policy and procedures also apply to extended school and off-site activities.

Everyone should be aware that safeguarding incidents can happen at any time and in any location and are duly required to be alert to any possible concerns.

All staff are expected to read and understand all aspects of this policy. 'The DSL will ensure that mechanisms are in place to assist staff to understand and discharge their role and responsibilities as set out in Part One of this guidance'.

By adopting the approach 'it could happen here', we believe our increased vigilance will help to keep our pupils safe.

Everyone who comes into contact with children has a role to play in identifying safeguarding concerns, sharing information and taking prompt action when necessary.

1. Safeguarding is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's mental health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes
Keeping Children Safe in Education (KCSIE); September 2020

Child Protection is part of this definition and refers to activities undertaken to prevent children suffering or being likely to suffer, significant harm.

Abuse is a form of maltreatment of a child, and may involve inflicting harm or failing to act to prevent harm.

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.

see **DEFINITIONS, SIGNS AND SYMPTOMS OF ABUSE**

Children includes everyone under the age of 18.

The following safeguarding partners are identified in Keeping Children Safe in Education. 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)
- A clinical commissioning group for an area within the LA
- The chief of police for a police area in the LA area

1.1 *MMPS is committed to safeguarding and promoting the welfare of all its pupils. We believe that:*

- All pupils have the right to be protected from harm;
- Pupils need to be safe and to feel safe in school;
- Pupils need support which matches their individual needs, including those who may have experienced abuse;
- All pupils have the right to speak freely and voice their values and beliefs;
- All pupils must be encouraged to respect each other's values and support each other;
- All pupils have the right to be supported to meet their emotional, and social needs as well as their educational needs – a happy, physically- and mentally healthy sociable pupils will achieve better educationally;
- Schools can and do contribute to the prevention of abuse, victimisation, bullying, exploitation, extreme behaviours, discriminatory views and risk-taking behaviours;
- All regular staff, supply staff, volunteers and visitors have an important role to play in safeguarding pupils and protecting them from abuse.

1.2 *MMPS will fulfil their local and national responsibilities and this policy is based on the Department for Education's statutory guidance [Keeping Children Safe in Education \(2020\)](#) and [Working Together to Safeguard Children \(2018\)](#), and the [Governance Handbook](#). We comply with this guidance and the arrangements agreed and published by our 3 local safeguarding partners.*

This policy is also based on the following legislation:

- Part 3 of the schedule to the [Education \(Independent School Standards\) Regulations 2014](#), which places a duty on academies and independent schools to safeguard and promote the welfare of pupils at the school
- [The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children
- Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the [Serious Crime Act 2015](#), which places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18
- [Statutory guidance on FGM](#), which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM
- [The Rehabilitation of Offenders Act 1974](#), which outlines when people with criminal convictions can work with children
- Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](#), which defines what 'regulated activity' is in relation to children
- [Statutory guidance on the Prevent duty](#), which explains schools' duties under the Counter-Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism
- The [Childcare \(Disqualification\) and Childcare \(Early Years Provision Free of Charge\) \(Extended Entitlement\) \(Amendment\) Regulations 2018](#) (referred to in this policy as the

“2018 Childcare Disqualification Regulations”) and [Childcare Act 2006](#), which set out who is disqualified from working with children

- This policy also meets requirements relating to safeguarding and welfare in the [statutory framework for the Early Years Foundation Stage](#)

This policy is regularly reviewed and we are responsive to new guidance and legislation and to promoting the safety of our staff and pupils in crisis situations, including Covid-19.

Addenda or appendices may be added during periods of crisis to reflect changes and circumstances.

2. OVERALL AIMS

2.1 *MMPS aims to ensure that:*

- Appropriate action is taken in a timely manner to safeguard and promote pupils’ welfare
- All staff are aware of their statutory responsibilities with respect to safeguarding
- Staff are properly training in recognising and reporting safeguarding issues

This policy will contribute to safeguarding our pupils and promoting their welfare by:

- Ensuring that pupils feel safe, secure and listened to
- Clarifying standards of behaviour for staff and pupils;
- Ensuring staff understand in ‘exceptional circumstances’ they may report concerns directly to MSP
- Contributing to the establishment of a safe, resilient and robust ethos in the school, built on mutual respect, and shared values
- Introducing appropriate work within the curriculum;
- Alerting staff to the signs and indicators that all might not be well;
- Developing staff awareness of the causes of abuse;
- Developing staff’s awareness of the risks and vulnerabilities their pupils face, and encourage them to talk about concerns
- Addressing concerns at the earliest possible stage;
- Reducing the potential risks pupils face of being exposed to violence, extremism, exploitation, or victimization
- Ensuring that pupils who have been abused or are at risk of abuse are supported.

2.2 **The role of the school staff**

- The *Teachers’ Standards 2012* state that teachers, including Head Teachers, should safeguard children’s wellbeing and maintain public trust in the teaching profession as part of their professional duties.
- All school and staff have a responsibility to identify pupils who may be in need of extra help or who are suffering, or are likely to suffer, significant harm. All staff then have a responsibility to take appropriate action, working with other services as needed.
- In addition to working with the designated safeguarding lead staff members should be aware that they may be asked to support social workers to take decisions about individual pupils.
- To be able to differentiate between a ‘concern’ and ‘immediate danger’ or ‘at risk of harm’.

2.3 **All staff will:**

- Read and understand part 1 and Annex A of the Department for Education's statutory safeguarding guidance, Keeping Children Safe in Education, and review this guidance at least annually.
- Be familiar with our systems which support safeguarding, including this child protection and safeguarding policy, the staff code of conduct, the role and identity of the Designated Safeguarding Lead (DSL) and Deputy DSL, the behaviour policy (including Covid-19 Addendum), and the safeguarding response to children who go missing from education
- Be aware of the early help process (sometimes known as the common assessment framework) and their role in it, including identifying emerging problems, liaising with the DSL, and sharing information with other professionals to support early identification and assessment
- Be aware of the process for making referrals to local authority children's social care and for statutory assessments that may follow a referral, including the role they might be expected to play
- Be aware of what to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, including specific issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals
- Be aware of the signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child sexual exploitation (CSE), indicators of being at risk from or involved with serious violent crime, FGM and radicalisation
- Be subject to Safer Recruitment processes and checks, whether they are new staff, supply staff, contractors, volunteers etc.
- Be involved in the implementation of individual education programmes, integrated support plans, child in need plans and interagency child protection plans;
- Be alert to signs and indicators of possible abuse
- Record concerns and give the record to the Designated Safeguarding Lead (**D. Ghafari**)
- Deal with a disclosure of abuse from a pupil in line with the guidance

→ Annex 3

3. WHAT SCHOOL STAFF NEED TO KNOW

- All staff members should be aware of systems within our school which support safeguarding and these will be explained to them as part of staff induction. This includes: the school's safeguarding policy; the school's Code of Conduct; the school's Whistleblowing Policy and the Designated Safeguarding Leads.
- All staff members will undertake safeguarding and child protection refresher training at least once a year to ensure they understand the school's safeguarding systems and their responsibilities and can identify signs of possible abuse, neglect, complex safeguarding concerns and key Local Authority approaches, including Early Help, Signs of Safety and Safe & Together. Training will be regularly updated and in line with advice from the 3 safeguarding partners.
- All staff will have training on the government's anti-radicalisation strategy, Prevent, to enable them to identify children at risk of being drawn into terrorism and to challenge extremist ideas.
- All staff must be aware of specific vulnerabilities of some children, including those with poor attendance and those with a Social Worker
- Staff will receive regular safeguarding updates through staff meetings and emails.

- Key staff will undertake level two and level three training as agreed by the Trustees and when required.
- New staff will receive training as part of their induction period.

The key training elements are:

- Induction Training – this is mandatory and should include:
 - the Child Protection Policy, *including mental health and wellbeing*
 - the Positive Behaviour Policy;
 - the Staff Code of Conduct;
 - Whistleblowing Procedures
 - the safeguarding response to children who go missing from education; and
 - the role of the designated safeguarding lead, including the identity of the designated safeguarding lead and any deputies (see KCSIE, 2020).
- DSLs – attend training at least every two years; and in addition to formal training, their knowledge and skills should be refreshed at regular intervals through e-bulletins and meeting other DSLs; they will also undertake Prevent awareness training
- All other staff – will receive regular safeguarding and child protection updates as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.
- All new staff and regular volunteers will receive appropriate safeguarding information during induction and be made aware of the systems with school
- All staff must ensure that they have read and understood KCSIE (2020) Part One and staff working directly with children should also read Annex A
- All staff need to understand the impact mental health problems may have on all aspects of safeguarding, including the relevance of Adverse Childhood Experiences (ACEs)
- Safer Recruitment training is available to all relevant staff and trustees who are involved in the recruitment process.

4. ADVICE TO STAFF Staff must adopt the following procedures but it is understood that where it may not be possible to implement them for various reasons, professional judgment will be necessary.

One to one situations

- (a) If speaking privately to a pupil use an area where other staff/ pupils can see you. Report discussion to relevant members of staff.
- (b) It is recognised that in our Islamic environment, consoling pupils may require a reassuring arm on the shoulder but try to avoid excessive familiarity with pupils.

Transporting of pupils

- (a) Staff must have fully comprehensive insurance. (Business)
- (b) Think carefully about the implication of transporting an individual in your car.
- (c) All passengers must wear seat belts.
- (d) Never overload the car.

Addressing of Staff

- (a) Never allow pupils to address you by your forename alone.
- (b) Never give your home telephone number/mobile to pupils who may wish to discuss problems with you.
- (c) In some activities in/out of MMPS it may be necessary to pass on a mobile number

- i.e. sporting activities, exchange visits, trips etc.
- (d) If pupils contact you via social media private messaging about a school issue, encourage them to email your school email and report to relevant members of staff.

Compromising situations

If a member of staff feels that he/she has placed himself/herself in a compromising situation then an immediate discussion should take place with the DSL, the Head Teacher.

5. SAFEGUARDING AND CHILD PROTECTION AWARENESS

All staff must sign a confirmation of receipt form to declare they have been made aware of this policy and they fully understood their safeguarding duties.

6. WHAT SCHOOL STAFF SHOULD LOOK OUT FOR

- 6.1. All staff members should be aware of the signs of abuse and neglect so that they are able to identify cases of pupils who may be in need of help or protection
- 6.2 Staff members working with pupils are advised to maintain an attitude of *'it could happen here'* where safeguarding is concerned. When concerned about the welfare of pupil, staff members should always act in the interests of the pupil.
- 6.3 There are various expert sources of advice on the signs of abuse and neglect. Manchester Safeguarding Partnership (MSP) should be able to advice on useful material, including training options. One good source of advice is provided on the NSPCC website. Types of abuse and neglect, and examples of specific safeguarding issues, are described below.
- 6.4 Knowing what to look for is vital to the early identification of abuse and neglect. If staff members are unsure, they should always speak to the DSL.

DEFINITIONS, SIGNS AND SYMPTOMS OF ABUSE

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. They may be abused by an adult or adults or another child or children. Children may be abused in a family or in an institutional community setting by those known to them, or more rarely, by others, for example, via the internet. Some of the main forms of child abuse are set out below but staff should be aware that abuse, neglect and safeguarding issues are rarely stand-alone events that can be covered by one definition.

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.

Signs / Indicators in the Pupil

*The following signs may or may not be indicators that abuse has taken place. The lists are not exhaustive and the categories are not mutually exclusive. There will often be overlap. Consequently, any person with responsibilities under this policy **MUST** share their concerns with the Designated Safeguarding Lead.*

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechial haemorrhages (pinpoint blood spots under the skin), commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits

- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child. A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Emotional/behavioural presentation

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school

An explanation which is inconsistent with an injury

Several different explanations provided for an injury

Signs/Indicators in the parent

May have injuries themselves that suggest domestic violence

Not seeking medical help/unexplained delay in seeking treatment

Reluctant to give information or mention previous injuries

Absent without good reason when their child is presented for treatment

Disinterested or undisturbed by accident or injury
Aggressive towards child or others
Unauthorized attempts to administer medication
Tries to draw the child into their own illness.
Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
Observed to be intensely involved with their children, never taking a much-needed break nor allowing anyone else to undertake their child's care.
May appear unusually concerned about the results of investigations which may indicate physical illness in the child
Wider parenting difficulties may (or may not) be associated with this form of abuse.
Parent/carer has convictions for violent crimes.

Signs/Indicators in the family/environment

Marginalised or isolated by the community
History of mental health, alcohol or drug misuse or domestic violence
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Peer on Peer abuse - abuse is abuse and should never be tolerated or passed off as "banter" or "part of growing up." In forms of bullying or abuse should be dealt with adequately and the DSL should be informed through the school disclosure procedure of any peer on peer abuse.

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.

Signs/ Indicators in the pupil

Developmental delay
Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
Aggressive behaviour towards others
Child scapegoated within the family
Frozen watchfulness, particularly in pre-school children
Low self-esteem and lack of confidence

Withdrawn or seen as a 'loner' - difficulty relating to others
Over-reaction to mistakes
Fear of new situations
Inappropriate emotional responses to painful situations
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
Self-harm
Fear of parents being contacted
Extremes of passivity or aggression
Drug/solvent abuse
Chronic running away
Compulsive stealing
Low self-esteem
Air of detachment – 'don't care' attitude
Social isolation – does not join in and has few friends
Depression, withdrawal
Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
Low self-esteem, lack of confidence, fearful, distressed, anxious
Poor peer relationships including withdrawn or isolated behaviour

Signs / Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
Abnormal attachment to child e.g. overly anxious or disinterest in the child
Scapegoats one child in the family
Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
Wider parenting difficulties may (or may not) be associated with this form of abuse.

Signs / Indicators of in the family/environment

Lack of support from family or social network.
Marginalised or isolated by the community.
History of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgeries in parents and/or siblings of the family
Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

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.

Signs/ Indicators in the pupil

Physical presentation

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

Swollen limbs with sores that are slow to heal, usually associated with cold injury

Abnormal voracious appetite

Dry, sparse hair

Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea

Unmanaged / untreated health / medical conditions including poor dental health

Frequent accidents or injuries

Development

General delay, especially speech and language delay, inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders

Absence of normal social responsiveness

Indiscriminate behaviour in relationships with adults

Emotionally needy

Compulsive stealing

Constant tiredness

Frequently absent or late at school

Poor self esteem

Destructive tendencies

Thrives away from home environment

Aggressive and impulsive behaviour

Disturbed peer relationships

Self-harming behaviour

Signs/ Indicators in the parent

Dirty, unkempt presentation

Inadequately clothed

Inadequate social skills and poor socialisation

Abnormal attachment to the child, e.g. anxious

Low self-esteem and lack of confidence

Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, and hygiene

Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy

Child left with adults who are intoxicated or violent

Child abandoned or left alone for excessive periods

Wider parenting difficulties may (or may not) be associated with this form of abuse

Signs/ Indicators in the family/environment

History of neglect in the family

Family marginalised or isolated by the community

Family has history of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating

Lack of opportunities for child to play and learn

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.

Indicators in the pupil

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas

Recurrent pain on passing urine or faeces

Blood on underclothes

Sexually transmitted infections

Vaginal soreness or bleeding

Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

Makes a disclosure

Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit

Inexplicable changes in behaviour, such as becoming aggressive or withdrawn

Self-harm - eating disorders, self-mutilation and suicide attempts

Poor self-image, self-harm, self-hatred

Reluctant to undress for PE

Running away from home

Poor attention / concentration (world of their own)

Sudden changes in school work habits, become truant
Withdrawal, isolation or excessive worrying
Inappropriate sexualised conduct
Wetting or other regressive behaviours e.g. thumb sucking
Draws sexually explicit pictures
Depression

Indicators in the parents

Comments made by the parent/carer about the child.
Lack of sexual boundaries
Wider parenting difficulties or vulnerabilities
Grooming behaviour
Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.
History of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement. Family member is a sex offender.

