

Maple Medical PRU  
Safeguarding and  
Child Protection  
Policy April 2021

## Document provenance

This policy was approved by as follows –

Management Committee:

Date: April 2021

Frequency of review: Annually

*Unless there are legislative or regulatory changes in the interim, this policy will be reviewed annually. Should no substantive changes be required at that point, the policy will move to the next review cycle.*

### Summary of changes at last review:

- Changes to reflect the new Keeping Children Safe in Education (KCSIE) Department for Education (DfE, September 2020):
  - Greater emphasis on mental health
  - Greater emphasis on children with a social worker
  - Keeping children safe online includes when online at home
  - Inclusion of 'transferable risk' in relation to allegations
  - Inclusion of 'safeguarding concern' as well as allegation
  - Reference to schools leading on investigations into supply staff
  - Terminology change: Honour based abuse
  - Terminology change: Peer on peer or child on child abuse
- Changes to reflect the confirmation of the guidance issued by the Department for Education (DfE, 2019) about Relationships Education, Relationships and Sex Education (RSE) and Health Education including flexibility in the discharge of their duties
- Changes to reflect the guidance issued by the Department for Education (DfE, 2020) about safeguarding under the COVID-19 outbreak
  - Latest version: <https://www.gov.uk/government/publications/covid-19-safeguarding-in-schools-colleges-and-other-providers/coronavirus-covid-19-safeguarding-in-schools-colleges-and-other-providers>

The appendices are based on the Department for Education (DfE 2020) statutory guidance, *Keeping Children Safe in Education*:

**Academic year: 2020-2021**

<b>School Name:</b>	<b>Maple Medical PRU</b>
<b>Headteacher:</b>	<b>Kath Formby</b>
<b>Designated Safeguarding Lead (DSL):</b> <b>Single Point of Contact for Early Help (SPOC):</b>	<b>Kath Formby</b> <b>Louise Garner</b> <b>Jackie Holdsworth</b>
<b>Deputy Safeguarding Lead/s) (DDSL):</b>	<b>Daniel Shires</b> <b>Josie Blackmore</b> <b>Jane Morgan</b>
<b>Designated Safeguarding Management Committee member:</b>	<b>Mike Gallafent</b>
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<b>LADO contact details:</b>	Milovan Orlanditch Conference Chairs will deputise where required. Contact Details: 01302 737748 Low level LADO advice to: <a href="mailto:educationsafeguarding@doncaster.gov.uk">educationsafeguarding@doncaster.gov.uk</a>
<b>Doncaster Council: Children and Young Peoples Safeguarding</b>	Manager: Sarah Stokoe 01302 736743 Officers: Gill Whiteman 01302 862115 Dana Kelly 01302 736179 Email / online enquires: <a href="mailto:CYPSSafeguarding@doncaster.gov.uk">CYPSSafeguarding@doncaster.gov.uk</a>

Child Protection and Safeguarding Policy

**Definitions**

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

- Protecting children from maltreatment
- Preventing impairment of children’s mental and physical health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes.

**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. Appendix 1 explains the different types of abuse.

**Neglect** is a form of abuse and is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Appendix 1 defines neglect in more detail.

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

### **1. Introduction and purpose**

- 1.1. We are committed to safeguarding children and we expect all staff and visitors to Maple Medical PRU to share this commitment. We will always act in the best interest of the child.
- 1.2. Maple Medical PRU aims to ensure that:
  - Appropriate action is taken in a timely manner to safeguard and promote children’s welfare.
  - All staff are aware of, and understand fully their statutory responsibilities with respect to safeguarding
  - Staff are effectively trained in recognising and reporting safeguarding issues as part of our culture of vigilance.

### **2. Scope**

- 2.1. Safeguarding and child protection is **everyone’s** responsibility. This policy applies to all staff (including supply staff), ambassadors, guest speakers and volunteers in the Maple Medical PRU and is consistent with the procedures of the Local Safeguarding Partners. Our policy and procedures also apply to extended Maple Medical PRU and off-site activities.

### **3. Legislation and regulation**

- 3.1. This policy is based on the Department for Education’s (DfE) statutory guidance, [Keeping Children Safe in Education 2020](#) and [Working Together to Safeguard Children<sup>1</sup>](#), and the Department for Education (DfE) [Governance](#)

[Handbook<sup>2</sup>](#). We comply with this guidance and the procedures set out by our local safeguarding partners (see local circumstances Appendix 6 for further information).

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

3.3. **This policy is also based on the following legislation:**

- Section 175 of the [Education Act 2002](#), which places a duty on schools and local authorities to safeguard and promote the welfare of pupils.
- [The School Staffing \(England\) Regulations 2009](#), which set out what must be recorded on the single central record and the requirement for at least one person on a school interview/appointment panel to be trained in safer recruitment techniques.
- 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.

#### 4. Policy statement

- 4.1. Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it.
- 4.2. We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.
- 4.3. We give special consideration to students who:
  - Have special educational needs and/or disabilities;

- Are in need of a social worker
- Are young carers;
- May experience discrimination due to their race, ethnicity, faith and belief or no faith, age, gender identification; sexuality;
- Are pregnant or in receipt of paternity/maternity leave;
- Are married or in a civil partnership;
- Have English as an additional language;
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse, domestic abuse or poor mental health;
- Are at risk of FGM, sexual/criminal exploitation, forced marriage, or radicalisation;
- Are asylum seekers;
- Are looked after or who have been previously looked after
- Are privately fostered

## 5. Recognising abuse and taking action

5.1. Staff at Maple Medical PRU, Management Committee members and volunteers must follow the procedures set out below in the event of a safeguarding issue.

### **If a child is in immediate danger:**

5.2. Make a referral to children’s social care and/or the Police **immediately** if a child is in immediate danger or at risk of harm. **Anyone can make a referral.**

- Tell the Designated Safeguarding Lead (DSL) as soon as possible if you make a referral directly.
- We work in partnership with other agencies in the best interests of the children. Maple Medical PRU will, where necessary, liaise with the Police and any relevant external agency including GP, school nurse, and make a referral to children’s social care. Where the child already has a safeguarding social worker, the request for service should go immediately to the social worker involved, or in their absence to their team manager.
- The following link provides additional guidance for reporting child abuse to your local council: <https://www.gov.uk/report-child-abuse-to-local-council>
- **Details of how to make a referral is also included in the Maple Medical PRU local circumstances (Appendix 6) at the end of this policy.**

### **If a child makes a disclosure to you:**

5.3. If a child discloses a safeguarding issue to you, you should:

- Listen to and believe them;
- Allow them time to talk freely, ask open questions only and do not ask leading questions;
- Do not ask a child to write the disclosure down.
- Stay calm and do not show that you are shocked or upset; tell the child they have done the right thing in telling you;

- Do not tell them they should have told you sooner;
- Explain what will happen next and that you will have to pass this information on;
- Do not promise to keep it a secret;
- Speak directly to the DSL/Deputy DSL immediately. Please contact a member of the leadership team if you are unable to find a member of the safeguarding team;
- Record the conversation as soon as possible in the child's own words on the cause for concern form. Stick to the facts and do not put your own judgement on it. The record must include dates and times to ensure there is an accurate record; alternatively, if appropriate and there is immediate risk of harm, make a referral to children's social care and/or the Police directly, and tell the DSL as soon as possible that you have done so.

### **If you discover that FGM has taken place or a pupil is at risk of FGM**

- 5.4. So called honour based abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including FGM, forced marriage, and practices such as breast ironing. These are detailed below.
- 5.5. The Department for Education's (DfE 2020) *Keeping Children Safe in Education* explains that FGM comprises "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. It is also known as 'female genital cutting', 'circumcision' or 'initiation'.
  - **Possible** indicators that a pupil has already been subjected to FGM, and factors that suggest a pupil may be at risk, are set out in section 5.7 below.
  - **Any teacher** who discovers 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.
  - **The duty 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 must inform the DSL if they have any concerns that a pupil may be having FGM surgery in the future in the UK but also abroad. Staff must not examine pupils.
  - **Any other member of staff** who discovers that an act of FGM appears to have been carried out on a **pupil under 18** must speak to the DSL and follow the Maple Medical PRU local safeguarding procedures (see Appendix 6).
- 5.6. The DSL will make sure that staff have access to appropriate training to equip them to be alert to children affected by FGM or at risk of FGM. Indicators that FGM has already occurred include:
- A pupil confiding in a professional that FGM has taken place;
  - A mother/family member disclosing that FGM has been carried out;

- A family/pupil already being known to social services in relation to other safeguarding issues;
- Having unusual difficulty walking, sitting or standing, or looking uncomfortable;
- Finding it hard to sit still for long periods of time (where this was not a problem previously);
- Spending longer than normal in the bathroom or toilet due to difficulties urinating;
- Having frequent urinary, menstrual or stomach problems; avoiding physical exercise or missing PE;
- Being repeatedly absent from school, or absent for a prolonged period;
- Demonstrating increased emotional and psychological needs – for example, withdrawal or depression, or significant change in behaviour; being reluctant to undergo any medical examinations;
- Asking for help, but not being explicit about the problem; talking about pain or discomfort between her legs.