However, child abuse can take other forms, including so-called, 'honour-based' violence, female genital mutilation (FGM), child sexual exploitation (CSE) peer on peer (child-on-child) abuse and radicalisation and violent extremism. Further details of the school's approach to these and other specific safeguarding issues are detailed further on in the policy.

VULNERABLE PUPILS: MENTAL HEALTH

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.

Staff will be alert to behavioural signs that suggest a pupil may be experiencing a mental health problem or being at risk of developing one.

If staff have a mental health concern about a pupil that is also a safeguarding concern, immediate action must be taken and the DSL informed.

If the mental health concern is not also a safeguarding concern, staff must speak to the Mental Health Lead, the Deputy DSL, and agree a course of action.

VULNERABLE PUPILS: SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

Pupils with special educational needs (SEN) and disabilities can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group, including:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- Pupils being more prone to peer group isolation than other pupils
- The potential for pupils with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
- Communication barriers and difficulties overcoming these barriers

When working with children with special educational needs and disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child;
- Not getting enough help with feeding leading to malnourishment;
- Poor toileting arrangements;
- Lack of stimulation;
- Unjustified and/or excessive use of restraint;
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries;
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment. for example, callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures

VULNERABLE PUPILS: A CHILD MISSING FROM EDUCATION

- All children, regardless of their circumstances, are entitled to a full-time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing education in their area.
- A child going missing from education is a potential indicator of abuse or neglect. School staff will follow the procedures for dealing with children that go missing on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of their going missing in future.
- We have in place appropriate safeguarding policies, procedures and responses for children who go missing from education, particularly on repeat occasions. It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, FGM and Forced marriages.

The Designated Safeguarding Lead will inform the local authority through the school attendance officer of any pupil who is going to be deleted from the admission register where they:

- ❖ have been taken out of school by their parents and are being educated outside the school system e.g. home education;
 - ❖ have ceased to attend school and no longer live within reasonable distance of the school at which they are registered;
 - ❖ have been certified by the medical professionals as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither he/she nor his/her parent has indicated the intention to continue to attend the school after ceasing to be of compulsory school age;
 - ❖ are in custody for a period of more than four months due to a final court order and the proprietor does not reasonably believe they will be returning to the school at the end of that period; or,
 - ❖ have been permanently excluded.
- The local authority will be notified when a pupil is deleted from its register
 - Under the above circumstances. This will be done as soon as the grounds for deletion are met, but no later than deleting the pupil name from the register.

We will inform the local authority of any pupil who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 10 school days or more, at such intervals as are agreed between the school and the local authority (or in default of such agreement, at intervals determined by the Secretary of State).

→ *MMPS Attendance Policy*

CHILD SEXUAL EXPLOITATION

- Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. (The statutory definition of Child Sexual Exploitation (CSE): Definition and guide for practitioners (DfE February 2017)
- Child sexual exploitation (CSE) can be very difficult to identify. It involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, gifts, money or, in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship.
- The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Signs of possible child sexual exploitation:

Sexual exploitation can be very difficult to identify. Young people who are being sexually exploited may be involved in, or be involved in abusive relationships, intimidated and fearful of certain people or situations; hang out with groups of older people, or anti-social groups, or with other vulnerable peers; associate with other young people involved in sexual exploitation. They may also show additional signs of sexual abuse or grooming, such as:

- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Regularly missing school or education or do not take part in education

Indicators of child sexual exploitation may include:

- Acquisition of money, clothes, etc. without plausible explanation;
- Gang-association and/or isolation from peers/social networks;
- Exclusion or unexplained absences from school;
- Leaving home/care without explanation and persistently going missing or returning late;
- Excessive receipt of texts/phone calls;
- Inappropriate sexualised behaviour for age
- Evidence of/suspicious of physical or sexual assault;
- Relationships with controlling or significantly older individuals or groups;

- Concerning use of internet or other social media;
- Increasing secretiveness around behaviours; and
- Self-harm or significant changes in emotional well-being.

Potential vulnerabilities include:

Although the following vulnerabilities increase the risk of child sexual exploitation, it must be remembered that not all children with these indicators will be exploited. Child sexual exploitation can occur without any of these issues.

- Having a prior experience of neglect, physical and/or sexual abuse;
- Lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example);
- Recent bereavement or loss;
- Social isolation or social difficulties;
- Absence of a safe environment to explore sexuality;
- Economic vulnerability;
- Homelessness or insecure accommodation status;
- Connections with other children and young people who are being sexually exploited;
- Family members or other connections involved in adult sex work;
- Having a physical or learning disability;
- Being in care (particularly those in residential care and those with interrupted care histories); and
- Sexual identity

More information can be found in:

Child sexual exploitation: Definition and a guide for practitioners (DfE 2017)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279511/step_by_step_guide.pdf

SEXTING

This refers to the creating and sharing of sexual imagery by young people. Creating and sharing sexual photos and videos of under – 18s is illegal and therefore causes the greatest complexity for schools and other agencies when responding.

“Whilst professionals refer to the issue as ‘sexting’ there is no clear definition of ‘sexting.’ Many professionals consider sexting to be ‘sending or posting sexually suggestive images, including nude or semi-nude photographs, via mobiles or over the internet. Yet when young people are asked ‘What does sexting mean to you?’ they are more likely to interpret sexting as ‘writing and sharing explicit messages with people they know’. Similarly, many parents think of sexting as flirty or sexual text messages rather than images.

At MMPS incidents of sexting will be dealt by both the safeguarding and pastoral team and if needed relevant discipline procedures as outlined in the school behaviour policy.

If staff are made aware of an incident involving sexting they must report it to the DSL immediately.

Staff must not:

- View, download the imagery or ask the pupil to share or download it. If staff has already seen the imagery by accident, it must be reported to the DSL immediately.
- Delete imagery or ask pupil to delete it

- Ask pupils 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 staff, the pupil(s) it involves or other parents / carers
- Say or do anything to blame or shame any young people involved

Staff should explain that the incident has to be reported to the DSL and reassure pupils that they will receive support from the DSL.

Following an incident report, the DSL will hold an initial review meeting with appropriate school staff to consider the evidence and determine what steps actions need to be taken. If at the initial review stage, a decision has been made not to refer to police or children's social care, the DSL will conduct a further review and hold interviews with the pupils involved. The DSL will involve the parents at an early stage to keep them involved in the process, unless there is good reason to believe that involving them would put the pupil at risk of harm.

At any point in the process if there is a concern that a young person has been harmed or is at risk of harm, a referral will be made to Children's Services and/ or Police immediately.

An immediate referral to Police and/ or Children's Social Services will also be made if at this initial stage:

- The incident involved an adult
- 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 special educational needs)
- What is known about the imagery suggests violent content
- The imagery involves sexual acts and any pupil in the imagery is under 13
- There is reason to believe a young person is at immediate risk of harm because of the sharing of the imagery, e.g. the young person is presenting as suicidal or self-harming.

FEMAL GENITAL MUTILATIO (FGM)

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a pupil being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that pupils at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Female genital mutilation refers to all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs.

FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf

- 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 pupil being at risk of FGM, or already having suffered FGM.

Indicators of FGM

There is a range of potential indicators that a pupil may be at risk of FGM. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 16-17 of the **Multi-Agency Practice Guideline**, and chapter 9 of those Guidelines (pp42-44) focuses on the role of schools and colleges.

FGM typically takes place between birth and around 15 years old; however, it is believed that the majority of cases happen between the ages of 5 and 8.

Risk factors for FGM include:

- low level of integration into UK society
- mother or a sister who has undergone FGM
- visiting female elder from the country of origin
- being taken on a long holiday to the country of origin
- talk about a 'special' procedure to become a woman

Symptoms of FGM

FGM may be likely if there is a visiting female elder, there is talk of a special procedure or celebration to become a woman, or parents wish to take their daughter out-of-school to visit an 'at-risk' country (especially before the summer holidays), or parents who wish to withdraw their children from learning about FGM.

Indications that FGM may have already taken place may include:

- Difficulty walking, sitting or standing and may even look uncomfortable.
- Spending longer than normal in the bathroom or toilet due to difficulties urinating.
- Spending long periods of time away from a classroom during the day with bladder problems.
- Frequent urinary or stomach problems.
- prolonged or repeated absences from school or college, especially with noticeable behaviour changes (e.g. withdrawal or depression) on the pupil's return
- Reluctance to undergo normal medical examinations.
- Confiding in a professional without being explicit about the problem due to embarrassment or fear.
- talking about pain or discomfort between her legs

Actions

- If staff have a concern, they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care. **Where a teacher discovers that an act of FGM appears to have been carried out on a pupil who is aged under 18, there will be a statutory duty upon that individual to report it to the police.**

Mandatory Reporting Duty

- Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2018) will place a statutory duty upon teachers, 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 pupil aged 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 has been carried out” is used for all professionals to whom this mandatory reporting duty applies.

- 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.

INDICATORS OF VULNERABILITY TO RADICALISATION

As part of the Counter Terrorism and Security Act 2015, schools have a duty to ‘prevent people being drawn into terrorism’. This has become known as the ‘Prevent Duty’.

Where staff are concerned that children and young people are developing extremist views or show signs of becoming radicalized, they should discuss this with the Designated Safeguarding Lead.

The Designated Safeguarding Lead has received training about the Prevent Duty and tackling extremism and is able to support staff with any concerns they may have.

We use the curriculum to ensure that children and young people understand how people with extreme views share these with others, especially using the internet.

We are committed to ensuring that our pupils are offered a broad and balanced curriculum that aims to prepare them for life in modern Britain. Teaching the school’s core values alongside the fundamental British Values supports quality teaching and learning, whilst making a positive contribution to the development of a fair, just and civil society.

Recognising Extremism

Early indicators of radicalisation or extremism may include:

- showing sympathy for extremist causes
- glorifying violence, especially to other faiths or cultures
- making remarks or comments about being at extremist events or rallies outside school
- evidence of possessing illegal or extremist literature
- advocating messages similar to illegal organisations or other extremist groups
- out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent.)
- secretive behaviour
- intolerance of difference, including faith, culture, gender, race or sexuality
- graffiti, art work or writing that displays extremist themes
- attempts to impose extremist views or practices on others
- verbalising anti-Western or anti-British views
- advocating violence towards others

Radicalisation

Refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

Extremism is defined by the Government in the Prevent Strategy as:

- ❖ Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.
- ❖ We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

Extremism is defined by the Crown Prosecution Service as:

The demonstration of unacceptable behaviour by using any means or medium to express views which:

- ❖ Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
- ❖ Seek to provoke others to terrorist acts;
- ❖ Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
- ❖ Foster hatred which might lead to inter-community violence in the UK.

There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff are able to recognise those vulnerabilities.

Indicators of vulnerability include:

- Identity Crisis – the pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
- Personal Crisis – the pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
- Personal Circumstances – migration; local community tensions; and events affecting the pupil country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- Unmet Aspirations – the pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
- Special Educational Need –pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

More critical risk factors could include:

- Being in contact with extremist recruiters;
- Accessing violent extremist websites, especially those with a social networking element;
- Possessing or accessing violent extremist literature;

- Using extremist narratives and a global ideology to explain personal disadvantage;
- Justifying the use of violence to solve societal issues;
- Joining or seeking to join extremist organisations; and
- Significant changes to appearance and / or behaviour;
- Experiencing a high level of social isolation resulting in issues of identity crisis and or personal crisis.

The school's Prevents Strategy undertakes to:

- Risk assess the likelihood of pupils being drawn into terrorist organisations
- Work with parents and community leaders to protect children from being drawn towards violent extremism
- Provide appropriate workshop on the prevent strategy (WRAP) training for staff to raise awareness of how to identify children who may be at risk of radicalization and what can be done to support them
- Work in partnership with the MSCB and local Prevent team to protect children who may be at risk of radicalization and what can be done to support them.
- Keep under review its IT policies to ensure that children are protected from online extremist material.
- Build its pupils resilience, not only through its PSHE and other curricular provision, but also its distinctive ethos and education, equipping them to question and challenge extremist ideologies.
- Ensure that visiting speakers are appropriately vetted and supervised. (See Visitors Protocol)

If a child is not suffering or likely to suffer from harm or immediate danger, where possible, speak to the DSL first to agree a course of action. Staff must be particularly vigilant and will report any concerns they have about radicalization and violent extremism to the DSL. The DSL will consider the level of risk and decide which agency to make a referral to in accordance with Greater Manchester Safeguarding Partnership guidance on Safeguarding.

EQUALITY STATEMENT

Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure all children have the same protection, regardless of any barriers they may face.

We give special consideration to children who:

- Have special educational needs (SEN) or disabilities
- Are young carers
- May experience discrimination due to race, ethnicity, religion, gender identification or sexuality
- Have English as a second language
- Are known to live in difficult situations, e.g. temporary accommodation or where there are issues such as domestic violence
- Are at risk of FGM, sexual exploitation or radicalisation
- Are at risk due to either their own or a family member's mental health needs
- Are looked after or previously looked after
 - We will ensure that staff have the skills, knowledge and understanding to keep looked-after children and previously looked-after children safe and that staff have relevant information about the legal status of looked-after children,

contact arrangements with birth parents or those with parental responsibility, and care arrangements.

- The DSL has details of children's social workers

At MMPS we identify pupils who might need more support to be kept safe or to keep them safe by:

- Working with the SEND Coordinator and the school pastoral team in identifying any concerns and working with relevant multi agencies from Early Help to MSP to safeguarding the pupil.

If a member of staff identifies any of the above signs then they should follow the school safeguarding disclosure procedure as outlined earlier in the policy.

HONOUR-BASED VIOLENCE

So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so-called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. The signs and symptoms of honour-based violence are similar to those of FGM and forced marriages.

If a member of staff identifies any of the above signs then they should follow the school safeguarding disclosure procedure as outlined earlier in the policy.

It is a mandatory duty upon all staff to ensure all concerns are reported promptly and adequately. Where staff are concerned that a child might be at risk of HBV, they must contact the Designated Safeguarding Lead as a matter of urgency.

PEER ON PEER/ CHILD ON CHILD ABUSE

We recognise that children are capable of abusing their peers. All staff should be alert to the risk of peer on peer (child on child) abuse and understand their role in preventing, identifying and responding to it. Staff should never dismiss abusive behaviour as a normal 'part of growing up', 'just having a laugh' or 'banter', and should not develop high thresholds before taking action.

We also recognise the gendered nature of peer-on-peer abuse. However, all peer-on-peer abuse is unacceptable and will be taken seriously.

Most cases of pupils hurting other pupils will be dealt with under our school's Positive Behaviour Policy, but this Safeguarding and Child Protection Policy will apply to any allegations that raise safeguarding concerns.

What is peer on peer, child on child, abuse?

For these purposes, peer on peer abuse is any form of abuse perpetrated by a child towards another child. It can take many different forms including, but not limited to, serious bullying (including cyber-bullying), relationship abuse, domestic violence, child sexual exploitation, youth and serious youth violence, harmful sexual behaviour, and gender-based violence.

These categories of abuse rarely take place in isolations and often indicate wider safeguarding concerns. For example, a teenage pupil may be in a sexually exploitative relationship with a teenage boy who is himself being abused by a family member or by older boys. Equally, while children who abuse may have power over those who they are abusing, they may be simultaneously powerless to others.

Sexting can but does not always constitute abusive behaviour.

Peer on peer abuse can take many forms. This can include (but is not limited to)

- bullying (including cyberbullying);
- sexual violence and sexual harassment;
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexting and initiating/hazing type violence and rituals;
- upskirting (KCSIE, 2019), which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or harm. This is now a criminal offence (KCSIE, 2020)

What role does gender play?

Peer on peer abuse often manifests itself differently for boys than it does for pupils. For example, pupils seem to be at greater risk of sexual assault and/or exploitation, whereas boys seem to be at greater risk of physical gang-related violence and serious youth violence.

When does behaviour become abusive?

It can be difficult to distinguish between abusive behaviour which should be dealt with in accordance with the procedure set out below, and behaviour which does not constitute abuse, such as low-level bullying (where the school's anti-bullying policy should be followed) or age appropriate sexual experimentation.

Concerns of Peer on Peer abuse should equally be reported to the DSL team. Like all safeguarding concerns if a child is in immediate danger or at risk of harm, a referral to Children's Social Care and /or police should be made immediately.

How does the school raise awareness of and reduce the risk of peer on peer abuse?

At MMPS we believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm by adults in the school and other pupils.

We recognise that some pupils will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school's Positive Behaviour Policy.

Occasionally, allegations may be made against pupils by others in the school, which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is likely that to be considered a safeguarding allegation against a pupil, some of the following features will be found.

The allegation:

- is made against an older pupil and refers to their behaviour towards a younger pupil or a more vulnerable pupil
- is violent
- is of a serious nature, possibly including a criminal offence
- raises risk factors for other pupils in the school
- indicates that other pupils may have been affected by this pupil
- indicates that young people outside the school may be affected by this pupil

- involves sexual exploitation, sexual abuse or sexual harassment such as indecent exposure, sexual assault, upskirting or sexually inappropriate pictures or videos (including sexting)

If a pupil makes an allegation of abuse against another pupil:

- Staff must record the allegation and tell the DSL, but not investigate it
- The DSL will contact the local authority children's social care team and follow its advice, as well as the police if the allegation involves a potential criminal offence
- The DSL will put a risk assessment and support plan into place for all children involved (including the victims, the children against whom the allegation has been made and any others affected) with a named person they can talk to if needed.
- The DSL will contact the children and adolescent mental health services (CAMHS) if appropriate.

The school actively seeks to prevent all forms of peer on peer abuse by educating pupils and staff, challenging the attitudes that underlie such abuse, encouraging a culture of tolerance and respect amongst all members of the school community, and responding to all cases of peer on peer abuse and any cases of bullying (no matter how trivial) promptly and appropriately. We will minimise the risk of peer-on-peer abuse by:

- Challenging any form of derogatory or sexualized language or behaviour
- Being vigilant to issues that particularly affect different genders, e.g. sexualised or aggressive touching or grabbing towards female pupils, and initiation or hazing type violence with respect to boys
- Ensuring our curriculum helps to educate pupils about appropriate behaviour and consent
- Ensuring staff are trained to understand that a pupil harming a peer could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy

SEXUAL VIOLENCE AND SEXUAL HARRASSMENT BETWEEN CHILDREN IN SCHOOLS AND COLLEGES (May 2018)

In instances of peer on peer abuse where pupils are involved in harmful or abusive sexual behaviour the school will follow the Department for Education Advice on Sexual Violence and Sexual Harassment Between children in Schools and colleges May (2018).

What is meant by sexual violence and sexual harassment?

- Sexual violence and sexual harassment can be between two children, or a group of children.
- Both sexes may be affected
- Children with SEND are likely to be more vulnerable
- Sexual violence refers to rape, assault by penetration or sexual assault.
- Sexual harassment includes such things as sexual comments; sexual jokes; physical behaviour such as deliberately brushing against someone, or displaying photos of a sexual nature; upskirting and online activity including sharing of images or video (sexting) or making inappropriate sexual comments (note: - this list is not exhaustive)
- Harmful sexual behaviours in children are those which are inappropriate, problematic, abusive and violent.
- When considering harmful sexual behaviour, the ages and developmental stages of the children involved are always considered.

Responding to reports of sexual violence and sexual harassment

- Reports of sexual violence are often complex and require difficult decisions will need to be made to appropriately safeguard children. Decisions will be made by the school on a case by case basis, with the DSL taking a leading role, and supported by other agencies such as children's social care or the police.

The immediate response to a report of sexual violence or sexual harassment

- The initial response to a disclosure is important and schools should ensure the victim is taken seriously and supported
- Staff should always discuss concerns about sexually harmful behaviour involving pupils with the DSL
- Where an incident between two pupils takes place away from the school, the school's safeguarding duties remain the same.
- The school will take reasonable measures to protect the anonymity of any children involved in any report of sexual violence or sexual harassment, including considering the impact of social media.
- Schools should make a risk assessment in cases of a report of sexual violence, considering the victim, alleged perpetrator and other children at the school.
- Risk assessments should be kept under review. In cases of sexual violence, a professional risk assessment by external specialists may be required, and should be used to inform the school's own risk assessment
- It is important that sexual violence and sexual harassment are shown to be unacceptable, and not passed off as 'banter' or 'part of growing up'
- While the facts are being established, schools should remove the alleged perpetrator from any classes shared with the victim, and consider how best to keep them a reasonable distance apart, in the best interests of both children.
- Schools should also consider carefully when to inform the alleged perpetrator and this may be discussed with relevant agencies.

There are four likely routes to consider when managing a report of sexual violence or sexual harassment

- Managing internally: in some cases of sexual harassment (such as one-off incidents) a school may manage the incident internally;
- Early Help: this is particularly useful in addressing non-violent, harmful sexual behaviour and may prevent escalation;
- Referrals to children's social care: in cases where there has been harm, or there is an immediate risk, a referral should be made to children's social care.
- Reporting to the police: In cases where rape, assault by penetration or sexual assault is reported the school will not wait for the outcome of a police investigation before protecting the victim, perpetrator and other children in the school. The DSL will work closely with the police to ensure that the school's actions do not jeopardise the police investigation.

SERIOUS VIOLENCE

All staff should be aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime. These may include:

- Increased absence from school
- Change in friendships or relationships with older individuals / groups
- Significant decline in performance
- Signs of self-harm or significant change in wellbeing
- Signs of assault or unexplained injuries
- Unexplained gifts, new possessions

EARLY HELP

Ofsted's definition of early help is: "Those children and young people at risk of harm (but who have not yet reached the "significant harm" threshold and for whom a preventative service would reduce the likelihood of that risk or harm escalating) identified by local authorities youth offending teams, probation trusts, police, adult social care, schools, primary, mental and acute health services, children's centres and all Local safeguarding Children Board partners including the voluntary sector where services are provided or commissioned".

Staff who have concerns for the well-being of a pupil who may not necessarily reach the significant harm spectrum should inform the DSL who will contact the Early Help Hub.

Effective early help relies upon the school and local agencies working together to:

- Identify children and families who would benefit from early help
- Undertake an assessment of the need for early help
- Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve significantly the outcomes for the child.

The MSCB publishes a threshold document that includes:

- The process for the early help assessment and the type and level of early help services to be provided.
- The criteria, including the level of need, for when a case should be referred to local authority Children's services for assessment and for statutory services under (a) section 17 of the Children Act 1989 (children in need) and (b) section 47 of the Children Act 1989 (reasonable cause to suspect children suffering or likely to suffer significant harm).

The MSCB produces detailed guidance on the early help process. However, it must be remembered that pupils at MMPS live in a variety of districts in the North West, all of which have their own early help procedures.

If a staff member would like to contact the early help – they could do so to, but need to inform the DSL team. The DSL will work with Early Help and if needed complete a CAF (Common Assessment Framework), it is hoped that in each case early help will improve the welfare of the child. However, each case will be kept under review, and consideration will be given to a referral to children's social care if the child's situation does not appear to be improving.

Identifying children and families who would benefit from early help

All staff at the school have a role in identifying emerging problems and potential unmet needs of individual children. All staff have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work together to provide children and young people with the help they need.

Staff need to continue to develop their knowledge and skills in this area. They have access to appropriate training to identify and respond early to abuse, neglect and complex unmet needs. Training and regular safeguarding updates help them understand their role in identifying emerging problems and sharing information with other professionals to support Early Help Assessment.

The school monitors and evaluates the effectiveness of training and multi-agency training for all early help interventions.

Staff at MMPS should, in particular, be alert to the potential need for early help for any child below:

- Is disabled and has specific additional needs
- Has special educational needs
- Is a younger carer
- Has a social worker
- Is showing signs of engaging in anti-social or criminal behaviour
- Is showing early signs of mental health problems
- Is in a family circumstance presenting challenges for the child, such as substance abuse,
- Has returned home to their family from care
- Is exhibiting early signs of abuse and/or neglect
- Requires mental health support

The contact details for Early Help provision are:

South Early Help Hub – 01612341977

earlyhelpsouth@manchester.gov.uk

For an early help assessment to be effective:

- The assessment should be undertaken with the agreement of the child and their parents or carers. It will involve the child and family as well as all the professionals who are working with them.
- The lead professional should be able to discuss concerns they may have about a child and family with a social worker in the local authority. Local authority Children's Services should set out the process for how this will happen.
- If parents/carers and/or the child do not consent to an early help assessment, then the lead professional will make a judgement as to whether, without help, the needs of the child will escalate. If s, a referral into local authority Children's Social care may be necessary.

ONLINE SAFETY

The use of technology can become a significant component of many safeguarding issues. The three main areas of risk:

- content: being exposed to illegal, inappropriate or harmful material
- contact: being subjected to harmful online interaction with other users.
- conduct: personal online behavior that increases the likelihood of, or causes, harm.

DSL works with school ICT manager to ensure adequate filtering and monitoring regime for online security.

The School protects its pupils when accessing the internet via the schools' network through the use of industry-leading firewall and content filtering and monitoring software. This system aims to reduce the risk of children:

- Being exposed to illegal, inappropriate and harmful material online
- Engaging in harmful online interaction with others
- Engaging in inappropriate or illegal online behaviour

We work with parents to promote good practice in keeping children safe online, including to support their children learning at home. Regular 'online safety' advice for parents is uploaded on the school website and parents alerted to it through text messages

We ensure that all staff adhere to safe and responsible online behaviours when providing home learning and communicating with parents.

→ *MMPS E-Safety Policy*

FURTHER RISKS TO SAFEGUARD CHILDREN AND YOUNG PEOPLE

A Child Missing from Education

- All children, regardless of their circumstances, are entitled to a full-time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing education in their area.
- A child going missing from education is a potential indicator of abuse or neglect. School staff will follow the procedures for dealing with children that go missing on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of their going missing in future.
- We have in place appropriate safeguarding policies, procedures and responses for children who go missing from education, particularly on repeat occasions. It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones and FGM.
- The admissions department will inform the local authority of any pupil who is going to be deleted from the admission register where they:
 - ❖ have been taken out of school by their parents and are being educated outside the school system e.g. home education;
 - ❖ have ceased to attend school and no longer live within reasonable distance of the school at which they are registered;
 - ❖ have been certified by the medical professionals as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither he/she nor his/her parent has indicated the intention to continue to attend the school after ceasing to be of compulsory school age;
 - ❖ have been permanently excluded

- Pupil attendance is monitored on a regularly basis and any patterns or discrepancies in a pupil's attendance, parents are contacted immediately and the DSL is informed
- The school will ensure that parents have given two other emergency contact details for their child other than themselves.
- The local authority will be notified when a pupil is deleted from its register
- Under the above circumstances. This will be done as soon as the grounds for deletion are met, but no later than deleting the pupil name from the register.
- We monitor attendance carefully and address poor or irregular attendance without delay.
- We operate a 'first-day absent' call system and will always follow up with parents/carers when pupils are not at school. This means we need to have a least two up to date contacts numbers for parents/carers. Parents should remember to update the school as soon as possible if the numbers change.

→ *Attendance Policy (including Covid-19 Addendum)*

In response to the guidance in Keeping Children Safe in Education (2020) the school has:

- Staff who understand what to do when children do not attend regularly
- Appropriate policies, procedures and responses for pupils who go missing from education (especially on repeat occasions).
- Staff who know the signs and triggers for travelling to conflict zones and FGM.
- Procedures to inform the local authority when we plan to take pupils off-roll when they:
 - leave school to be home educated
 - move away from the school's location
 - are permanently excluded
- We will ensure that pupils who are expected to attend the school, but fail to take up the place will be referred to the local authority.
- When a pupil leaves the school, we will record the name of the pupil new school and their expected start date.

We will inform the local authority of any pupil who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 10 school days or more, at such intervals as are agreed between the school and the local authority (or in default of such agreement, at intervals determined by the Secretary of State).

→ *MMPS Attendance Policy*

Further information can be found in 'Children missing education: statutory guidance for local authorities – September 2016'

PRIVATE FOSTERING

A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more.

A close family relative is defined as a 'grandparent, brother, sister, uncle or aunt' and includes half-siblings and step-parents; it does not include great-aunts or uncles, great grandparents or cousins.

Parents and private foster carers both have a legal duty to inform the relevant local authority at least six weeks before the arrangement is due to start; not to do so is a criminal offence.

Whilst most privately fostered children are appropriately supported and looked after, they are a potentially vulnerable group who should be monitored by the local authority, particularly when the child has come from another country. In some cases, privately fostered children are affected by abuse and neglect, or be involved in trafficking, child sexual exploitation or modern-day slavery.

Schools have a mandatory duty to report to the local authority where they are aware or suspect that a child is subject to a private fostering arrangement. Although schools have a duty to inform the local authority, there is no duty for anyone, including the private foster carer or social workers to inform the school. However, it should be clear to the school who has parental responsibility.

School staff should notify the designated safeguarding lead when they become aware of private fostering arrangements. The designated safeguarding lead will speak to the family of the child involved to check that they are aware of their duty to inform the LA. The school itself has a duty to inform the local authority of the private fostering arrangements.

On admission to the school, we will take steps to verify the relationship of the adults to the child who is being registered.

COUNTY LINES EXPLOITATION (DfE July 2017)

County lines is the police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or “deal lines”. It involves child criminal exploitation (CCE) as gangs use children and vulnerable people to move drugs and money. Gangs establish a base in the market location, typically by taking over the homes of local vulnerable adults by force or coercion in a practice referred to as ‘cuckooing’.

County lines is a major, cross-cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons; and the response to tackle it involves the police, the National Crime Agency, a wide range of Government departments, local government agencies and VCS (voluntary and community sector) organisations. County lines activity and the associated violence, drug dealing and exploitation have a devastating impact on young people, vulnerable adults and local communities.

How does it affect young people and vulnerable adults?

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;
- 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.

Always report any concerns to the school DSL

In exceptional circumstances, such as in emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to MSCB or the Police.

If you have concerns regarding a child or a family

- **please telephone the Manchester Contact Centre on 0161 234 5001 or email mcsreply@manchester.gov.uk**

A pupil going missing from the school is a potential indicator of abuse or neglect. The staff members should follow their procedures for dealing with pupils who go missing, particularly on repeat occasions. They should act to identify any risk of abuse and neglect, including sexual abuse or exploitation.

What school staff should do if they have concerns about a pupil?

1. If staff members have *concerns* about a pupil (as opposed to believing a child is suffering or likely to suffer from harm, or is in immediate danger), they should raise these with the school's designated safeguarding lead. The safeguarding lead will usually decide whether to make a referral to MSCB, but it is important to note that any staff member can refer their concerns to MSCB directly. Where a pupil and family would benefit from coordinated support from more than one agency (for example education, health, housing, police) there will be an inter-agency assessment. These assessments will identify what help the pupil and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989.
2. All cases of suspected child abuse (physical, sexual, emotional or neglect) should be given the highest priority. The following sequence of actions should be adhered to.