5.7. Potential signs that a pupil may be at risk of FGM include:

- The girl's family having a history of practising FGM (this is the biggest risk factor to consider);
- FGM being known to be practised in the girl's community or country of origin;
- A parent or family member expressing concern that FGM may be carried out;
- A family not engaging with professionals (health, education or other) or already being known to social care in relation to other safeguarding issues;
- Unexpected holiday abroad and rumours of surgery or rituals or traditions abroad; having a mother, older sibling or cousin who has undergone FGM;
- Having limited level of integration within UK society; confiding to a professional that she is to have a "special procedure" or to attend a special occasion to "become a woman";
- Talking about a long holiday to her country of origin or another country where the practice is prevalent, or parents stating that they or a relative will take the girl out of the country for a prolonged period;
- Requesting help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM;
- Talking about FGM in conversation – for example, a girl may tell other children about it (although it is important to take into account the context of the discussion);
- Being unexpectedly absent from school or visiting a surgeon from another country who is visiting the UK; having sections missing from her 'red book' (child health record) and/or attending a travel clinic or equivalent for vaccinations/anti-malarial medication.

5.8. The above indicators and risk factors are not intended to be exhaustive.

**If you have concerns about extremism and radicalisation**

5.9. Radicalisation refers to the process by which a person comes to support

terrorism and forms of extremism. Extremism is vocal or active opposition to fundamental British values, such as democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs. Terrorism is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause'

- 5.10. Schools have a duty to prevent children from being drawn into terrorism. The DSL will undertake Prevent awareness training and make sure that all staff have access to appropriate training to equip them to identify children at risk.
- 5.11. The DSL will assess the risk of children of Maple Medical PRU being drawn into terrorism. This assessment will be based on an understanding of the potential risk in our local area, in collaboration with our Local Safeguarding Partners.
- 5.12. If a child is not at immediate risk of harm, where possible, speak to the DSL first to agree a course of action. Alternatively, make a referral to the local authority children's social care directly if appropriate (see 'Referral' above).
- 5.13. Where there is a concern, the DSL will consider the level of risk and decide which agency to make a referral. This could include [Channel](#), the government's programme for identifying and supporting individuals at risk of being drawn into terrorism, or the local authority children's social care team. If there are concerns that the child is at risk of harm then a referral must be made to children's social care regardless of whether a Channel referral is deemed appropriate.
- 5.14. The Department for Education also has a dedicated telephone helpline, 020 7340 7264 that Maple Medical PRU staff and regional teams can call to raise concerns about extremism with respect to a pupil. You can also email [counter.extremism@education.gov.uk](mailto:counter.extremism@education.gov.uk). Note that this is not for use in emergency situations.
- 5.15. In an emergency, call 999 or the confidential anti-terrorist hotline on 0800 789 321 if you:
  - Think someone is in immediate danger;
  - Think someone may be planning to travel to join an extremist group;
  - See or hear something that may be terrorist-related.
- 5.16. We will ensure that suitable internet filtering is in place and equip our pupils to stay safe online at the Maple Medical PRU and at home.
- 5.17. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. Radicalisation can occur quickly or over a long period. Staff will be alert to changes in pupils' behaviour.
- 5.18. The government website Educate Against Hate <https://educateagainsthate.com/> and charity NSPCC say that signs that a pupil is being radicalised can include:
  - Refusal to engage with, or becoming abusive to, peers who are

different from themselves;

- Becoming susceptible to conspiracy theories and feelings of persecution
- Changes in friendship groups and appearance;
- Rejecting activities they used to enjoy;
- Converting to a new religion;
- Isolating themselves from family and friends;
- Talking as if from a scripted speech;
- An unwillingness or inability to discuss their views;
- A sudden disrespectful attitude towards others;
- Increased levels of anger;
- Increased secretiveness, especially around internet use;
- Expressions of sympathy for extremist ideologies and groups, or justification of their actions;
- Accessing extremist material online, including via social media platforms;
- Possessing extremist literature;
- Being in contact with extremist recruiters and joining, or seeking to join, extremist organisations.

5.19. Children who are at risk of radicalisation may have low self-esteem or be victims of bullying or discrimination. It is important to note that these signs can also be part of normal teenage behaviour – staff should have confidence in their instincts and seek advice if something feels wrong.

5.20. Staff must always take action if they are worried.

### **Forced marriage**

5.21. Forcing a person into marriage is a crime. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats, or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological and can come from parents and other family members or elders in a particular religion.

5.22. Staff will receive training around forced marriage and the presenting symptoms. We are aware of the 'one chance' rule, i.e. we may only have one chance to speak to the potential victim and only one chance to save them. If a member of staff suspects that a pupil is being forced into marriage, they will speak to the pupil about their concerns in a secure and private place. They will then report this to the DSL.

5.23. The DSL will:

- Speak to the pupil about the concerns in a secure and private place;
- Activate the local safeguarding procedures and refer the case to the local authority's designated officer;
- Seek advice from the Forced Marriage Unit on 020 7008 0151 or [fmufco.gov.uk](mailto:fmufco.gov.uk) ; refer the pupil to an education welfare officer, pastoral tutor, learning mentor, or school counsellor, as appropriate.

### **Breast ironing**

- 5.24. Breast Ironing is practiced in some African countries, notably Cameroon. Girls aged between 9 and 15 have hot pestles, stones or other implements rubbed on their developing breast to stop them growing further. In the vast majority of cases breast ironing is carried out by mothers or grandmothers and the men in the family are unaware. Estimates range between 25% and 50% of girls in Cameroon are affected by breast ironing, affecting up to 3.8 million women across Africa. Further information in relation to breast ironing can be found at [www.nationalfgmcentre.org.uk](http://www.nationalfgmcentre.org.uk).
- 5.25. The practice of breast ironing is seen as a protection to girls by making them seem 'child-like' for longer and reduce the likelihood of pregnancy. Breast ironing is more prevalent in cities. Cameroon has one of the highest rates of literacy in Africa and ensuring that girls remain in education is seen as an important outcome of breast ironing.
- 5.26. Breast ironing is a form of physical abuse that has been condemned by the United Nations and identified as Gender-based Violence.
- 5.27. Staff worried about the risk of breast ironing at Maple Medical PRU should speak to the Designated Safeguarding Lead as soon as possible.

### **Serious violence**

- 5.28. As included in KCSIE 2020, all staff should be aware of indicators, which may signal children are at risk from, or are involved with serious violent crime. These may include:
- increased absence from school;
  - a change in friendships or relationships with older individuals or groups;
  - a significant decline in performance;
  - signs of self-harm or significant change in well-being;
  - signs of assault or unexplained injuries;
  - Unexplained gifts or new possessions.
- 5.29. These could indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs.
- 5.30. All staff should be aware of the associated risks and understand the measures in place to manage these. Further advice can be provided in the Home Office's 2018 guidance documents: <sup>3</sup>*Preventing Youth Violence and Gang Involvement* and <sup>4</sup>*Criminal exploitation of children and vulnerable adults: county lines* guidance.

### **Child Exploitation**

- 5.31. A form of abuse that occurs where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into

sexual (CSE) or criminal (CCE) activity.

- 5.32. Child sexual exploitation (CSE) is where children are sexually exploited for money, power or status. This can involve violent, humiliating and degrading sexual assaults, but does not always involve physical contact and can happen online. For example, young people may be persuaded or forced to share sexually explicit images of themselves, have sexual conversations by text, or take part in sexual activities using a webcam.
- 5.33. Children or young people who are being sexually exploited may not understand that they are being abused. They often Maple Medical PRU their abuser and may be tricked into believing they are in a loving, consensual relationship.
- 5.34. Child criminal exploitation (CCE) is where children are used to complete criminal activity (a) in exchange for something they need (i.e. food/money), (b) for the financial or other advantage of the perpetrator, or (c) through violence or the threat of violence. This can also occur through the use of technology.
- 5.35. CCE can include county lines (see below) or children being forced to work in cannabis factories, forced to shoplift or pickpocket or to threaten other young people.
- 5.36. County lines is a form of CCE that refers to gangs or organised criminal networks exploiting children to transport illegal drugs/drug money into one or more importing areas (within the UK) using 'deal lines' (dedicated mobile phone lines). Children can easily become trapped by this type of exploitation as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.
- 5.37. If a member of staff suspects CSE or CCE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the DCST MASH/One Front Door and/or the Police, if appropriate without delay. Prompt response may prevent them or others being harmed.

Anyone with concerns about gang involvement can contact the Targeted Youth Support Service (TYS) and they will arrange to visit the child or young person and carry out an assessment at that point. The Team EPIC worker will keep the school informed of the outcome of the assessment, and any interventions that are put in place as a result. You will be part of any multi-agency meeting that arises as a result of their involvement with Team EPIC or other provision available from YYS.

In Doncaster a low level intelligence form (not a referral form) is in place. The DSL should complete this form and pass to the police should low level concerns emerge that may indicate CE.