RECEIVE - DISCLOSURE

- If a pupil wants to talk to you, never ask them to come back later. Ask them what they want to talk to you about and, if you are concerned about their welfare, give them the time to speak to you.
- Listen to the child and believe him/her. Allow them time to talk freely and do not ask leading questions.
- Never promise confidentiality, inform the pupil that you are happy to talk to them but if they tell you anything that you believe may be putting them at harm that you will have to talk to someone.
- Listen carefully to the pupil. Do not stop a pupil who is freely recalling information. Your role is to listen, not to investigate. This is very important.
- Where a pupil is visibly upset or has an obvious injury, it is good practice to ask a pupil why they are upset or how an injury was caused, or respond to a pupil wanting to talk to you to help clarify vague concerns and result in the right action being taken.
- **Where sexual abuse is suspected or alleged**, it is essential not to try to investigate the situation. It is also important to remember that it is the most difficult subject for children to discuss and in addition they may be afraid of the implications of 'telling' or may be under threat of reprisals.

Let the pupil know about confidential help-lines.

Childline	0800 1111	www.childline.org.uk
NSPCC	0808 800 5000	
	0808 056 0566	(miniboom / deaf / hard of hearing)

REASSURE

- Where a pupil feels able to disclose abuse, it is generally a sign of a strong and trusting relationship. Such a disclosure may, however, come as a great shock to the person concerned. Care must be taken to avoid showing this and to offer reassurance to the pupil. Be aware of the importance of adopting a **supportive role**. Acknowledge how hard it was for the pupil to tell you.
- Ensure that the pupil is aware that they have done the right thing in talking to you and that they have not done anything wrong.
- Explain what will happen next and that you will have to pass this information on.
- If you have any concerns that the child has been, or is at risk of harm, you must tell them that you will speak to someone to get help.

REACT

- Stay calm and do not show that you are upset or shocked.
- Do not prompt or ask questions which could later be interpreted as putting pressure on a pupil.
- If you need to clarify information ask open-ended questions e.g. "Is there anything you'd like to tell me?", "Can you explain to me..." "Can you describe to me...."
- Never ask leading or suggestive questions e.g. 'Did he/she do anything that they shouldn't have done?'
- Never ask 'accusing' questions e.g. "Why didn't you tell someone earlier?"
- Never criticise the alleged perpetrator, it may be someone that they will continue to live with.
- Never ask the pupil to repeat their disclosure for any other member of staff, it is your responsibility to share the information
- These four factors may compromise enquiries that need to be made later by children's Social Care or Police.

RECORD

- Write up your conversation as soon as possible in the child's own words.
- Do not record your assumptions and interpretations, just what you heard and saw.
- Do not destroy original notes even if you later write things up more neatly and fully.
- Record the date, time and place of the disclosure on Safeguarding Recording Forms (copies available in the staff room)
- Draw a diagram on the body map to indicate the position of any injuries
- Sign any written records and identify your position in the school setting
- Do not ask a child to write and account or sign any of your documentation as this may compromise enquiries that need to be made later by children's Social Care or Police.
- The DSL must ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005

REFER

- The member of staff, Trustee/volunteer should next always report the matter **immediately** to the DSL verbally, followed within 24 hours by a completed written account using the appropriate form. **No** copies should be retained by the member of staff or volunteer.

→Annex 8

- A copy must be given in a sealed envelope to DSL
- Do not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the pupil. In the absence of anyone being available at the school, contact the
- MSCB
- If a child is suffering or likely to suffer harm or immediate danger, the DSL will refer to children's social care and/or the police immediately. **Anyone can make a referral**

FGM

- Any teacher who discovers (either through disclosure by the victim or visual evidence) that an act of FGM appears to have been carried out on a pupil under 18 must *immediately* report this to the police, *personally*. This is a *statutory duty*, and teachers

will face disciplinary sanctions for failing to meet it. Unless they have good reason not to, they should also discuss the case with the DSL and involve children's services as appropriate.

- Any other member of staff who suspects a pupil is at risk of FGM or suspects that FGM has been carried out, must speak to the DSL and follow local safeguarding procedures (see Annex 1.1)
- The duty for teachers mentioned above does not apply in cases where a pupil is at risk of FGM or FGM is suspected but is not known to have been carried out. Staff should not examine pupils.
- Any member of staff who suspects a pupil is at risk of FGM or suspects that FGM has been carried out, must speak to the DSL and follow local safeguarding procedures.

→ *Annex 1.1. Local Procedures*

REFLECT

- Ask yourself if you have done everything you can within your role.
 - Refer any remaining concerns to the DSL, e.g. any knowledge of siblings in the school, or previous contact with parents.
 - Dealing with disclosures can be difficult and disturbing; you should seek support for yourself via the support within your school or an alternative source but be aware of principles of confidentiality
 - If the pupil situation does not appear to be improving, the staff member with concerns should press for re-consideration. Concerns should always lead to help for the pupil at some point.
 - The reporting staff **MUST** now withdraw from the immediate process but should remain vigilant.
3. It is important for pupils to receive the right help at the right time to address risks and prevent issues escalating. Research and Serious Case Reviews have repeatedly shown the dangers of failing to take effective action. Poor practice includes:
- failing to act on and refer the early signs of abuse and neglect,
 - poor record keeping,
 - failing to listen to the views of the pupil,
 - failing to re-assess concerns when situations do not improve,
 - sharing information too slowly
 - and a lack of challenge to those who appear not to be taking action

WHAT THE SCHOOL STAFF SHOULD DO IF THEY HAVE CONCERNS ABOUT SAFEGUARDING PRACTICES WITHIN SCHOOL

Staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school's safeguarding regime in line with the school's Whistleblowing Policy. Such concerns must be raised with the Head Teacher or the Executive Head Teacher if the concern is about the Head Teacher. If the concern is about the Executive Head Teacher is must be raised with the Chair of Trustees.

Where a staff member feels unable to raise the issue with the Head Teacher or Chair of the Trustees or feels that their genuine concerns are not being addressed, other channels are open to them

→ *MMPS Whistleblowing Policy (available in staff room)*

NSPCC Whistleblowing Tel: 0808 800 5000

What the school staff should do if they have concerns about another staff member, supply teacher or volunteer or the DSL / Head Teacher

We follow DfE guidance KSCIE, Section 4, when dealing with allegations made against staff and volunteers, including where they have behaved, or may have behaved in a way that indicates they may not be suitable to work with children (transferable risk).

If staff members have concerns about another staff member, including supply staff and volunteer, or an allegation is made about a member of staff, including a supply teacher or volunteer, posing a risk of harm to pupils, then this should be referred to the Head Teacher.

Where there are concerns about the Head Teacher, this should be referred to the Executive Head Teacher. If there are concerns about the Executive Head Teacher, they should be referred to the Chair of the Trustees. Where there are concerns about the proprietor of an independent school, Chair of Trustees, the member of staff should contact the local authority Designated Officer without delay (LADO).

EYFS: Where appropriate, the school will inform Ofsted of the allegation and actions taken, within the necessary timescale.

Historic allegations will be referred to the police.

→ *Annex 4 and Annex 10 (EYFS)*

Additional considerations for supply staff

If there are concerns of an allegation is made against someone not directly employed by the school, such as supply staff provided by an agency, we will take the actions below in addition to our standard procedures

- We will not decide to stop using a supply teacher due to safeguarding concerns without finding out the facts and liaising with our local authority designated officer to determine a suitable outcome
- We will involve the agency fully, but the school will take the lead in collecting the necessary information and providing it to the local authority designated officer as required
- We will address issues such as information sharing, to ensure any previous concerns or allegations known to the agency are taken into account - liaising directly with the agency where necessary

CONFIDENTIALITY

Timely information sharing is essential to effective safeguarding.

Please note that:

- Fears about sharing information must not be allowed to stand in the way of the need to promote welfare, and protect the safety of children
- The Data Protection Act (DPA) 2018 and GDPR do not prevent, or limit, the sharing of information for the purpose of keeping children safe
- All staff and volunteers understand that they have a professional responsibility to share information with other agencies, in the best interest of the child's safety, welfare and educational outcomes.
- If staff need to share 'special category personal data', the DPA 2018 contains 'safeguarding of children and individual risks' as a processing condition that allows practitioners to share information without the consent, if it is not possible to gain consent, if cannot be reasonable expected that a practitioner gains consent, or if to gain consent would place a child at risk

- Staff should never promise a child that they will not tell anyone about a report of abuse, as this may not be in the child's best interest
- The governments information sharing for safeguarding practitioners includes 7 'golden rules' for sharing information, and will support staff who have to make decisions about sharing information
- If staff is in any doubt about sharing information, they should to talk to the DSL or Deputy DSL
- We comply with the Data Protection Act 2018 and GDPR and ensure that we process all personal information lawfully and keep it safe and secure with appropriate retention schedules.

→ *Annex 8*

COVID-19

Visitors to school are made aware that their contact details, including address and phone numbers are kept to aid with NHS Track & Trace during the Covid-19 pandemic.

THE DESIGNATED SAFEGUARDING LEADS

The School Designated Safeguarding Leads are:

- ❖ Doris Ghafari-Kanno (DG): Designated Safeguarding Lead (DSL)
- ❖ Nasreen Mian (NM): Deputy Designated Safeguarding Lead (DDSL)
- ❖ Rafifah Osman (RO): Designated Safeguarding Lead (DSL)
- ❖ Mona Mohamed (MM): Designated Safeguarding Lead (DSL)

D. Ghafari, Head Teacher, has the overall lead responsibility for child protection, wider safeguarding and management oversight and accountability for child protection and, with the other leads, will be responsible for coordinating all child protection activities within the school. In DG absence, NM will deputise; in NM's absence, MM or RO will be responsible.

The Head Teacher will

- Ensure that policies and procedures to safeguard and promote the welfare of pupils are fully implemented and followed by all staff, including supply teachers and volunteers and are regularly updated in response to local practice or national changes in legislation
- Act as the first point of contact with regards to safeguarding matters
- Work closely with the Deputy DSL, the school's lead for mental health
- Provide advice and support to staff on children welfare and child protection matters
- Take part in strategy discussions and inter-agency meetings and/or support other staff to do so
- Contribute to the assessment of children
- Refer suspect cases, as appropriate, to the relevant body (local authority social care, Channel programme, Disclosure and Barring Service and/or police) and support staff who make such referrals directly
- Ensure that all referrals made to Children's Services are effective inline with Manchester Safeguarding Partnership (MSP) and follow escalation process if necessary
- Ensure that referrals to the police are timely and appropriate, following the National Chiefs' guidance
- Help promote educational outcomes for vulnerable children, including those with a social worker or who require mental health support, in conjunction with other appropriate colleagues

The DSL will also keep the Executive Head Teacher informed of any issues, and liaise with the local authority case managers and designated officers for children protection as appropriate.

When the school has concerns about a pupil, the Designated Safeguarding Leads will decide what steps should be taken.

Child protection information will be dealt with in a confidential manner. Staff will be informed of relevant details only when the Designated Safeguarding Lead feels their having knowledge of a situation will improve their ability to deal with an individual pupil and / or family. A record will be made of what information has been shared with whom, and when.

→ *Annex 8 Confidentiality*

All safeguarding concerns, discussions, decisions made and reasons for those decisions, must be recorded in writing.

Child protection records will be stored securely in a central place separate from academic records. Individual files will be kept for each pupil: the school will not keep family files. Files will be kept for at least the period during which the pupil is attending the school, and beyond that in line with current data legislation and guidance.

Parents will be aware of information held on their children and kept up to date regarding any concerns or developments by the appropriate members of staff.

The school will not disclose to a parent any information held on a pupil if this would put the pupil at risk of significant harm.

If a pupil moves from our school, child protection records will be forwarded on to the Designated Safeguarding Lead at the new school. If sending by post pupil records will be sent by "Special/Recorded Delivery." In addition, if the concerns are significant or complex, and/or social services are involved, the DSL will speak to the DSL of the receiving school and provide information to enable them to have time to make any necessary preparations to ensure the safety of the child. For audit purposes a note of all pupil records transferred or received should be kept in either paper or electronic format. This will include the pupil name, date of birth, where and to whom the records have been sent and the date sent and/or received. If the concerns are significant or complex, and/or social services are involved, the DSL will speak to the DSL of the receiving school and provide information to enable them to have time to make any necessary preparations to ensure the safety of the child.

If a pupil is permanently excluded and moves to a Pupil Referral Unit, child protection records will be forwarded on to the relevant organisation.

When a Designated Safeguarding Lead resigns their post or no longer has child protection responsibility, there will be a full face to face handover/exchange of information with the new post holder. In exceptional circumstances when a face to face handover is unfeasible, the Head Teacher will ensure that the new post holder is fully conversant with all procedures and case file.

→ *Annex 4: Roles and Responsibilities of Designated Lead*

Follow-up by the Designated Safeguarding Lead

- The DSL will follow Manchester Safeguarding Children Board procedures in the appropriate manual.
- Initially, the DSL will consult the Executive Head Teacher and confer about approaching Parents, the local Children's Services, Medical Services and the Police as appropriate. It is good practice to discuss concerns with the parents and where possible to seek agreement, but this will not be done if it would place the pupil at increased risk.
- If there is an injury and it is so serious that immediate medical treatment is required, the DSL will arrange for the pupil to be taken to hospital, usually accompanied by a First Aider. The parent(s) will be informed that this action has been taken.
- If a pupil attendance falls below 85% and parents have not provided a letter from a GP or other medical expert that the absence is due to valid medical reasons, the DSL will inform the Local Education Authority.
- The DSL will make decisions on sharing information with other agencies and with parents based on professional judgment, experience and training. The Executive Head Teacher will normally be consulted before any external agencies are involved.
- The DSL is responsible for contacting external agencies on behalf of any pupil of the school. In her absence, the Deputy DSL (NM) will contact external agencies after liaison with the Executive Head Teacher.
- Immediate contact with external agencies will be made by the DSL by telephone, but this must be followed up by completing a Common Assessment Form within 24 hours of a disclosure or suspicion of abuse.

Manchester Contact Centre: 0161 234 5001 (24 hrs / 7 days)

Manchester referrals may also be made online on www.manchester.gov.uk/lssd/access/index.html

If a pupil is referred to the Children's Services team by the Senior Designated Person:

- The written referral should be acknowledged **within one working day**.
- If the DSL hears nothing within three days, the DSL should contact Children's Services again.
- An initial assessment should take place **within seven working days** that is seeing and speaking to the child (and family members, as appropriate.)

If it seems necessary to the pupil welfare, the Senior Designated Person will pass on selected information to the class teacher. This information will be on a strictly "need to know" basis.

It is essential that pupils who are known to be at risk, or about whom there has been concern in the past, are observed closely in school and that the DSL is alerted immediately to concerns. She will liaise with the appropriate Children's Services office.

The DSL will notify Children's Services if there is an unexplained absence of **more than two days** of a pupil who we know is on the Child Protection Register.

It is the responsibility of the **Class Teacher** to alert the appropriate designated staff of such an absence.

The DSL will store records written by all involved adults and will produce hand-written records of the observations, conversations, contact with external agencies and action taken at Stage Three. All records will be stored safely in a locked cabinet.

ACTION BY EXTERNAL AGENCIES

Child Protection Case Conference and Core Group Meetings

- The school will provide cover to enable the appropriate member of staff to attend a Child Protection case conference.
- Where possible, the school will also permit the DSL to accompany this member of staff.
- It will be the responsibility of the member of staff or DSL to bring back from the meeting information about how the School may be required to monitor the situation and support the pupil.
- If the pupil is placed on the local Child Protection Register, a Core Group will be agreed. The School will provide cover to enable the appropriate person to attend monthly Core Group meetings.

THE CURRICULUM

We are committed to promoting emotional health and wellbeing and to supporting the development of the skills needed to help keep children safe and healthy. This includes face to face teaching, blended learning and online learning as needed in response to any crisis situation that may arise.

At Manchester Muslim Preparatory School pupils are taught about issues around safeguarding, including online, through our PSHE education and computing programme and through various teaching and learning opportunities, as part of providing a broad and balanced curriculum.

Relevant issues will be addressed through the PSHE curriculum, which includes Relationship Education (April 2021), for example self-esteem, emotional literacy, assertiveness, power, e-safety and bullying and other areas of the curriculum, for example, English, History.