The previous CSE team will now take on the name of CE to tackle both CSE and CCE. Local procedures are still developing – all procedures, including referral pathways and services can be accessed via the DSCP procedures

[http://doncasterscb.proceduresonline.com/chapters/p\\_gang\\_activity.html?zoom\\_highlight=CCE](http://doncasterscb.proceduresonline.com/chapters/p_gang_activity.html?zoom_highlight=CCE)

[http://doncasterscb.proceduresonline.com/chapters/p\\_child\\_sexual\\_exploit.html?zoom\\_highlight=CSE](http://doncasterscb.proceduresonline.com/chapters/p_child_sexual_exploit.html?zoom_highlight=CSE)

Professionals to refer concerns for advice and guidance through CSE Team  
Direct Number 01302 737200  
Referral to Children's Services 01302 737200

Low-level intelligence forms below can be used to alert services to suspected involvement in CSE (following guidance)  
The DSL will also consider CE/CSE and share information on any child, young person or family at risk to ensure correct procedures are followed.

Where child sexual exploitation or child criminal exploitation, or the risk of it, is suspected, frontline practitioners should complete a cause for concern form and pass onto the designated member of staff for child protection or contact the Child Exploitation Team.

The DSL should complete the CE checklist tool (see appendix 6) for partners and refer to the table at the end of the tool to help decide how to proceed; a copy of the completed tool must be kept on CPOMs for future reference.

If the child/young person already has an allocated social worker, the DSL must contact them (or their team manager) to discuss any concerns about child exploitation.

5.38. Indicators of child exploitation can include a child:

- Appearing with unexplained gifts or new possessions;
- Associating with other young people involved in exploitation;
- Having older boyfriends or girlfriends;
- Suffering from sexually transmitted infections or becoming pregnant;
- Displaying inappropriate sexualised behaviour;
- Suffering from changes in emotional wellbeing;
- Misusing drugs and/or alcohol;
- Going missing for periods of time, or regularly coming home late;
- Regularly missing school or education, or not taking part in education.

### **Domestic Abuse**

5.39. Domestic abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial; and emotional.

- 5.40. All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

### **Online Safety**

- 5.41. The prevalence of issues arising through children's access to the online world is significant and all staff should be aware of associated risks and signs/symptoms. These are categorised within KCSIE 2020 as:
- Content
  - Contact
  - Conduct
- 5.42. This includes non-age-appropriate content, self-harm and suicide, sexting, cyberbullying, grooming, radicalisation and gaming (now identified by the World Health Organisation as a disorder).
- 5.43. KCSIE 2020 makes specific reference to keeping children safe online including when they are online at home. This is partly in response to the significant impact of COVID-19 in relation to children's use of the online world and the challenges as a result.
- 5.44. Staff will receive training around online safety including the signs/symptoms for the 3 C's above as well as the signposting available to students in order to build their online resilience. We will also work with parents/carers to support them in how to keep their children safe online.
- 5.45. Maple Medical PRU will have appropriate filters for all its online access and monitor students' online use when using the Maple Medical PRU networks.
- 5.46. Specific reference to safeguarding in relation to access online can be found in the Maple Medical PRU E- Safety Policy and there is a link to CEOP on the website.

### **Mental Health**

- 5.47. KCSIE 2020 now has the inclusion of mental health within its definition of safeguarding. Supporting all children's mental health is a key priority for the Maple Medical PRU and this includes preventing/acting on abuse caused by impairment of a child's mental health or development. All staff will be trained in the signs/symptoms of poor mental health and will record their concerns on the cause for concern form, using the mental health category as well as informing the DSL immediately if they perceive that the child is at risk of harm (including through self-harm or suicide).

- 5.48. Poor mental health is an indicator of potential harm and potential adverse childhood experiences. Training for staff will include being aware of this link.
- 5.49. Specific reference to safeguarding in relation to mental health can be found within the Maple Medical PRU's mental health curriculum.

### **Extra-Familial Harms**

- 5.50. Safeguarding concerns can be associated with factors outside the home environment and all staff (but especially safeguarding teams) should be aware of the context that such concerns can occur. This includes issues that arise in Maple Medical PRU, between peers, within the local community or online.  
**Children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation and serious youth violence.**
- 5.51. Maple Medical PRU will consider all potential harms when assessing the risk to a pupil.

### **Private Fostering**

- 5.52. 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.
- 5.53. 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.
- 5.54. 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.
- 5.55. 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.
- 5.56. Maple Medical PRU has 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. The Maple Medical PRU will make it clear who has parental responsibility.
- 5.57. Maple Medical PRU staff will 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.
- 5.58. On admission to Maple Medical PRU, we will take steps to verify the relationship of the adults to the child who is being registered.

## **6. Safeguarding concerns or allegations of abuse**

### **Concerns about a staff member, volunteer or supply staff**

- 6.1. If there is a safeguarding concern or allegation that may meet the harm test then this should be addressed in line with Part 4 of KCSIE 2020. Information in relation to the harm test is provided in Part 4 through a link to '[Making barring referrals to the DBS](#)'.
- 6.2. Members of staff must comply with the requirements of the Department for Education (DfE) Teachers' Standards: <https://www.gov.uk/government/publications/teachers-standards>
- 6.3. Members of staff must comply with the Maple Medical PRU's staff code of conduct.  
Members of staff should recognise the '[Guidance for Safer Working practice for Adults who work with Children and Young People in Education \(2019\)](#)'.
- 6.4. In line with the Maple Medical PRU 's Whistleblowing Policy, if you have concerns about a member of staff, volunteer or supply staff, speak to the Headteacher. If you have concerns about the Headteacher, speak to the chair of Management Committee. You can also discuss any concerns about any staff member, volunteer or supply staff with the DSL.
- 6.5. The Headteacher/DSL will then follow the procedures set out in Appendix 3, if appropriate. The Headteacher/DSL will also inform the designated officer for the local authority (LADO) before investigating any allegation involving actual or suspected abuse of a child within 24 hours of disclosure and follow up referral in writing, using relevant contact pathways for the **MASH** (*Multi Agency Access Point*), which is Social Care and Early Help as one front door.
- 6.6. If the allegation of abuse is against the deputy or designated safeguarding person, the Head Teacher will speak with the Children and Young Peoples Safeguarding Team to discuss the next steps.
- 6.7. If the allegation is against the Head Teacher, the Chair of Management Committee should be contacted immediately and advice from the Doncaster Council Children and Young Peoples Safeguarding Team sought within 24 hours. If the allegation is against both the Headteacher and the Chair of Management Committee, the Doncaster Council Children and Young Peoples Safeguarding Team will be contacted. No member of staff will conduct their own investigation or pass on information to the alleged perpetrator.
- 6.8. In relation to allegations against supply staff, KCSIE 2020 states 'the school or college will usually take the lead because agencies do not have direct access to children or other school staff, so they will not be able to collect the facts when an allegation is made, nor do they have all the relevant information required by the LADO as part of the referral process'. Therefore, the Maple Medical PRU will act as lead professional for these allegations and communicate regularly with the LADO and supply agency. Supply agencies will be informed of the Maple Medical PRU process for managing allegations.
- 6.9. Maple Medical PRU will inform Ofsted of the allegation and actions taken, particularly if the child is below compulsory school age or within the EYFS, within the necessary timescale (see Appendix 3 for more detail).

## **Allegations of abuse made against other pupils (peer-on-peer or child on child abuse)**

- 6.10. We recognise that children are capable of abusing their peers/other children. Abuse will never be tolerated or passed off as “banter” or “part of growing up”.
- 6.11. Most cases of pupils hurting other pupils will be dealt with under our Maple Medical PRU behaviour policy, but this policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:
- Is serious, and potentially a criminal offence;
  - Could put pupils in the school at risk;
  - Is violent;
  - Involves pupils being forced/coerced into drugs or alcohol;
  - Involves criminal exploitation, such as threatening other children into criminal activity
  - Involves sexual exploitation, abuse, violence or harassment, such as indecent exposure, sexual assault, or sexually inappropriate pictures or videos (including sexting).
- 6.12. Staff are made aware of the importance of: making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up; not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and upskirting (as per KCSIE 2020); dismissing or tolerating such behaviours risks normalising them.
- 6.13. Up skirting, 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 alarm. This is a criminal offence under the Voyeurism (Offences) Act 2019 and victims can be of any gender or identification.
- 6.14. When referring to sexual harassment we mean ‘unwanted conduct of a sexual nature’ that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment. Sexual harassment is likely to: violate a child’s dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.
- 6.15. Whilst not intended to be an exhaustive list, sexual harassment can include: sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names:
- Sexual “jokes” or taunting;
  - Physical behaviour, such as: deliberately brushing against someone, interfering with someone’s clothes and displaying pictures, photos or drawings of a sexual nature; and online sexual harassment; non-consensual sharing of sexual images

- and videos;
- Sexualised online bullying;
- Unwanted sexual comments and messages, including, on social media;
- And sexual exploitation; coercion and threat.

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

- You must tell the DSL and record the allegation, but do 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 – both the victim(s) and the child(ren) against whom the allegation has been made – with a named person they can talk to if needed; the wellbeing of all children involved is essential and the DSL will contact specialist mental health services, if appropriate.
- 6.16. We will minimise the risk of peer-on-peer/child on child abuse by: challenging any form of derogatory or sexualised language or behaviour; being vigilant to issues that particularly affect different genders – for example, 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 pupils know they can talk to staff confidentially; 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.

**If you have concerns about a child (as opposed to a child being in immediate danger)**

- 6.17. Figure 1 (below) illustrates the procedure to follow if you have concerns about a child’s welfare and the child is not in immediate danger.
- 6.18. Where possible, speak to the DSL first to agree a course of action. Alternatively, make a referral to local authority children’s social care directly (see ‘Referral’ below).
- 6.19. You can also contact the charity NSPCC on 0808 800 5000 if you need advice on the appropriate action.

**Early help**

- 6.20. If early help is appropriate, the DSL will support you in liaising with other agencies and setting up an inter-agency assessment as appropriate.
- 6.21. The DSL will keep the case under constant review and the school will consider a referral to local authority children’s social care if the situation does not seem to be improving. Timelines of interventions will be monitored and reviewed.

## **Referral**

- 6.22. If it is appropriate to refer the case to local authority children's social care or the Police, the DSL will make the referral or support you to do so.
- 6.23. If you make a referral directly, you must tell the DSL as soon as possible.
- 6.24. The local authority will make a decision within 1 working day of a referral about what course of action to take and will let the person who made the referral know the outcome. The DSL or person who made the referral must follow up with the local authority if this information is not made available and ensure outcomes are properly recorded.
- 6.25. If the child's situation does not seem to be improving after the referral, the DSL or person who made the referral must contact the local authority and make sure the case is reconsidered to ensure the concerns have been addressed and the child's situation improves.
- 6.26. If at any point staff at Maple Medical PRU feel that the rationale/justification for the decisions made by social care do not ensure that the child is prevented from risk of harm then they will escalate their concerns in line with the social care escalation policy/procedure. This must be recorded on the pupil's concerns file.
- 6.27. In the case of poorly explained serious injuries or where behaviour concerns arouse suspicion, the designated teacher will consult with the **DCS Trust MASH Service (formerly R&R)** on 01302 737777. If out of hours, the emergency Doncaster Children's trust Social Care out of Hours team - (ESST) 01302 796000 (after 5.00pm and before 8.30 am weekdays and weekends).  
For urgent referrals or advice, the **MASH Professionals' Line** is displayed in the DSL's office.  
For advice relating sp displayed in the DSL's office specifically to concerns around the mental health of a child/young person, advice can be provided by ringing the MASH Mental Health Specialist Advice Line 01302 796191.  
All parents and carers of families can contact the general contact number on 01302 737777. All staff are aware of the new MASH/One Front Door Social Care Referral procedures. <https://dscp.org.uk/report-concern>

## **Allegations and/or Complaints against staff**

- 6.28. Allegations and/or complaints against staff that are likely to require a child protection investigation will be handled in accordance with our procedures for dealing with allegations of abuse made against staff (see Appendix 3). For use of reasonable force, please refer to the Physical Intervention Policy.

## **Other complaints**

- 6.29. If concerns are raised by parents/carers that relate to a possible safeguarding issue, the matter will be referred to the Designated Safeguarding Lead on the

senior leadership team and will be handled in line with this Child Protection and Safeguarding Policy. If the concerns related to the premises, the Headteacher would work collaboratively with the Local Authority to investigate the concerns further and take action if required.

- 6.30. In the EYFS, there is a written procedure for dealing with concerns and complaints from parents and/or carers, and will keep a written record of any complaints, and their outcome.
- 6.31. Early years providers will make available to parents and/or carers details about how to contact Ofsted if they believe the provider is not meeting the EYFS requirements. Parents and /or carers will be made aware if they are to be inspected by Ofsted. A copy of the report will be issued to parents and/or carers of children attending on a regular basis.

### **Whistle-blowing**

- 6.32. Maple Medical PRU has a separate whistle-blowing policy that covers concerns regarding the way Maple Medical PRU safeguards pupils – including poor or unsafe practice, or potential failures.

## **7. Training**

### **All staff**

- 7.1. All staff members will undertake safeguarding and child protection training at induction, including child protection and safeguarding policy, behaviour policy, the staff code of conduct, CME, whistle-blowing procedures, and the role of the DSL, to ensure they understand Maple Medical PRU 's safeguarding systems and their responsibilities, and can identify signs of possible abuse or neglect. This training will be annually updated and will be in line with advice from our Local Safeguarding Partners.
- 7.2. All staff are responsible for ensuring that their individual understanding of safeguarding is up to date at all times and will have read part 1 of the latest version of KCSIE. Staff must be aware who they should approach with concerns or questions.
- 7.3. 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.
- 7.4. Staff will also receive regular safeguarding and child protection updates (for example, through emails, e-bulletins and staff meetings) as required, but at least annually.

### **The Designated Safeguarding Lead and Deputy/Deputies**

- 7.5. The DSL and deputies will undertake child protection and safeguarding annually. They must attend 3 of the 4 DSL network meetings and undertake at least another 2 hours of level 3 training annually. They will attend DSL network meetings to ensure they meet the KCSIE 'regular refresh' requirement. They must also undertake Early Help and Signs of Safety training every 3 years in order to maintain their level 3 certificate.
- 7.6. In addition, they will update their knowledge and skills at regular intervals and at least annually (for example, through e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding policy documents and national updates).
- 7.7. They will also undertake Prevent awareness training to enable them to provide advice and support to other members of staff on protecting children from the risk of radicalisation. This must be refreshed every 2 years

## **All Pupils**

- 7.8 Maple Medical PRU will ensure all pupils develop their knowledge and understanding of all safeguarding areas in an age appropriate manner. This will be mapped out by Maple Medical PRU at the start of each academic year and may take the form of assemblies, PSHE sessions, off-curriculum days, notice boards, displays, posters or bespoke sessions from external providers. Where necessary, the Maple Medical PRU will be responsive to local context and circumstances. Pupils will learn how to identify and manage risks as well as how mitigate against those risks and how to raise a concern at any time.

## **8. Children missing from education**

### **8.1. Children missing from education**

The numbers of CME will be reported on by Maple Medical PRU regularly and will be reviewed by Maple Medical PRU . Any concerns will be immediately addressed (i.e. asking about the steps being taken to trace and track the movement of CME pupils and actions being taken to ensure their safety). Senior leaders must have an overview of all cases of deleting pupils from roll and identify the reasons why a child has been removed.

- 8.2. A child going missing from education is a potential indicator of abuse or neglect, and such children are at risk of being victims of harm, exploitation or radicalisation. There are many circumstances where a child may become missing from education, but some children are particularly at risk. These include children who:

- Are at risk of harm or neglect;
- Come from Gypsy, Roma, or Traveller families;
- Come from the families of service personnel;
- Go missing or run away from home or care;
- Are supervised by the youth justice system; come from new migrant families.

- 8.3. We will follow our procedures for unauthorised absence and for dealing with children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future. This includes informing the local authority if a child leaves Maple Medical PRU without a new school being named and adhering to requirements with respect to sharing information with the local authority, when applicable, when removing a child's name from the admission register at non-standard transition points.
- 8.4. Staff will be trained in signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns which may be related to being missing, such as travelling to conflict zones, FGM and forced marriage.
- 8.5. If a staff member suspects that a child is suffering from harm or neglect, we will follow local child protection procedures, including with respect to making reasonable enquiries. We will make an immediate referral to the local authority children's social care team, and the Police, if the child is in immediate danger or at risk of harm.
- 8.6. Parents/carers will be supported to ensure that they provide at least two emergency contacts for their child and that the Maple Medical PRU is updated if these numbers change.

## 9. Recruitment - interview/appointment panels

- 9.1. At least one person on any interview/appointment panel for a post at Maple Medical PRU will have undertaken safer recruitment training. This will cover, as a minimum, the contents of the Department for Education's (DfE) statutory guidance, *Keeping Children Safe in Education* September 2020 and be in line with local safeguarding procedures.

## 10. Staff who have contact with pupils and families

All staff who have contact with children and families will have supervisions which will provide them with support, coaching and training, promote the interests of children and allow for confidential discussions of sensitive issues. This may be through their line management structure with specific safeguarding supervision being available to DSLs.

## 11. Responsibilities

### **All staff**

- 11.1. All staff will read and sign to confirm their understanding of Part 1 and Annex A of the Department for Education's (DfE 2020) statutory safeguarding guidance, [Keeping Children Safe in Education](#), and **review this guidance at least annually.**

11.2. All staff will be aware of:

- Our systems which support safeguarding, including the staff code of conduct policy, the role of the Designated Safeguarding Lead (DSL), the behaviour policy, and the safeguarding response to children who go missing from education;
- The early help process 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; 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;
- What to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, including statutory duties such as reporting FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals;
- The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child sexual exploitation (CSE), FGM and radicalisation.
- How to raise a safeguarding concern or allegation in relation to a member of staff, volunteer or supply staff.

### **The Designated Safeguarding Lead (DSL)**

- 11.3. The DSL takes lead responsibility for child protection and wider safeguarding.
- 11.4. During term time, the DSL will be available during school hours for staff to discuss any safeguarding concerns.
- 11.5. The contact details of the DSL and Deputy DSL and the Safeguarding Management Committee member can be found at the front of this policy.
- 11.6. When the DSL is absent, the deputies will act as cover.
- 11.7. If the DSL and deputies are not available, the Headteacher must arrange for appropriate cover (for example, during out-of-hours/out-of-term activities). This may include the DSL or deputies being contactable by phone and the lead member of staff having access to this. Staff should speak to the lead member of staff and/or take advice from Social Care if unable to speak to the DSL/DDSL.
- 11.8. The DSL will be given the time, funding, training, resources and support to provide advice and support to other staff on child 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 suspected cases, as appropriate, to the relevant body (local authority children's social care, Channel programme, Disclosure and

Barring Service, and/or Police), and support staff who make such referrals directly;

- The DSL will also keep the chair of MC informed of any issues and liaise with local authority case managers and designated officers for child protection concerns as appropriate.
- Link with the three local safeguarding partners and other external agencies as required. In relation to the Police, this will include consideration for 'When to call the Police'.