→ 'Teaching Online Safety in Schools', (DfE June 2019)

<https://www.gov.uk/government/publications/teaching-online-safety-in-schools>

INVOLVING PARENTS / CARERS

In general, we will discuss any child protection concerns with parents / carers before approaching other agencies, and will seek their consent to making a referral to another agency. Appropriate staff will approach parents / carers after consultation with the Designated Safeguarding Lead. However, there may be occasions when the school will contact another agency before informing parents/carers because it considers that contacting them may increase the risk of significant harm to the pupil.

Parents / carers will be informed how MMPS safeguards its pupils through

- Safeguarding updates in the school's newsletter
- Parent safeguarding leaflet
- Website (links to online safety advice)

The Safeguarding and Child Protection Policy is also made available on the school's website.

MULTI-AGENCY WORK*

We work in partnership with other agencies in the best interests of all pupils. The school will, where necessary, make referrals to children's social care.

We cooperate fully with MCC and Manchester Safeguarding Partnership (MSP) multi-agency safeguarding procedures and the process for escalation of concerns.

Referrals should be made by the Designated Safeguarding Lead to the MSP. Where the pupil already has a safeguarding social worker, the request for service will go immediately to the social worker involved, or in their absence to their team manager.

We will co-operate with any child protection enquiries conducted by MSP: the school will ensure representation at appropriate inter-agency meetings, either in person or virtually, such as integrated support plan meetings initial and review child protection conferences, and core group meetings.

We will provide reports as required for these meetings. If the school is unable to attend, a written report will be sent. The report will, wherever possible, be shared with parents / carers at least 24 hours prior to the meeting.

Where a pupil is subject to an inter-agency child protection plan or a multi-agency risk assessment conference (MARAC) meeting, the school will contribute to the preparation, implementation and review of the plan as appropriate

The **Manchester Advice and Guidance Service (MGS)** is delivered from North, Central and South localities; it comprises co-located multi-agency staff including social care, early help, education, health and police.

→ *Annex 1.1 Manchester Safeguarding Procedures*

Part 2: The Management of Safeguarding

1. THE ROLE OF TRUSTEES

The Trustees are the accountable body for ensuring the safety of the school.

- The Nominated Trustee for child protection at the school is **Mr Farookh Zaheer**, the Chairman of the Trustees. The Nominated Trustee is responsible for liaising with the Head Teacher and Designated Safeguarding Leads over all matters regarding child protection issues. The role is strategic rather than operational – they will not be involved in concerns about individual pupils.
- The Nominated Trustee will liaise with the Head Teacher and the Designated Safeguarding Leads to produce an annual report for Trustees.

The Trustees will ensure that:

- There is an effective child protection policy in place together with a staff code of conduct.
- The school contributes to inter-agency working in line with statutory guidance [Working Together to Safeguard Children 2018](#)
- A member of the Trustees, the Chair, is nominated to be the Safeguarding Liaising Officer
- The Chair liaises with the designated officer(s) from the MSCB in the event of allegations of abuse made against the Head Teacher or a member of Trustees.
- A designated safeguarding lead from the School Leadership team is appointed. The role should be explicit in the role-holder's job description which describes the broad areas of responsibility. This person will have the appropriate authority and be given the time, funding, training, resources and support to carry out their role effectively.
- The designated safeguarding lead should liaise with the MSCB and work with other agencies in line with *Working Together to Safeguard Children 2018* and there should always be cover for this role.

- The Designated Safeguarding Lead attends appropriate refresher training every year. All other staff and volunteers who work with pupils undertake training at least every three years with yearly training updates.
- Pupils are taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This would include covering relevant issues through personal, social health and education (PSHE)
- The school operates "safer recruitment" to prevent people who pose a risk of harm from working with children, by adhering to statutory responsibilities to check staff who work with children, taking proportionate decisions on whether to ask for any checks beyond what is required, and ensuring volunteers are appropriately supervised. The Trustees will ensure that least one person on any appointment panel has undertaken safer recruitment training.
- There are procedures in place to handle allegations against members of staff, including supply teachers and volunteers. Such allegations would be referred to the designated officer(s) at the MSCB. There are also procedures in place to make a referral to the Disclosure and Barring Service (DBS) if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have been had they not resigned.

This is a legal duty and failure to refer when the criteria are met is a criminal offence.

- There are procedures in place to handle allegations against other pupils.
→ *Annex 5*
- Pupils' wishes and feelings are taken into account when determining what action to take and what services to provide to protect them through ensuring there are systems in place for them to then express their views and give feedback. Trustees will also ensure that staff members do not agree confidentiality and always act in the interests of the pupil.
- There are in place appropriate safeguarding responses to pupils who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect including sexual abuse or exploitation, and to help prevent the risks of their going missing in future.
- They review the schools' safeguarding policies and procedures annually and as and when the need arises.

2. A SAFER SCHOOL CULTURE

Safer Recruitment and Selection

- The school pays full regard to 'Keeping Children Safe in Education' when recruiting staff
- We operate safe recruitment and selection practices, including appropriate use of references and checks on new staff and volunteers, including overseas checks where relevant.
- At least one person conducting any interview for a post at the school will have undertaken safer recruitment training.

→ *MMPS Safer Recruitment Policy*

3. SAFEGUARDING PUPILS WHO ARE VULNERABLE TO EXTREMISM

- MMPS seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.
- Our school, like all others, is required to identify a Prevent Single Point of Contact (SPOC) who will be the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism: this is the Senior Designated Safeguarding Lead. The SPOC for MMPS is D. Ghafari.
- When any member of staff has concerns that a pupil may be at risk of radicalisation or involvement in terrorism, they should speak with the SPOC who is also the Senior Designated Safeguarding Lead.
- Where there is a concern, the DSL will consider the level of risk and decide which agency to make a referral to. This could include Channel, or the local authority children's social care team.

4. SAFEGUARDING PUPILS WHO ARE MISSING FROM EDUCATION, VULNERABLE TO EXPLOITATION AND FEMALE GENITAL MUTILATION.

Our school complies with KCSIE September 2020

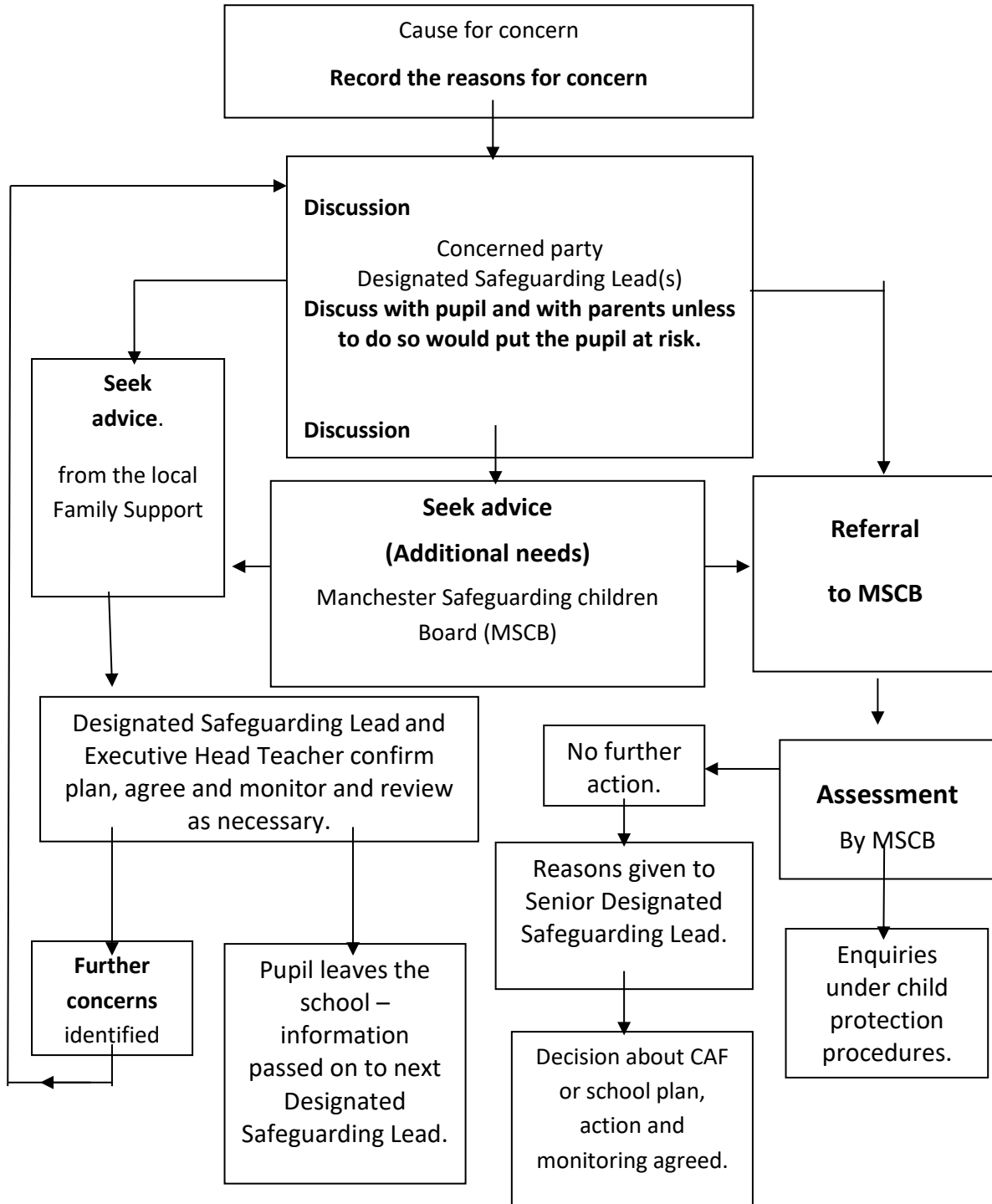
5. DISCIPLINING OF VULNERABLE PUPILS

- MMPS recognises that while all pupils have a right to be safe, some pupils may be more vulnerable to abuse, for example those with a disability or special educational need, those living with domestic violence, abusing parents, etc.
- When the school is considering excluding, either fixed term or permanently, a vulnerable pupil and / or a pupil who is the subject of a child protection plan or where there is an existing child protection file, we will call a risk-assessment meeting prior to making the decision to exclude. In the event of a one-off serious incident resulting in an immediate decision to exclude, the risk assessment *must* be completed prior to convening a meeting of the Trustees.

ANNEX 1

THE KEY PROCEDURES

RESPONDING TO CONCERNS ABOUT A PUPIL



ANNEX 1.1

MANCHESTER SAFEGUARDING PARTNERSHIP - PROCEDURES

CONCERNED?

Help for someone being abused or neglected

If an adult or child is in immediate danger you should ring the emergency services or contact the police on 999

If the situation does not require emergency assistance you should report your concerns to:

Manchester Contact Centre

Telephone: **0161 234 5001** (open 24 hours a day, seven days a week)

Email: mcsreply@manchester.gov.uk

Secure email: socialcare@manchester.gcsx.gov.uk if you are sending sensitive information

SMS Text: **07860 003160**

Online through: **Sign-Video**

If you are in any doubt about reporting your concerns don't think 'What if I'm wrong?' think 'What if I'm right?'

More information for practitioners

Referrals for children & families

In March 2019, Children's Services launched a quicker and more effective system to replace written requests for children's social work intervention when **practitioners** have identified a child in need of help, support or protection.

Instead of making a written request, practitioners need to ring **0161 234 5001** and they will get through to specialist social care and early help staff.

Children's Practitioners will be able to discuss their request promptly, efficiently and securely – and will be able to access social work advice and guidance about the next steps and the right option for the child and their family.

From **8th July 2019**, the service is moving from a centralised MASH team, to three locality-based hubs. The **Manchester Advice and Guidance Service** will be delivered from North, Central and South localities; and will comprise co-located multi-agency staff including social care, early help, education, health and police. This approach will enable an integrated response to ensure that children and their families receive the right level of support and appropriate interventions at the right time, and that our partners are provided with quality advice, support and consultation at the first point of contact.

Practitioners calling the service can help to make the most of the conversation by having the following details ready:

- the child's presenting needs
- what they or their service have already done or where they have accessed support

- ensuring that they have consent from the family to talk to Children's Services.

Also, before calling practitioners should consider the MSCB levels of need framework; and if contact with an Early Help Hub is appropriate.

Other points to note:

- this telephone referral service is for practitioners only
- the changes do not affect the public – it will be business as usual
- these changes are **only** for children's referrals.

Early Help Practitioner Zone

Guidance and resources for practitioners, including the **Early Help Assessment Form** and **Levels of Need Framework**; and how to contact the **Early Help Hubs** can be found in the Early Help Practitioner Zone on the MCC website at Help & Support Manchester

Practitioners can find the full list of referral forms in our resource hub – this includes a link to allegations management, SAR referrals and SCR referrals.

PLEASE DO NOT CONTACT THE BUSINESS UNIT OR EMAIL ANY FORM OF REFERRAL TO THE MSB INBOX – this may result in a delay in your referral reaching the correct team.

ANNEX 2

The role and broad areas of responsibility of the Designated Safeguarding Lead are:

Managing referrals

- Refer all cases of suspected abuse to the Manchester Safeguarding Partnership
- The designated officer(s) for child protection concerns (all cases which concern a staff member),
- Disclosure and Barring Service (cases where a person is dismissed or left due to risk/harm to a child); and/or
- Police (cases where a crime may have been committed).
- Liaise with the Head Teacher to inform her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.

Training

- The designated safeguarding leads should receive appropriate training carried out every **two years** but updated annually (In addition to the formal training set out above, their knowledge and skills should 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) in order to:
 - ❖ Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments.
 - ❖ 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.
 - ❖ Be alert to the specific needs of children in need, those with special educational needs and young carers.

- ❖ Be able to keep detailed, accurate, secure written records of concerns and referrals.
- ❖ Obtain access to resources and attend any relevant or refresher training courses.
- ❖ 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.
- ❖ Refer cases of suspected abuse to the local authority children's social care as required
- ❖ Support staff who make referrals to local authority
- ❖ Refer cases to the channel programme where there is a radicalisation concern as required.