11.9. The role of DSL and Deputy DSL is explicit in the role holder's job description. The full description of their responsibilities is set out in Appendix 5.

### **Governance**

11.10. The Management Committee of Maple Medical PRU will approve this policy at each review. In upholding their governance function, the Safeguarding MC member will hold the Headteacher to account for its implementation.

11.11. The safeguarding MC member will ensure Maple Medical PRU contributes to multi-agency working in line with the DfE statutory guidance *Working Together to Safeguard Children 2018*. Maple Medical PRU must understand their role in the new safeguarding partner arrangements in the local authority.

11.12. The safeguarding MC member will monitor the effectiveness of this policy. They are responsible for liaising with the Headteacher / Designated Safeguarding Lead over all matters regarding child protection issues.

11.13. The safeguarding MC member will liaise with the Headteacher / Designated Safeguarding Lead to produce an annual report for the local authority (s175/s157).

11.14. The chair of MC, will act as the 'case manager' in the event that an allegation of abuse is made against the Headteacher, where appropriate (see Appendix 3).

### **The Headteacher**

11.15. The Headteacher, or where appropriate her/his deputy, is responsible for the implementation of this policy, including:

- Ensuring that staff (including temporary/supply staff) and volunteers are informed of this policy as part of their induction; communicating this policy to parents when their child joins Maple Medical PRU and via Maple Medical PRU website;
- Ensuring that the DSL has appropriate time, funding, training and resources, and that there is always adequate cover if the DSL is absent;

- Ensuring that all staff undertake appropriate safeguarding and child protection training and update this regularly;
- Acting as the 'case manager' in the event of an allegation of abuse made against another member of staff, volunteer or supply staff, where appropriate (see Appendix 3);
- Ensuring the relevant staffing ratios are met, where applicable;
- Ensuring that each child in the Early Years Foundation Stage is assigned a key person.

## **Confidentiality**

11.16. Maple Medical PRU has a separate policy with respect to confidentiality and data protection. This includes a list of guidelines for staff to follow to avoid breaching confidentiality. All staff must be aware that:

- Timely information sharing is essential to effective safeguarding (including withholding personal information for the purposes of keeping a child safe);
- Information must only be shared on a 'need-to-know' basis, but you do not need consent to share information if a child is suffering, or at risk of, serious harm;
- Staff should never promise a child that they will not tell anyone about an allegation, as this may not be in the child's best interests;
- Confidentiality is also addressed in this policy with respect to record-keeping in section 11, and allegations of abuse against staff in Appendix 3.

## **12. Notifying parents/carers**

- 12.1. Where appropriate, we will discuss any concerns about a child with the child's parents/carers. The DSL will normally do this in the event of a concern or disclosure.
- 12.2. Other staff will only talk to parents/carers about any such concerns following consultation with the DSL.
- 12.3. If we believe that notifying the parents/carers would increase the risk to the child, we will discuss this with the local authority children's social care team before doing so.
- 12.4. In the case of allegations of abuse made against other children, we will normally notify the parents of all the children involved unless this would impact upon any potential investigation or place any children at risk of harm.

## **13. Mobile phones and cameras**

- 13.1. No member of staff may use their own tablet, phone or other device to take photographs whilst children are present. Maple Medical PRU tablets, phones,

devices may only be used in the main classroom area (not toilets or changing rooms or where children are changing their clothes) during work time when they may want a record of a child's learning for assessment purposes.

- 13.2. Staff are allowed to bring their personal phones to Maple Medical PRU for their own use but will limit such use to non-contact time when pupils are not present. Staff members' personal phones will remain in their bags or cupboards during contact time with pupils unless needed in a lesson such as ICT.
- 13.3. Staff will not take pictures or recordings of pupils on their personal phones or cameras. This includes at performance events. Headteachers and other key roles will be provided with a mobile device.
- 13.4. We will follow the General Data Protection Regulation<sup>4</sup> which formed the Data Protection Act 2018 when taking and storing photos and recordings for use in Maple Medical PRU .

#### 14. **Monitoring and compliance**

- 14.1. The Department for Education (DfE 2020) *Keeping Children Safe in Education* requires schools and colleges in England to "ensure appropriate filters and appropriate monitoring systems are in place. There is additional guidance how to teach pupils to be safe online on the DfE guidance.
- 14.2. Children should not be able to access harmful or inappropriate material from Maple Medical PRU 's IT system" however, schools will need to "be careful that "over blocking" does not lead to unreasonable restrictions as to what children can be taught with regards to online teaching and safeguarding."
- 14.3. We recognise that no filter can be guaranteed to be 100% effective. The Headteacher along with the Site Manager, will check that Maple Medical PRU are satisfied that their filtering system manages the following content (and web search). The filtering will have regard to:
  - Discrimination – a web search that promotes the unjust or prejudicial treatment of people on the grounds of race, religion, age, sexuality, gender identity, disability; drugs/substance abuse - displays or promotes the illegal use of drugs or substances;
  - Extremism - promotes terrorism and terrorist ideologies, violence or intolerance; malware/hacking - promotes the compromising of systems including anonymous browsing and other filter bypass tools as well as sites hosting malicious content;
  - Pornography - displays sexual acts or explicit images; piracy and copyright theft - includes illegal provision of copyrighted material;
  - Self-harm - promotes or displays deliberate self-harm (including suicide and eating disorders); violence - displays or promotes the use

of physical force intended to hurt or kill.

14.4. Maple Medical PRU makes sure that their filtering system meets the following principles:

- Age appropriate, differentiated filtering – includes the ability to vary filtering strength appropriate to age and role; has the ability and ease of use that allows academies to control the filter themselves to permit or deny access to specific content;
- The filtering provider publishes a rationale that details their approach to filtering with classification and categorisation as well as over blocking;
- The filtering system has the ability to identify users;
- Mobile and App content – mobile and app content is often delivered in entirely different mechanisms from that delivered through a traditional web browser. To what extent does the filter system block inappropriate content via mobile and app technologies (beyond typical web browser delivered content);
- Multiple language support – the ability for the system to manage relevant languages. Network level filtering should be applied at 'network level' i.e., not reliant on any software on user devices;
- Reporting mechanism – the ability to report inappropriate content for access or blocking. Reports – the system offers clear historical information on the websites visited by your users.

14.5. We recognise that no monitoring can guarantee 100% effectiveness. Maple Medical PRU will make sure that there are appropriate monitoring systems in place to check for:

- Content that is illegal, for example child abuse images and terrorist content;
- The repeated use of force, threat or coercion to abuse, intimidate or aggressively dominate others;
- Encouraging the child into a coercive/manipulative sexual relationship. This may include encouragement to meet;
- Promotes the unjust or prejudicial treatment of people on the grounds of race, religion, age, sex, sexuality, disability or gender identity;
- Displays or promotes the illegal use of drugs or substances;
- Promotes terrorism and terrorist ideologies, violence or intolerance;
- Displays sexual acts or explicit images;

- Promotes or displays deliberate self-harm; promotes the use of physical force intended to hurt or kill; suggest the user is considering suicide.

14.6. Maple Medical PRU ensures that the content is age appropriate – includes the ability to implement variable monitoring appropriate to age. The system includes the capability to monitor personal mobiles and app technologies (i.e. not owned by the school), ensure it is deployed and supported and how data is managed.

### **Impact**

14.7. The Site Manager and the IT support from ACS uses monitoring results to inform policy and practice. All users are made aware that their online access is being monitored via staff training, staff handbooks, morning meetings to pupils and computing lessons.

### **Record-keeping**

14.8. We will hold records in line with our Information and Records Retention Policy and data protection legislation.

14.9. All safeguarding concerns, discussions, decisions made and the reasons for those decisions, must be recorded on the pupils' concerns file. If you are in any doubt about whether to record something, discuss it with the DSL. Non-confidential records will be easily accessible and available. Confidential information and records will be held securely and only available to those who have a right or professional need to see them.

14.10. Safeguarding records relating to individual children will be retained for a reasonable period of time after they have left Maple Medical PRU. The safeguarding records are all stored in a secure room. There are historic paper records still held within Maple Medical PRU that are used when required. Maple Medical PRU follow the LA policy that provides additional information for how long the records are held.

14.11. Maple Medical PRU will share information with other agencies and when this is appropriate, in line with your local safeguarding procedures.

14.12. Appendix 2 sets our recruitment and pre-employment checks.

14.13. Appendix 3 sets out our policy respect to allegations of abuse made against staff.

### **Covid 19 updates.**

The DfE guidance for safeguarding under COVID-19 will be applied in the following ways:

15.1

If the DSL or deputy cannot be on site under extenuating circumstances because

of COVID-19 then the most senior member of staff on site becomes the single point of contact. All staff will be informed of this and the DSL or deputy will be contactable by phone.

15.2 Appropriate time will be given (including within safeguarding teams) to complete check-ins with pupils due to the likely increase in safeguarding concerns after the period of lockdown and the increased isolation/lack of routine for many children. This has been mitigated against through the robust welfare check process completed across Maple Medical PRU.

15.3 Those pupils who are most vulnerable (including those with SEND) will be identified by Maple Medical PRU and additional support/interventions provided to enable a successful reintegration back into school and to address any concerns that exist following the period of lockdown.

15.4 Whilst pupils will be encouraged and supported to return the school, further emphasis on supporting pupils' online safety including if they are working from home will be given.

15.5 Maple Medical PRU will work closely with local safeguarding partners (including Social Care for pupils with a social worker) in relation to specific arrangements to ensure the safety of pupils.

15.6 DSL training (refresher and new) has been prioritised and coordinated as soon as possible whilst the in-house safeguarding awareness session provides appropriate coverage in the interim.

15.7 Staff training may be additionally supplemented or achieved through online sessions and/or remote TEAMS sessions as required.

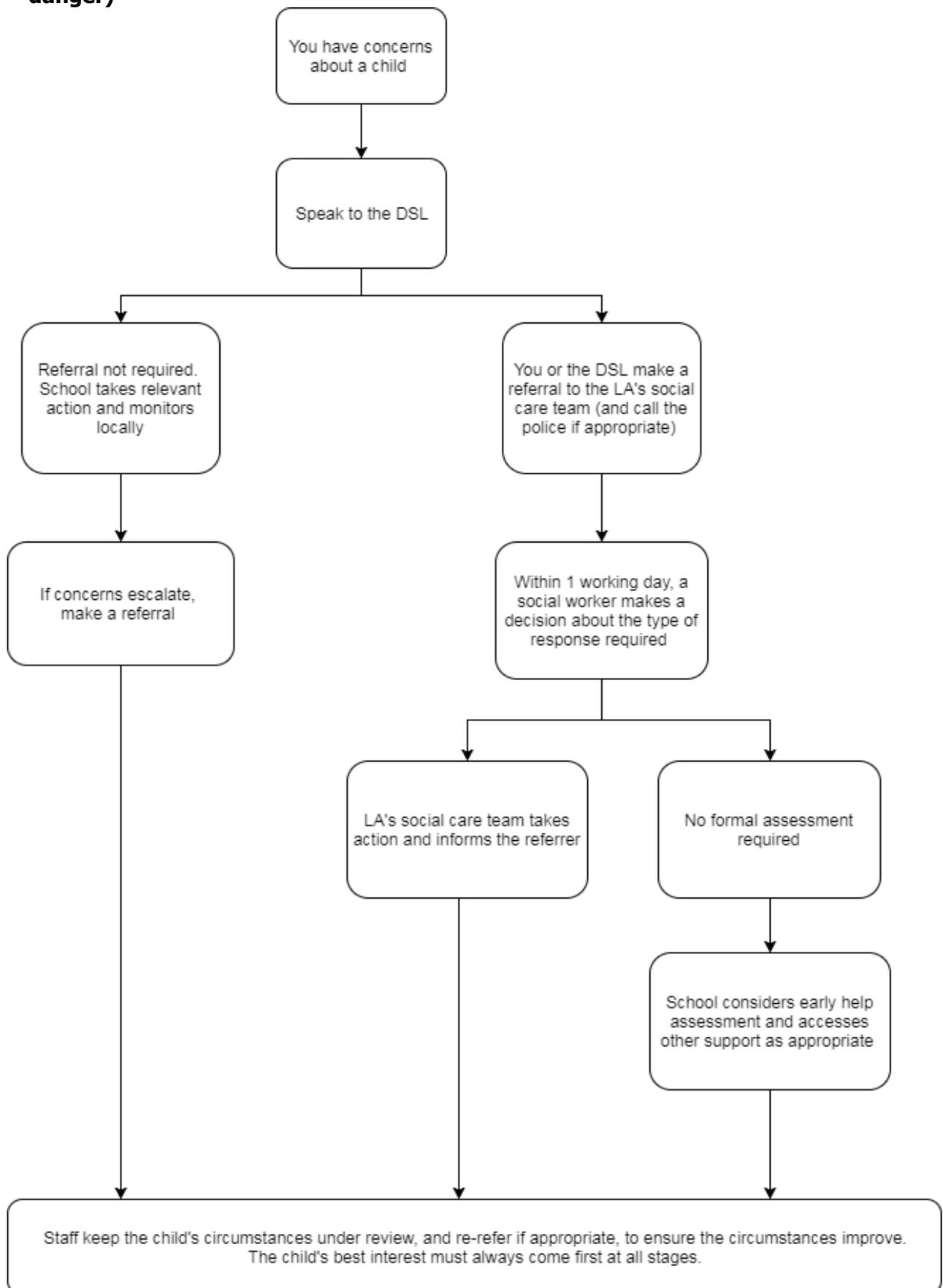
15.8 Attendance will be recorded using Maple Medical PRU SIMs system and any pupils who do not attend will be followed up with parents/carers and external agencies as appropriate from the first day of absence. Support will be provided to pupils and/or parents/carers who inform Maple Medical PRU that they do not wish to return under the current COVID-19 situation. This will be determined on an individual basis with consideration for all factors such as safeguarding/medical/mental health.

15.9 Any safer recruitment checks on new starters will be completed and recorded on the Maple Medical PRU SCR prior to the member of staff attending site in regulated activity.

## **16 Policy Review**

This policy will be reviewed **annually**. At every review, it will be approved by the full Management Committee of Maple Medical PRU.

**Figure 1: Procedure if you have concerns about a child's welfare (no immediate danger)**



## **Appendix 1: types of abuse**

Abuse, including neglect, and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap.

**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.

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

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

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

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

## **Appendix 2: Safer Recruitment and DBS checks – policy and procedures**

We will record all information on the checks carried out in Maple Medical PRU 's single central record (SCR). Copies of these checks, where appropriate, will be held in individuals' personnel files. We follow requirements and best practice in retaining copies of these checks, as set out below.

### **Appointing new staff**

When appointing new staff, we will:

- Verify their identity
- Obtain (via the applicant) an enhanced Disclosure and Barring Service (DBS) certificate, including barred list information for those who will be engaging in regulated activity (see definition below). We will not keep a copy of this for longer than 6 months
- Ensure a risk assessment is in place if they start work in regulated activity before the DBS certificate is available
- Verify their mental and physical fitness to carry out their work responsibilities
- Verify their right to work in the UK. We will keep a copy of this verification for the duration of the member of staff's employment and for 2 years afterwards
- Verify their professional qualifications, as appropriate
- Ensure they are not subject to a prohibition order if they are employed to be a teacher
- Carry out further additional checks, as appropriate, on candidates who have lived or worked outside of the UK, including (where relevant) any teacher sanctions or restrictions imposed by a European Economic Area professional regulating authority, and criminal records checks or their equivalent
- Check that candidates taking up a management position are not subject to a prohibition from management (section 128) direction made by the secretary of state
- Ask for written information about previous employment history and check that information is not contradictory or incomplete.

We will seek references on all short-listed candidates, including internal candidates, before interview. We will scrutinise these and resolve any concerns before confirming appointments.

**Regulated activity** means a person who will be:

- Responsible, on a regular basis in a school or college, for teaching, training, instructing, caring for or supervising children
- Carrying out paid, or unsupervised unpaid, work regularly in a school or college where that work provides an opportunity for contact with children
- Engaging in intimate or personal care or overnight activity, even if this happens only once and regardless of whether they are supervised or not.

## **Existing staff**

If we have concerns about an existing member of staff's suitability to work with children, we will carry out all the relevant checks as if the individual was a new member of staff. We will also do this if an individual moves from a post that is not regulated activity to one that is.

We will refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult:

- Where the 'harm test' is satisfied in respect of the individual (i.e. that no action or inaction occurred but the present risk that it could was significant)
- Where the individual has received a caution or conviction for a relevant offence
- If there is reason to believe that the individual has committed a listed relevant offence, under the [Safeguarding Vulnerable Groups Act 2006 \(Prescribed Criteria and Miscellaneous Provisions\) Regulations 2009](#)
- If the individual has been removed from working in regulated activity (paid or unpaid) or would have been removed if they had not left

## **Agency and third-party staff**

We will obtain written notification from any agency or third-party organisation that it has carried out the necessary safer recruitment checks that we would otherwise perform. We will also check that the person presenting themselves for work is the same person on whom the checks have been made.

## **Contractors**

We will ensure that any contractor, or any employee of the contractor, who is to work at the school has had the appropriate level of DBS check. This will be:

- An enhanced DBS check with barred list information for contractors engaging in regulated activity;
- An enhanced DBS check, not including barred list information, for all other contractors who are not in regulated activity but whose work provides them with an opportunity for regular contact with children.

We will obtain the DBS check for self-employed contractors.

We will not keep copies of such checks for longer than 6 months.

Contractors who have not had any checks will not be allowed to work unsupervised or engage in regulated activity under any circumstances.