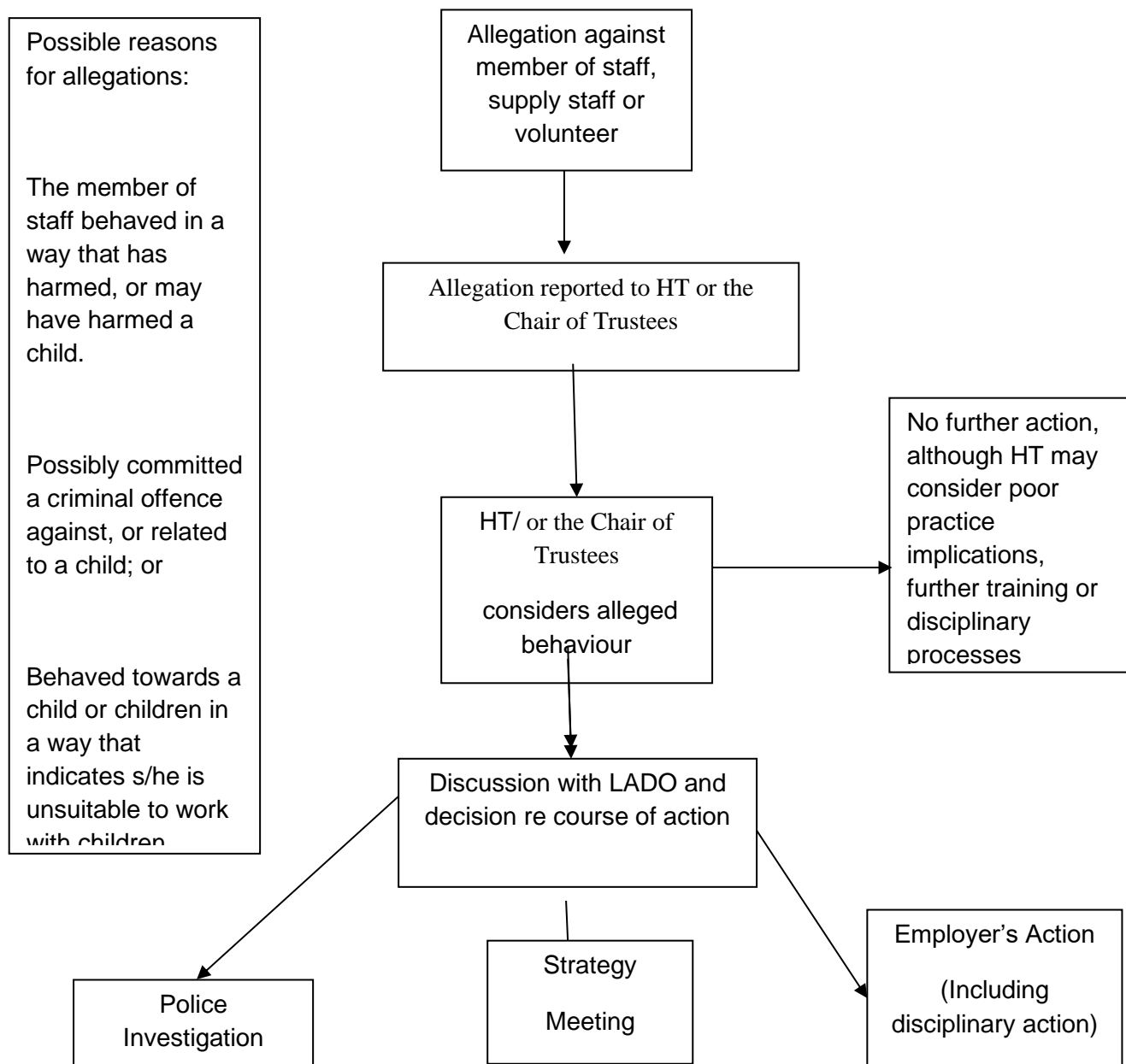
Raising Awareness

- The Head Teacher / DSL should ensure the school policies are known and used appropriately:
 - ❖ Ensure the school's child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this.
 - ❖ Communicating this policy to parents via school website
 - ❖ 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.
 - ❖ Link with the MSP to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
 - ❖ Where pupils leave the school ensure their child protection file is transferred to the new school or college as soon as possible. This should be transferred separately from the main pupil file, ensuring secure transit and confirmation of receipt should be obtained.

ANNEX 3

Managing allegations of abuse against staff, including supply teachers, volunteers

Any person who receives or wishes to make an allegation about a member of staff, supply teachers and volunteers or any persons outside the school by a pupil, parent or another staff member, must report the matter immediately to the HT or the Chair of Trustees if the allegation is against the HT. The HT / Chair of Trustees will then follow the procedures set out in the flow chart below.



Allegations against a teacher or a member of staff who is no longer teaching at the school will be referred to the police.

ANNEX 4

Managing allegations against other pupils

Introduction

At MMPS, we believe that pupils have a right to attend school and learn in a safe environment. Pupils should be free from harm by adults in the school and other pupils. We recognise that some pupils will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school's Behaviour Policy.

Safeguarding allegations: -

Occasionally, allegations may be made against pupils by others in the school, which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is likely that to be considered a safeguarding allegation against a pupil, some of the following features will be found.

The allegation: -

- ❖ Is made against an older pupil and refers to their behaviour towards a younger pupil or a more vulnerable pupil.
- ❖ Is of a serious nature, possibly including a criminal offence.
- ❖ Raises risk factors for other pupils in the school.
- ❖ Indicates that other pupils may have been affected by this pupil.
- ❖ Indicates that young people outside the school may be affected by this pupil.

Examples of safeguarding issues against a pupil could include:

Physical Abuse

- ❖ Violence, particularly pre-planned
- ❖ Forcing others to use drugs or alcohol

Emotional Abuse

- ❖ Blackmail or extortion
- ❖ Threats and intimidation

Sexual Abuse

- ❖ Indecent exposure, indecent touching or serious sexual assaults
- ❖ Forcing others to watch pornography or take part in sexting

Sexual Exploitation

- ❖ Encouraging other pupils to attend inappropriate parties
- ❖ Photographing or videoing other pupils performing indecent acts.

In areas where gangs are prevalent, older pupils may attempt to recruit younger pupils using any or all of the above methods. Young people suffering from sexual exploitation themselves may be forced to recruit other young people under threat of violence.

Minimising the risk of safeguarding concerns towards pupils from other pupils: -

These pupils will need an individual risk management plan to ensure that other pupils are kept safe and they themselves are not laid open to malicious allegations.

There is a need to balance the tension between privacy and safeguarding.

What to do: -

When an allegation is made by a pupil against another pupil, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern:

- ❖ the Designated Safeguarding Lead (DSL) 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.
- ❖ All records to be kept electronically on CPOM (Secure monitoring of child protection, safeguarding and wider pupil pastoral welfare for schools)
- ❖ The DSL should contact social services to discuss the case. It is possible that social services are already aware of safeguarding concerns around this young person.
- ❖ The DSL will follow through the outcomes of the discussion and make a social services referral where appropriate.
- ❖ The DSL will make a record of the concern, the discussion and any outcome and keep a copy in both pupils' files.
- ❖ If the allegation indicates a potential criminal offence has taken place, the police will be contacted at the earliest opportunity and parents informed (of both the pupil being complained about and the alleged victim).
- ❖ The pupil being complained about will be excluded 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 will 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 will be prepared along with a preventative, supervision plan.
- ❖ The plan will be monitored and a date set for a follow-up evaluation with everyone concerned.

After the case

No matter what the outcome is of an allegation of abuse against another pupil, the school will review the case to see if there are any improvements that can be made in its practice or policy that may help to prevent similar cases in the future.

Policy Review

This policy will be reviewed annually by the Head Teacher.



ANNEX 5

Safeguarding Induction Sheet for new staff, supply staff and regular visitors or volunteers at school

We all have a statutory duty to safeguard and promote the welfare of children, and at our school we take this responsibility seriously.

If you have any concerns about a pupil or young person in our school, you must share this information immediately with our Designated Safeguarding Lead or one of the alternate post holders.

Do not think that your worry is insignificant if it is about hygiene, appearance or behaviour – we would rather you told us as we would rather know about something that appears small than miss a worrying situation.

If you think the matter is very serious and may be related to child protection, for example, physical, emotional, sexual abuse or neglect, you must find one of the designated professionals detailed below and provide them with a written record of your concern. A copy of the form can be obtained the Head Teacher / DSL D. Ghafari-Kanno. Please ensure you complete all sections.

If you are unable to locate the DSL ask a member of the school office staff to find them and to ask them to speak with you immediately about a confidential and urgent matter.

Any allegation concerning a member of staff, a pupil foster carer or a volunteer should be reported immediately to the Head Teacher. If an allegation is made about the Head Teacher, you should pass this information to Executive Head Teacher, M. Mohamed. If the allegation is made about the Executive Head Teacher then you should contact the Chair of the Trustees, Mr Farookh Zaheer, Tel. 0161 860 7575.

Alternatively, you can contact the MCC Designated Officer

Tel: 0161 234 1214.

quality.assurance@manchester.gov.uk

Designated Safeguarding Lead D. Ghafari-Kanno contact: d.ghafari@mmps.miet.uk

If you are unable to contact the Deputy DSL N. Mian: n.mian@mmps.miet.uk

or M. Mohamed: executive.head@mmps.miet.uk



ANNEX 6

MMPS SAFEGUARDING AND CHILD PROTECTION POLICY 2020-2021

I, _____, hereby confirm
print name

that I have ***been made aware*** of and ***given access to*** the MMPS Safeguarding and Child Protection Policy, (2020-2021) (in staff shared docs and staff room) and I fully ***understand my safeguarding duties*** .

Signature: _____

Date: ____ / ____ / 202_

Please sign and return this form to D. Ghafori (DSL).



ANNEX 7

SAFEGUARDING AND CHILD PROTECTION (New Staff)

Name: _____

Post Held: _____

Date of joining school: ____ / ____ / 202_

I confirm that I have completed Basic Safeguarding Training.

Date: ____ / ____ / ____ Training provided by: _____

Certificate

I confirm that I have ***received, read and understood*** Part 1 & Annex A of KCSIE (2020), and have been given access to staff shared docs to read/download the MMPS Safeguarding and Child Protection Policy (2020-2021), Attendance Policy, Positive Behaviour Policy, Anti-Bullying Policy, Whistleblowing Policy and Employee Handbook.

I have been made aware of my duty to safeguard and promote pupil welfare. The procedure for reporting concerns about a pupil has been explained to me.

Signature: _____ -

Date: ____ / ____ / ____

Please sign and return this form to D. Ghafari

ANNEX 8

Issues of Confidentiality

Confidentiality is an issue which needs to be discussed and fully understood by all those working with children particularly in the context of child protection. The only purpose of confidentiality in this respect is to benefit the child.

Professionals can only work together to safeguard children if there is an exchange of relevant information between them. This has been recognised in principle by the courts. Any disclosure of personal information to others, (including the MSCB), must always however, have regard to both common and statutory law.

Normally personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of that information (Data Protection Act 1998, European Convention on Human Rights, Article 8). Wherever possible, consent should be obtained before sharing personal information with third parties. In some circumstances, consent may not be possible or desirable but the safety and welfare of a child dictate that the information should be shared. The law permits the disclosure of confidential information necessary to safeguard a child or children. Disclosure should be justifiable in each case, according to the particular facts of the case and legal advice should be sought if in doubt.

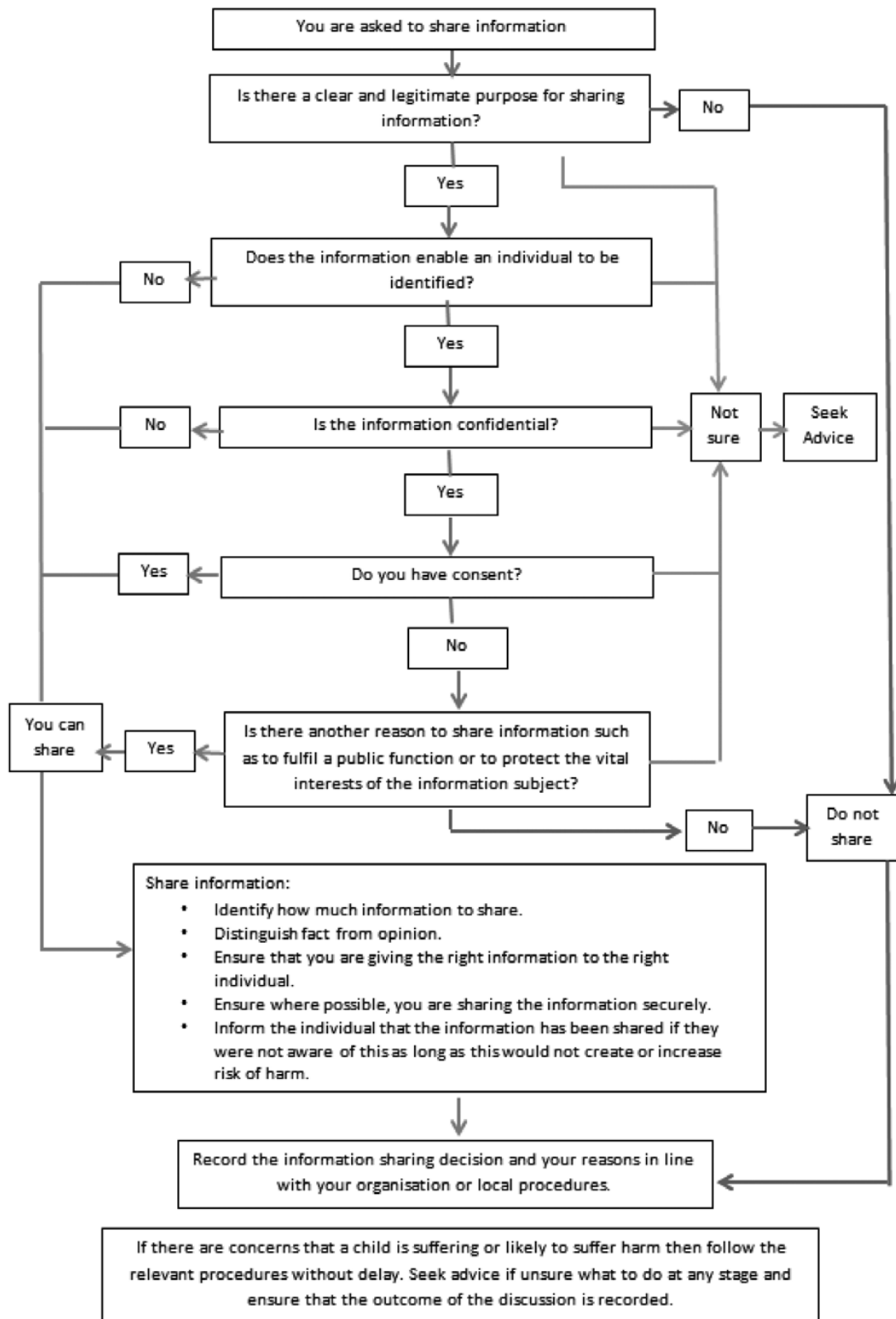
The case manager will take advice from the LADO, police and children's social care services to agree the following:

- Who needs to know and, importantly, exactly what information can be shared;
- How to manage speculation, leaks and gossip;
- What, if any information can be reasonably given to the wider community to reduce speculation; and how to manage press interest if and when it should arise.