We will check the identity of all contractors and their staff on arrival at Maple Medical PRU

.

## **Trainee/student teachers**

Where applicants for initial teacher training are salaried by us, we will ensure that all necessary checks are carried out, as detailed in appointing new staff.

Where trainee teachers are fee-funded, we will obtain written confirmation from the training provider that necessary checks have been carried out and that the trainee has been judged by the provider to be suitable to work with children.

## **Volunteers**

We will:

- Never leave an unchecked volunteer unsupervised or allow them to work in regulated activity
- Obtain an enhanced DBS check with barred list information for all volunteers who are new to working in regulated activity
- Obtain an enhanced DBS check without barred list information for all volunteers who are not in regulated activity, but who have an opportunity to come into contact with children on a regular basis, for example, supervised volunteers
- Carry out a risk assessment when deciding whether to seek an enhanced DBS check for any volunteers not engaging in regulated activity.

## **Governance**

- All persons within the governance structure will have the necessary checks completed prior to commencement of their role. Some checks are determined by whether their role includes working in regulated activity with children at Maple Medical PRU .
- All other checks in line with the KCSIE 2020 safer recruitment requirements also apply.

## **Adults who supervise pupils on work experience**

When organising work experience, we will ensure that policies and procedures are in place to protect children from harm.

We will also consider whether it is necessary for barred list checks to be carried out on the individuals who supervise a pupil under 16 on work experience. This will depend on the specific circumstances of the work experience, including the nature of the supervision, the frequency of the activity being supervised, and whether the work is regulated activity. The decision and any risk assessment required will be recorded on file.

## **Checking the identity and suitability of visitors**

**All visitors** will be required to verify their identity to the satisfaction of staff at reception.

If the visitor is unknown to the setting, we will check their credentials and reason for visiting before allowing them to enter the setting. Visitors should be ready to produce identification.

Visitors are expected to sign in and wear a visitor's badge

All visitors to our setting, including visiting speakers, will be accompanied by a member of staff in regulated activity at all times.

We will not invite into Maple Medical PRU any speaker who is known to disseminate

extremist views and we will carry out appropriate checks to ensure that any individual or organisation using Maple Medical PRU facilities is not seeking to disseminate extremist views or radicalise pupils, parents or staff.

### **Appendix 3: allegations of abuse made against staff**

This section of this policy applies to all cases in which it is alleged that a current member of staff or volunteer has:

- Behaved in a way that has harmed a child, or may have harmed a child, or
- Possibly committed a criminal offence against or related to a child, or
- Behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children.
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children

The final bullet point refers to 'transferable risk' from a MOS who is involved in an incident outside of school that does not involve children i.e. a MOS who is involved in perpetrating domestic abuse at home and it is determined that a child could trigger the same reaction and would thus be put at risk.

It applies regardless of whether the alleged abuse took place in the school. Allegations against a teacher who is no longer teaching and historical allegations of abuse will be referred to the Police/LADO and Maple Medical PRU will support any investigations in full.

We will deal with any allegation of abuse against a member of staff, volunteer or supply staff very quickly, in a fair and consistent way that provides effective child protection while also supporting the individual who is the subject of the allegation. In the event that this applies to supply staff then regular communication will take place between Maple Medical PRU and supply agency/LADO until the conclusion of the allegation.

Our procedures for dealing with allegations will be applied with common sense and fair judgement.

### **Suspension**

Suspension will not be the default position and will only be considered in cases where there is reason to suspect that a child or other children is/are at risk of harm, or the case is so serious that it might be grounds for dismissal. In such cases, we will only suspend an individual if we have considered all other options available and there is no reasonable alternative.

Based on an assessment of risk, we will consider alternatives such as:

- Redeployment within the school so that the individual does not have direct contact with the child or children concerned
- Providing an assistant to be present when the individual has contact with children
- Redeploying the individual to alternative work in the school so that they do not have unsupervised access to children
- Moving the child or children to classes where they will not come into contact with the individual, making it clear that this is not a punishment and parents have been consulted
- Temporarily redeploying the individual to another role in a different location, for example to an alternative school or other work for Maple Medical PRU .

## Definitions for outcomes of allegation investigations

- **Substantiated:** there is sufficient evidence to prove the allegation
- **Malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive
- **False:** there is sufficient evidence to disprove the allegation
- **Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation (this does not imply guilt or innocence)
- **Unfounded:** to reflect cases where there is no evidence or proper basis which supports the allegation being made.

## Procedure for dealing with allegations

In the event of an allegation that meets the criteria above, the Headteacher (or the chair of management committee if the Headteacher is the subject of the allegation) – the 'case manager' – will take the following steps:

- Immediately discuss the allegation with the designated officer at the local authority. This is to consider the nature, content and context of the allegation and agree a course of action, including whether further enquiries are necessary to enable a decision on how to proceed, and whether it is necessary to involve the Police and/or children's social care services. (The case manager may, on occasion, consider it necessary to involve the Police *before* consulting the designated officer – for example, if the accused individual is deemed to be an immediate risk to children or there is evidence of a possible criminal offence. In such cases, the case manager will notify the designated officer as soon as practicably possible after contacting the Police)
- Inform the accused individual of the concerns or allegations and likely course of action as soon as possible after speaking to the designated officer (and the Police or children's social care services, where necessary). Where the Police and/or children's social care services are involved, the case manager will only share such information with the individual as has been agreed with those agencies
- Where appropriate (in the circumstances described above), carefully consider whether suspension of the individual from contact with children at the Maple Medical PRU is justified or whether alternative arrangements such as those outlined above can be put in place. Advice will be sought from the designated officer, Police and/or children's social care services, as appropriate.
- **If immediate suspension is considered necessary**, agree and record the rationale for this with the designated officer. The record will include information about the alternatives to suspension that have been considered, and why they were rejected. Written confirmation of the suspension will be provided to the individual facing the allegation or concern within 1 working day, and the individual will be given a named contact at Maple Medical PRU and their contact details.
- **If it is decided that no further action is to be taken** in regard to the subject of the allegation or concern, record this decision and the justification for it and agree with the designated officer what information should be put in writing to the individual and by whom, as well as what action should follow both in respect of the individual and those who made the initial allegation. This may sometimes result in further action being taken if there are concerns regarding the conduct of the member of

staff.

- **If it is decided that further action is needed**, take steps as agreed with the designated officer to initiate the appropriate action in Maple Medical PRU and/or liaise with the Police and/or children's social care services as appropriate.
- Provide effective support for the individual facing the allegation or concern, including appointing a named representative to keep them informed of the progress of the case and consider what other support is appropriate.
- Inform the parents or carers of the child/children involved about the allegation as soon as possible if they do not already know (following agreement with children's social care services and/or the Police, if applicable). The case manager will also inform the parents or carers of the requirement to maintain confidentiality about any allegations made against teachers (where this applies) while investigations are ongoing. Any parent or carer who wishes to have the confidentiality restrictions removed in respect of a teacher will be advised to seek legal advice.
- Keep the parents or carers of the child/children involved informed of the progress of the case and the outcome, where there is not a criminal prosecution, including the outcome of any disciplinary process (in confidence).
- Make a referral to the DBS where it is thought that the individual facing the allegation or concern has engaged in conduct that harmed or is likely to harm a child, or if the individual otherwise poses a risk of harm to a child.

We will inform Ofsted of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises (whether the allegations relate to harm or abuse committed on the premises or elsewhere), and any action taken in respect of the allegations. This notification will be made as soon as reasonably possible and always within 14 days of the allegations being made.

If Maple Medical PRU is made aware that the Secretary of State has made an interim prohibition order in respect of an individual, we will immediately suspend that individual from teaching, pending the findings of the investigation by Teaching Regulation Authority (TRA).

Where the Police are involved, wherever possible we will ask the Police at the start of the investigation to obtain consent from the individuals involved to share their statements and evidence for use in Maple Medical PRU disciplinary process, should this be required at a later point.

### **Timescales**

- Any cases where it is clear immediately that the allegation is unsubstantiated or malicious will be resolved within 1 week.
- If the nature of an allegation does not require formal disciplinary action, we will institute appropriate action within 3 working days.
- If a disciplinary hearing is required and can be held without further investigation, we will hold this within 15 working days.

### **Specific actions**

#### **Action following a criminal investigation or prosecution**

The case manager will discuss with the local authority's designated officer whether any further

action, including disciplinary action, is appropriate and, if so, how to proceed, taking into account information provided by the Police and/or children's social care services.

### **Conclusion of a case where the allegation is substantiated**

If the allegation is substantiated and the individual is dismissed or the school ceases to use their services, or the individual resigns or otherwise ceases to provide their services, the case manager and the school's personnel adviser will discuss with the designated officer whether to make a referral to the DBS for consideration of whether inclusion on the barred lists is required.

If the individual concerned is a member of teaching staff, the case manager and personnel adviser will discuss with the designated officer whether to refer the matter to the TRA to consider prohibiting the individual from teaching.

### **Individuals returning to work after suspension**

If it is decided on the conclusion of a case that an individual who has been suspended can return to work, the case manager will consider how best to facilitate this.