Information sharing

1. Remember that the Data Protection Act 1998 and the General Data Protection Regulations (GDPR, May 2018) and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgment, there is good reason to do so, such as where safety may be at risk. You will need to base your judgment on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Flowchart of when and how to share information



Source: Information Sharing (HM Government March 2015)

ANNEX 9

RECORDING FORMS

Available in staff room

CHILD PROTECTION/WELFARE CONCERN FORM

PUPIL NAME	DATE OF BIRTH	YEAR GROUP
Name and Position of person completion form (Please print)		
Time and Date of Incident/Concern (dd/mm/yyyy)		
Incident/Concern (who, what, where, when)		
Please use continuation sheet	Y/N	No: of sheets used

Any other relevant information (context of information shared, witnesses, immediate action taken

Action Taken by staff member

Reporting Staff Signature: Date

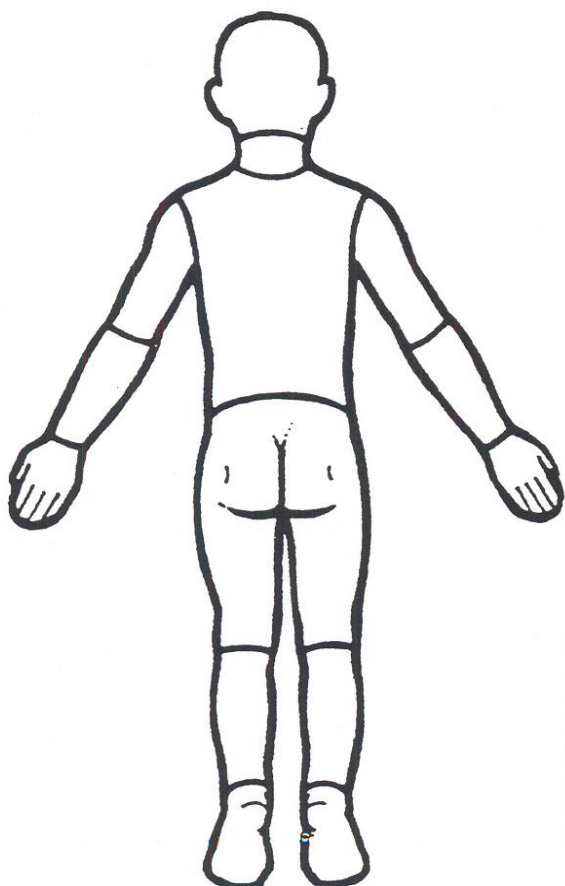
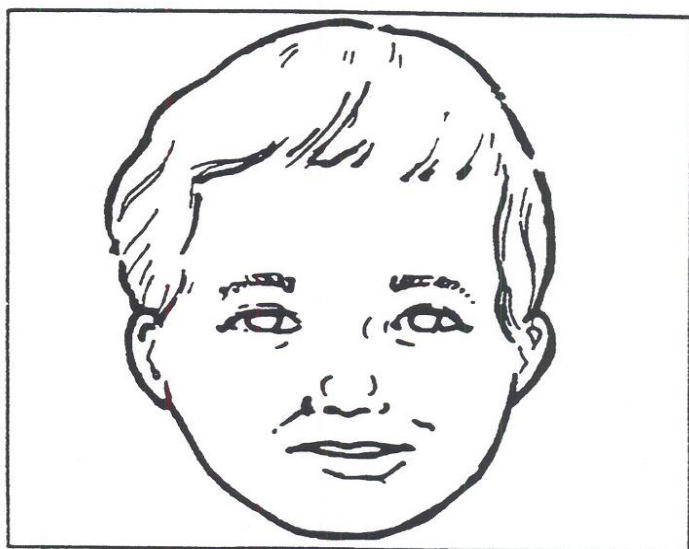
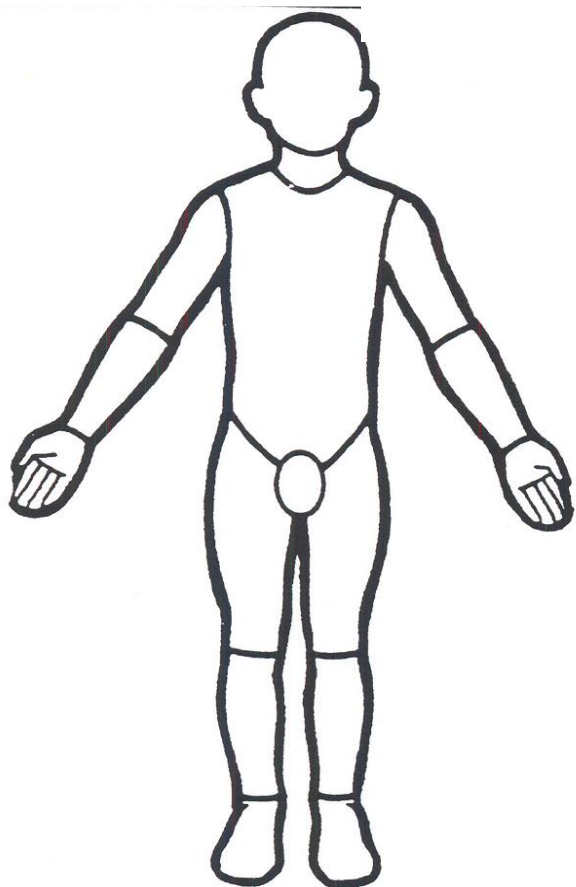
Passed to DSL:..... Date/Time.....

Action Taken by Designated Safeguarding Lead

Response/Outcome

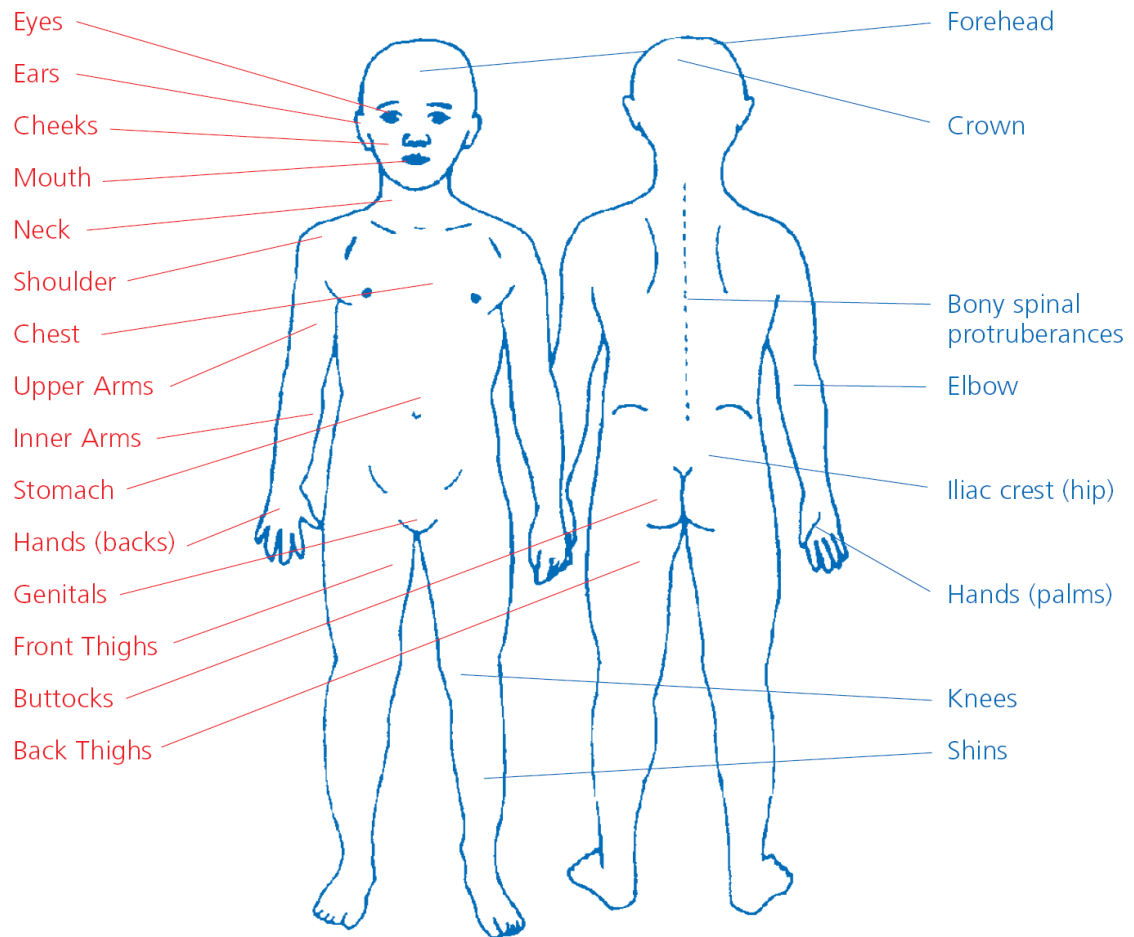
DSL Signature: Date

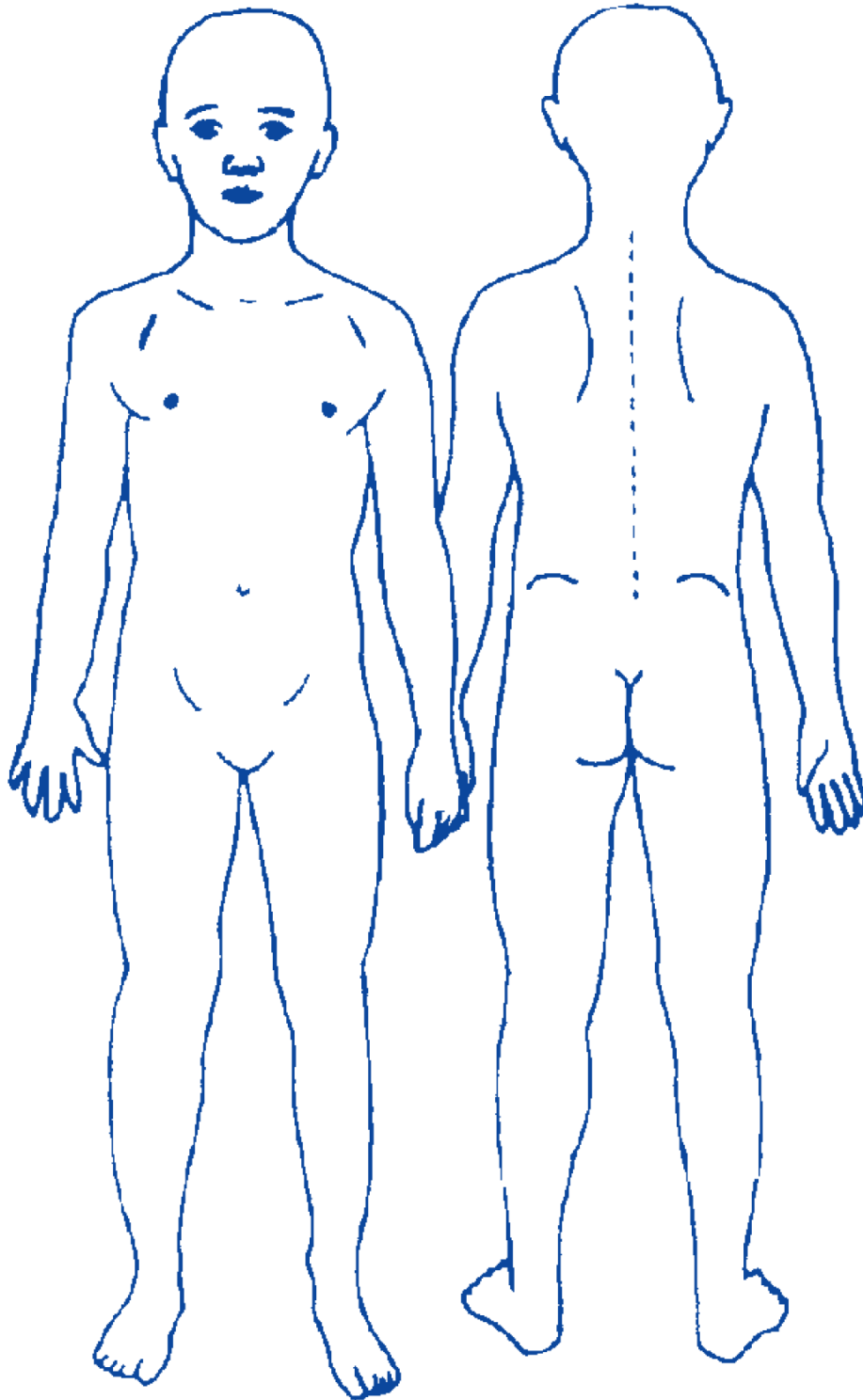
Body Map



**COMMON SITES FOR
NON-ACCIDENTAL INJURY**

**COMMON SITES FOR
ACCIDENTAL INJURY**





CHILD PROTECTION RECORD –

Report of a Concern

Name of referrer:		Role of referrer:	
Child Name:			
Date of birth:		Year Group / class:	
Details of concern:	<i>(Use body map if appropriate)</i>		
Reported to:		Role of person reported to:	
Signed:			
Date:			

CHILD PROTECTION RECORD – Case Chronology

Name of child:	
Date of birth:	

Date:	Event:	Notes:

CHILD PROTECTION RECORD – contact record

Recorded by:		Type of contact:	
Child Name:		Year Group / class:	
Contact with:			
Details of contact:			
Action required:			
Action taken:			
Signed:			
Date:			

CHILD PROTECTION RECORD – Front Sheet

Date file opened:			
Child Name:			
Date of birth:			
Any other names by which the child is known/has been known:			
Address:			
Other family members: <i>(include full name, relationship, if under 18 include age and school where known)</i>			
Any other child protection files held in school relating to another child closely connected to this child?	Yes <i>(name of other child/ren)</i>		No
Name and contact number of key workers:			
Name and contact details of GP:			

PART 1: To be completed by sending / transferring school or educational setting

NAME OF CHILD:	
DOB:	
NAME OF SCHOOL SENDING CP FILE:	
ADDRESS OF SCHOOL SENDING CP FILE:	
METHOD OF DELIVERY:	BY HAND SECURE POST ELECTRONICALLY
DATE FILE SENT:	
NAME OF DSL TRANSFERRING FILE:	
NAME OF PERSON TRANFERRING TO:	
SIGNATURE:	

PART 2: To be completed by receiving school or educational setting

NAME OF SCHOOL RECEIVING FILE:	
ADDRESS OF SCHOOL RECEIVING FILE:	
DATE RECEIVED:	
NAME OF PERSON RECEIVING FILE:	
DATE CONFIRMATION OF RECEIPT SENT:	
SIGNATURE:	

Receiving school / educational setting: Please complete Part 2 and return this form to the Designated Safeguarding Lead listed in Part 1 above. You are advised to keep a copy for your own reference.



Confirmation of Child Protection documents received

Name of school:	Manchester Muslim Preparatory School
Name of staff member:	
Role of staff member:	
Key documents signed for:	<ul style="list-style-type: none">• Part I Keeping Children Safe in Education (KCSIE, 2020)• Annex A (KCSIE, 2020)• MMPS Child Protection Policy• MMPS Staff Code of Conduct Policy
Other documents to be aware of:	<ul style="list-style-type: none">• Anti-Bullying Policy• Positive Behaviour Policy• Social Media

I confirm that I have read and understood the key documents above, and that I will work in accordance with the guidance and statutory requirements.

Signed by:	
Date:	

Risk assessment for children with challenging behaviour

Name of child:			
Class:		Year Group:	
Assessment completed by:			
Date:			
Risk identification:			
What is the foreseeable risk?			
Is the risk potential or actual?			
Who is affected by the risk?			
In which situation does the risk usually occur?			
If the risk arises, who is likely to be injured or hurt?			
What kinds of injuries or harm are likely to occur?			

Risk reduction strategies:	
Proactive interventions to prevent risk	
Reactive interventions to respond to risk	
Agreed Behaviour Management Plan and School Risk Management Strategy:	
Proactive interventions to prevent risks	
Early interventions to manage risks	
Reactive interventions to respond to risk	

Agreed by:	
Date:	
Communication of Behaviour Management Plan and School Risk Management Strategy:	
Plans and strategies shared with	

Communication method and date	
Staff Training:	
Identified training needs	
Training provided to meet needs	
Date training completed	
Review:	
How effective have the strategies and interventions been?	
Has the risk reduced?	
Has the risk increased?	
Are any additions or amendments required?	
Agreed by:	
Date:	



APPENDIX 10

SAFEGUARDING & CHILD PROTECTION POLICY (2020-2021)

EYFS

Safeguarding, Child Protection and Welfare Requirements

Checklist

This checklist is based on the ***safeguarding and welfare requirements*** set out in Section 3 of the 2017 [***Early Years Foundation Stage \(EYFS\) framework***](#).

- The EYFS Coordinator is must ensure that all requirements are met.
- All staff working in EYFS must read, understand and implement requirement set out below.
- All staff working in EYFS must sign the Checklist 'Received and Read' Confirmation

Child protection	✓
<p>A policy and procedures for safeguarding children is in place which covers:</p> <ul style="list-style-type: none"> • Action to be taken where there are safeguarding concerns about a child • Action to be taken in the event of allegations against staff • The use of mobile phones and cameras in the setting 	✓ ✓ ✓
The policy and procedures are in line with those of the Local Authority	✓
A staff member has been appointed as the designated safeguarding lead, and provides support, advice and guidance to other staff on an ongoing basis and on any specific safeguarding issue as required	✓
The designated safeguarding lead has attended a child protection course that enables them to identify, understand and respond to signs of possible abuse and neglect	✓
All staff have received training on the school's safeguarding policy and procedures	✓
All staff have up-to-date knowledge of safeguarding issues, and have received training which enables them to identify signs of possible abuse and neglect and respond quickly and appropriately	✓
<p>The school/provider has regard to the following statutory guidance documents:</p> <ul style="list-style-type: none"> • Working Together to Safeguard Children • Keeping Children Safe in Education • Prevent Duty Guidance for England and Wales 	✓ ✓ ✓
Social services – and, in emergencies, the police – are notified where schools have concerns about children's welfare	✓
Ofsted is informed where allegations of serious harm or abuse by staff or volunteers are made, and notified of the action taken in respect of the allegations, within 14 days of the allegations being made	✓

Suitable people	✓
Systems are in place to ensure that staff and others who have regular contact with children are suitable for their roles: for example, safer recruitment policies and procedures	✓
Staff have been told that they will be expected to disclose any convictions, cautions, court orders, reprimands and warnings that may affect their suitability to work with children	✓

<p>Enhanced DBS checks with barred list checks have been obtained for all individuals aged 16 and over who:</p> <ul style="list-style-type: none"> • <i>Work directly with children</i> • <i>Live on the premises; and/or</i> • <i>Work on the premises when children are present (unless they do not work on the part of the premises where the childcare takes place, or do not work there at times when children are present)</i> 	<p>✓ N/A ✓</p>
<p>Individuals who have not undergone suitability checks are not allowed unsupervised contact with children</p>	<p>✓</p>
<p>Information about staff qualifications, identify checks and vetting processes is recorded, including:</p> <ul style="list-style-type: none"> • <i>Criminal records disclosure reference numbers</i> • <i>Date disclosure was obtained</i> • <i>Details of who obtained the disclosure</i> 	<p>✓ ✓ ✓</p>
<p>A referral is made to the Disclosure and Barring Service (DBS) where a member of staff is dismissed (or would have been, had they not left first) because they have harmed a child or put a child at risk of harm</p>	<p>✓</p>
<p>Procedures are in place to ensure that anyone who is disqualified from working in childcare, or living with a person who is, is not employed to work at the setting</p>	<p>✓</p>
<p>Appropriate action is taken to ensure the safety of children where information is found that may lead to the disqualification of an employee</p>	<p>✓</p>
<p>Ofsted is informed of any significant event (including disqualification) which is likely to affect the suitability of any person who is in regular contact with children on the premises</p>	<p>✓</p>
<p>The registered provider gives Ofsted the following information about themselves or any person who lives or is employed in the same household as the registered provider:</p> <ul style="list-style-type: none"> • <i>Details of any order, determination, conviction, or other ground for disqualification from registration under regulations made under section 75 of the Childcare Act 2006</i> • <i>The date of the order, determination or conviction, or the date when the other ground for disqualification arose</i> • <i>The body or court which made the order, determination or conviction, and the sentence (if any) imposed</i> • <i>A certified copy of the relevant order (in relation to an order or conviction)</i> <p>This information is given to Ofsted within 14 days of the date the provider became aware of the information or ought reasonably to have become aware of it if they had made reasonable enquiries</p>	<p>✓ ✓ ✓ ✓ ✓</p>
<p>Staff are not under the influence of alcohol or any other substance that is likely to affect their ability to care for children</p>	<p>✓</p>

Staff seek medical advice where they are taking medication that may affect their ability to care for children, and are only allowed to work directly with children if medical advice confirms the medication is unlikely to impair their ability to do so	✓
Staff medication is securely stored and out of reach of children at all times	✓

Staff qualifications, training, support and skills	✓
<p>All staff receive induction training which covers:</p> <ul style="list-style-type: none"> • Emergency evacuation procedures • Safeguarding and child protection • Health and safety issues 	✓ ✓ ✓
Staff are supported to undertake appropriate training and professional development opportunities	✓
<p>Arrangements are in place for the supervision of staff working with children and families, which provides opportunities for them to:</p> <ul style="list-style-type: none"> • Discuss any issues, particularly concerning children's development or wellbeing • Identify solutions • Receive coaching to improve their effectiveness 	✓ ✓ ✓
<p>The EYFS manager has:</p> <ul style="list-style-type: none"> • At least a full and relevant level 3 qualification; and • 2 or more years' experience working in an early years setting, or • 2 or more years' other suitable experience 	✓ ✓
There is a named deputy who is capable and qualified to take charge in the manager's absence	
At least half of all other staff hold at least a full and relevant level 2 qualification	✓ ✓
At least 1 person with a current paediatric first aid certificate is on premises at all times children are present, and accompanies children on outings	✓
All newly qualified early years workers who have completed a level 2 and/or level 3 qualification on or after 30 June 2016 and who are included in the required staff: child ratios at level 2 or level 3 have a full PFA or emergency PFA within 3 months of starting work	✓

The PFA training is renewed every 3 years and is relevant for workers caring for young children and, where relevant, babies	✓
Staff have sufficient understanding and use of English to ensure the wellbeing of children	✓

Staff ratios	✓
Each child is assigned a key person	✓
Staffing arrangements meet the needs of all children and ensure their safety	✓
Children are adequately supervised and staff are deployed in a way that ensures children's needs are met	✓
Parents and carers are informed about staff deployment and, where relevant and practical, are involved in decisions about deployment	✓
Children are always within sight and hearing	✓
Only those aged 17 or over are included in ratios (though staff working as apprentices in early education who are aged 16 or over can be included in ratios if the provider is satisfied that they are competent and responsible)	✓
Staff aged under 17 are supervised at all times	N/A
In reception classes there are never more than 30 children per teacher , except where permitted exceptions apply	✓
Where provision is solely before/after school care or holiday provision for children who normally attend reception class (or older) during the school day, there are sufficient staff as for a class of 30 children	N/A
<p>For children aged 3 or over (below reception class) the following ratios are always followed (including outings)</p> <p><i>For registered early years provision:</i></p> <p>Where a person with a suitable level 6 qualification is working directly with children:</p> <ul style="list-style-type: none"> • There is at least 1 member of staff per 13 children • At least 1 other member of staff holds a full and relevant level 3 qualification <p>Where a person with a suitable level 6 qualification is not working directly with children:</p>	N/A

<ul style="list-style-type: none"> • There is at least 1 member of staff per 8 children • At least 1 member of staff holds a full and relevant level 3 qualification • At least half of all other staff hold a relevant level 2 qualification 	✓ ✓ ✓
<p><i>For maintained nursery schools and nursery classes in maintained schools:</i></p> <ul style="list-style-type: none"> • There is at least 1 member of staff for every 13 children • At least 1 member of staff is a school teacher • At least 1 other member of staff holds a full and relevant level 3 qualification 	N/A
<p>For children aged 2 the following ratios are always followed</p> <ul style="list-style-type: none"> • There is at least 1 member of staff per 4 children • At least 1 member of staff holds a full and relevant level 3 qualification • At least half of all other staff hold a full and relevant level 2 qualification 	N/A
<p>For children under 2 the following ratios are always followed</p> <ul style="list-style-type: none"> • There is a least 1 member of staff per 3 children • At least 1 member of staff holds a full and relevant level 3 qualification and is suitably experienced in working with children under 2 • At least half of all other staff hold a full and relevant level 2 qualification • At least half of all staff have received training on the care of babies • Where there is a room for under 2-year-olds, the member of staff in charge of the room has suitable experience of working with under 2-year-olds 	N/A
<p>Where there are mixed-age groups, ratios are determined in line with relevant ratio and class size requirements and the needs of individual children</p>	✓

Health	✓
Procedures are in place for dealing with children who are ill or infectious	✓
Necessary steps are taken to prevent the spread of infection	✓
Appropriate action is taken if children are ill	✓
Illness/infection procedures are discussed with parents	✓
A policy and procedures for administering medicines, including systems for obtaining and updating information about medical needs, are in place	✓
Where administering medicines requires medical or technical knowledge, training is provided for staff	✓

Prescription medicines are not administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor)	✓
Medicines (both prescription and non-prescription) are only administered where written permission is obtained from a child's parent or carer to administer that particular medicine	✓
A written record is kept of each time medicine is administered	✓
Where medicine is administered to a child, their parents or carers are informed on the same day, or as soon as possible	✓
Meals, snacks and drinks are healthy, balanced and nutritious	✓
Information about special dietary requirements, preferences, food allergies and health requirements is obtained before children are admitted	✓
Information from parents and carers about dietary needs is recorded and acted on	✓
Fresh drinking water is available and accessible at all times	✓
An area equipped to provide healthy meals, snacks and drinks is provided	✓
Suitable facilities for the hygienic preparation of food (including sterilisation equipment where necessary) are provided	✓
Staff involved in preparing and handling food have received training in food hygiene	
Ofsted is informed where two or more children have food poisoning within 14 days of the incident	✓
A first aid box with contents suitable for use with children is accessible at all times	✓
Written records of accidents, injuries and first aid treatments are kept	✓
Parents and carers are informed of any accident, injury or first aid treatment on the same day or as soon as possible	✓

Ofsted and child protection agencies are notified of any serious accident, illness or injury to, or death of, any child, and the action taken, within 14 days of the incident	✓
Local child protection agencies are notified of any serious accident or injury to, or the death of, any child and any advice from those agencies is acted on	✓

Behaviour	✓
Written records of physical intervention are kept	✓
Parents and carers are informed of any physical intervention on the same day, or as soon as possible	✓
Corporal punishment and any other punishment that could adversely affect a child's wellbeing is never used or threatened	✓

Safety and suitability of premises, environment and equipment	✓
Health and safety legislation is complied with, including fire safety and hygiene requirements	✓
Appropriate insurance, including public liability insurance, is in place and in date	✓
Emergency evacuation procedures are in place	✓
Appropriate fire detection and control equipment is in place and in working order; for example, fire alarms, smoke detectors, fire blankets and and/or fire extinguishers	✓
Fire exits are clearly identifiable, and fire doors are free from obstruction and can be opened easily from the inside	✓
Smoking is prohibited on the premises	✓
The following indoor space requirements are adhered to: <ul style="list-style-type: none"> • Children under 2: 3.5m² per child • 2-year-olds: 2.5m² per child • Children aged 3-5 years: 2.3m² per child 	N/A N/A ✓

Access to an outdoor play area is provided, or outdoor activities are provided on a daily basis	✓
Legal requirements under the Equality Act 2010 are adhered to, including the duty to make reasonable adjustments for those with disabilities	✓
Sleeping children are frequently checked	✓
An adequate number of toilets and hand basins is available	✓
Separate toilet facilities for children and adults are available	✓
Hygienic nappy-changing facilities are available	✓
Clean bedding, towels, spare clothes and other necessary items are always available	✓
A separate baby room for children under 2 is provided	N/A
Children under 2 in the baby room have contact with older children and are moved into the older age group when appropriate	N/A
An area where staff may talk to parents and carers confidentially is provided	✓
An area where staff can take breaks away from children is provided	✓
Children are only released to their parents or carers, or to individuals who have been approved by their parents or carers	✓
Children do not leave the premises unsupervised	✓
Steps are taken to prevent unauthorised individuals entering the premises	✓
An agreed procedure for checking the identity of visitors is in place	✓
Where children stay overnight, any additional measures necessary are in place	N/A

All reasonable steps are taken to ensure staff and children are not exposed to risks and the setting can demonstrate how risks are managed	✓
Where necessary, written risk assessments are made. These should identify aspects of the environment that need to be checked on a regular basis, when and by whom those aspects will be checked, and how the risk will be removed or minimised	✓
On outings, any potential risks or hazards are assessed and steps are taken to remove, minimise and manage them. The risk assessment includes consideration of adult to child ratios	✓
Vehicles used to transport children, and the driver(s) of those vehicles, are adequately insured	✓

Special educational needs (SEN)	✓
Arrangements are in place to support children with SEN or disabilities	✓
The Special Educational Needs and Disability (SEND) Code of Practice is followed	✓
A SEN co-ordinator (SENCO) has been identified	✓

Information and record keeping	✓
Records are maintained and are easily accessible and available	✓
A regular, two-way flow of information between the school and parents or carers, and between providers, is maintained	✓
Information is shared with other professionals, the police, social services and Ofsted, as appropriate	✓
Parents' and carers' comments are incorporated into children's records upon request	✓
Confidential records are held securely and only accessible to those who have a right or professional need to see them	✓
The provider is aware of their duties under the Data Protection Act 1998, the Freedom of Information Act 2000 and GDPR (2018)	✓
All staff understand the need to protect the privacy of children	✓

Parents and carers are given access to their child's records (provided no legal exemptions apply)	✓
Records relating to individual children are retained for a reasonable period of time after they have left the provision	✓
The following information is recorded for each child: <ul style="list-style-type: none"> • Full name • Date of birth • Name and address of each known parent or carer • Information about any other person who has parental responsibility • Which parent(s) or carer the child normally lives with • Emergency contact details for parents and carers 	✓ ✓ ✓ ✓ ✓ ✓
The following information is made available to parents and carers: <ul style="list-style-type: none"> • How the EYFS is being delivered, and how parents/carers can access more information • What activities and experiences are provided • The daily schedule/routines • How parents can share learning at home • How children with SEN or disabilities are supported • What food and drinks are provided • Details of policies and procedures, including those for late collection and missing children • Staffing arrangements • Name of the child's key worker and their role • Telephone number for parents and carers to contact in an emergency 	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓
A written procedure for dealing with concerns and complaints is in place	✓
Written records of all complaints, and their outcomes, are kept	✓
Written complaints relating to the EYFS requirements are always investigated	✓
Complainants are notified of the outcome of the investigation within 28 days of receipt of the complaint	✓
The record of complaints is made available to Ofsted on request	✓
Parents are given information about how to contact Ofsted if they believe the EYFS requirements are not being met	✓
Parents and carers are notified if the provider becomes aware that the setting is to be inspected by Ofsted	✓
A copy of the Ofsted inspection report is sent to parents and carers	✓

<p>The following information is held:</p> <ul style="list-style-type: none"> • Name, home address and telephone number of the provider and any other person living or employed on the premises • Name, home address and telephone number of anyone else who is regularly in unsupervised contact with the children • Daily record of the names of children in the setting, hours they attend and the name of each child's key person • A certificate of registration, where necessary (if held, this must be displayed at the setting and shown to parents and carers on request) 	<p>✓ ✓ ✓ ✓</p>
<p>Ofsted is informed of any changes to the following:</p> <ul style="list-style-type: none"> • Address of the premises • Premises, where this may affect the space and quality of childcare available to children • Name, address or other contact details of the provider • Person who is managing the early years provision • The hours during which childcare is provided • The suitability to look after children of the provider or anyone who cares for or has regular contact with children on the premises • Name or registered number of the company/charity (where provision is provided by a company/charity) • The 'nominated individual' (where the childcare is provided by a partnership, body corporate or unincorporated association) • Individuals who are partners in, or a director, secretary or other officer or members of the provision's governing body (where the childcare is provided by a partnership, body corporate or unincorporated association whose sole or main purpose is the provision of childcare) 	<p>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</p>
<p>Where there is a change of person other than a manager, Ofsted is provided with the new person's:</p> <ul style="list-style-type: none"> • Current and former names/aliases • Date of birth • Home address 	<p>✓ ✓ ✓</p>
<p>Where there is a change of manager, Ofsted is notified that a new manager has been appointed. Notification is made in advance, where reasonably practicable to do so, but in other cases as soon as possible and always within 14 days</p>	<p>✓</p>



ANNEX 11

SAFEGUARDING AND CHILD PROTECTION POLICY 2020-2021 APPENDIX FOR EYFS

I, _____, hereby confirm
print name

that I have ***received, read and understood*** the EYFS Appendix of the MMPS Safeguarding and Child Protection Policy, (2020-2021) and I fully ***understand my safeguarding duties*** .

Signature: _____

Date: ____ / ____ / 20__

Please sign and hand this to D. Ghafari (DSL).