The case manager will also consider how best to manage the individual's contact with the child or children who made the allegation, if they are still attending the Maple Medical PRU

### **Unsubstantiated or malicious allegations**

If an allegation is shown to be deliberately invented, or malicious, the Headteacher, or other appropriate person in the case of an allegation against the Headteacher, will consider whether any disciplinary action is appropriate against the pupil(s) who made it, or whether the Police should be asked to consider whether action against those who made the allegation might be appropriate, even if they are not a pupil.

### **Confidentiality**

Maple Medical PRU will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

The case manager will take advice from the local authority's designated officer, Police and children's social care services, as appropriate, to agree:

- Who needs to know about the allegation and what information can be shared;
- How to manage speculation, leaks and gossip, including how to make parents or carers of a child/children involved aware of their obligations with respect to confidentiality;
- What, if any, information can be reasonably given to the wider community to reduce speculation;
- How to manage press interest if, and when, it arises.

### **Record-keeping**

The case manager will maintain clear records about any case where the allegation or safeguarding concern meets the criteria above and store them on the individual's confidential personnel file for the duration of the case. Such records will include:

- A clear and comprehensive summary of the allegation or safeguarding concern
- Details of how it was followed up and resolved
- Notes of any action taken and decisions reached (and justification for these, as stated above).

If an allegation or concern is not found to have been malicious, the school will retain the records of the case on the individual's confidential personnel file and provide a copy to the individual. We will retain these records at least until the individual has reached normal pension age, or for 10 years from the date of the allegation if that is longer.

The records of any allegation that is found to be malicious will be deleted from the individual's personnel file.

## **References**

When providing employer references, we will not refer to any allegation that has been proven to be false, unsubstantiated or malicious, or any history of allegations where all such allegations have been proven to be false, unsubstantiated or malicious.

## **Learning lessons**

After any cases where the allegations are *substantiated*, we will review the circumstances of the case with the local authority's designated officer to determine whether there are any improvements that we can make to the school's procedures or practice to help prevent similar events in the future.

This will include consideration of (as applicable):

- Issues arising from the decision to suspend the member of staff
- The duration of the suspension
- Whether or not the suspension was justified
- The use of suspension when the individual is subsequently reinstated. We will consider how future investigations of a similar nature could be carried out without suspending the individual.

## **Appendix 4: Role of the Designated Safeguarding Lead**

The designated safeguarding lead should take **lead responsibility** for safeguarding and child protection (including online safety). This should be explicit in the role holder's job description. **The DSL must be a member of the senior leadership team.**

Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate lead responsibility for safeguarding and child protection, as set out above, remains with the designated safeguarding lead. This responsibility should not be delegated.

The designated safeguarding lead should liaise with the three safeguarding partners and work with other agencies in line with Working Together to Safeguard Children.

The DSL should understand when they should consider calling the Police and what to expect when they do.

During term time, the DSL should always be available (during school or college hours) for staff in the school or college to discuss any safeguarding concerns.

The DSL should undergo training to provide them with the knowledge and skills required to carry out the role. The training should be updated every two years. In addition to their formal training as set out above, their knowledge and skills should be updated (for example via e-bulletins, meeting other designated safeguarding leads, or taking time to read and digest safeguarding developments), at regular intervals, and at least annually, to keep up with any developments relevant to their role.

### **Deputy Designated Safeguarding Leads**

The Deputy Designated Safeguarding Leads should be trained to the same standard as the Designated Safeguarding Lead and the role should be explicit in their job description. The deputy (or multiple deputies) must be able to perform the role of the DSL in the absence of the DSL.

Exemplar job descriptions can be found below for both DSL and DDSL.

## **Appendix 5:**

### **Exemplar Job description Designated Safeguarding Lead (and deputies)**

#### **JOB DESCRIPTION**

<b>JOB TITLE:</b>	Designated Safeguarding Lead (DSL)
<b>LOCATION:</b>	Based at the Maple Medical PRU
<b>REPORTING TO:</b>	The Chair of MC
<b>CONTRACT:</b>	Permanent. Full time.

The Designated Safeguarding Lead will take lead responsibility for safeguarding and child protection (including online safety). The DSL will have a leadership position in the

school. They will be given the time, funding, training, resources and support to provide advice and support to other staff on child welfare and child protection matters, to take part in strategy discussions and inter-agency meetings, and/or to support other staff to do so, and to contribute to the assessment of children.

### **Key Accountabilities:**

#### **Manage referrals**

The Designated Safeguarding Lead will (or delegate to the deputies):

- Refer cases of suspected abuse to the local authority children's social care as required;
- Support staff who make referrals to local authority children's social care;
- Refer cases to the Channel programme where there is a radicalisation concern
- Refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required and to the local authority's designated officer;
- Refer cases where a crime may have been committed to the Police.

#### **Work with others**

The Designated Safeguarding Lead will:

- Liaise with the senior leadership team to inform them of issues especially ongoing enquiries under section 47 of the Children Act 1989 and Police investigations;
- As required, liaise with the "case manager" and the designated officer(s) at the local authority for child protection concerns in cases which concern a staff member;
- Liaise with staff on matters of safety and safeguarding (including online and digital safety) and when deciding whether to make a referral by liaising with relevant agencies; and
- Act as a source of support, advice and expertise for all staff.
- Link closely with the three local safeguarding partners.

#### **Training**

The Designated Safeguarding Lead will undergo training to provide them with the knowledge and skills required to carry out the role. This training should be updated at least every two years.

The Designated Safeguarding Lead will undertake Prevent awareness training.

The DSL will keep up-to-date with latest information about safeguarding so that their knowledge and skills are refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments).

### **The DSL will:**

- understand the assessment process for providing early help and statutory intervention, including local criteria for action and local authority children's social care referral arrangements
- 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 or college's child protection policy and procedures, especially new and part time staff
- are alert to the specific needs of children in need, those with special educational needs and young carers
- are able to keep detailed, accurate, secure written records of concerns and referrals
- understand and support the school with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation
- are able to understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online at school or college
- can recognise the additional risks that children with SEN and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support SEND children to stay safe online
- obtain access to resources and attend any relevant or refresher training courses; and encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.
- Ensure the academic/pastoral progress of all children who need a social worker by ensuring regular reviews of their holistic progress

### **Raise Awareness**

The Designated Safeguarding Lead will:

- ensure Maple Medical PRU child protection policy is known, understood and used appropriately and is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly,
- 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
- to make sure staff are aware of any training opportunities and the latest local policies on local safeguarding arrangements

### **Child protection file**

The DSL, where children leave Maple Medical PRU , will 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. Receiving schools and colleges should ensure key staff such as designated safeguarding leads and SENCOs or the named person with oversight for SEND in colleges, are aware as required.

In addition to the child protection file, the DSL should also consider if it would be appropriate to share any information with the new school or college in advance of a child leaving. For example, information that would allow the new school or college to continue supporting victims of abuse and have that support in place for when the child arrives.

### **Availability**

During term time the Designated Safeguarding Lead should always be available (during Maple Medical PRU hours) for staff in the school or college to discuss any safeguarding concerns.

## **Appendix 6: Local Safeguarding Arrangements**

### **Child protection procedures**

- In the case of poorly explained serious injuries or where behaviour concerns arouse suspicion, the designated teacher will consult with the **DCS MASH Service (formerly R&R)** on 01302 737777. If out of hours, the emergency Doncaster Children's Maple Medical PRU Social Care out of Hours team - (ESST) 01302 796000 (after 5.00pm and before 8.30 am weekdays and weekends).
  - For urgent referrals or advice, the **MASH Professionals' Line** is displayed in the DSL's office
  - For advice relating specifically to concerns around the mental health of a child/young person, advice can be provided by ringing the MASH Mental Health Specialist Advice Line 01302 796191.
- 
- All parents and carers of families can contact the general contact number on 01302 737777. All staff are aware of the new MASH/One Front Door Social Care Referral procedures. <https://dscp.org.uk/report-concern>

### **Criminal Exploitation**

If there is any concern that a child/ young person is being criminally exploited there is a duty to safeguard their well- being. Early intervention is key to prevent escalation. A referral to children's services is necessary or if the child/ young person is thought to be at immediate danger then DCST MASH/One Front Door and or the Police need to be informed without delay. The previous CSE team will now take on the name of CE to tackle both CSE and CE. Local procedures are still developing – all procedures, including referral pathways and services can be accessed via the DSCP procedures

[http://doncasterscb.proceduresonline.com/chapters/p\\_gang\\_activity.html?zoom\\_highlight=CCE](http://doncasterscb.proceduresonline.com/chapters/p_gang_activity.html?zoom_highlight=CCE)

[http://doncasterscb.proceduresonline.com/chapters/p\\_child\\_sexual\\_exploit.html?zoom\\_highlight=CSE](http://doncasterscb.proceduresonline.com/chapters/p_child_sexual_exploit.html?zoom_highlight=CSE)

Professionals to refer concerns for advice and guidance through CSE Team Direct Number 01302 737200  
Referral to Children's Services 01302 737200

A copy of the CE checklist tool for partners can be obtained from:  
<http://www.DSCP.co.uk/sexual-exploitation>

[http://doncasterscb.proceduresonline.com/chapters/p\\_gang\\_activity.html?zoom\\_highlight=CCE](http://doncasterscb.proceduresonline.com/chapters/p_gang_activity.html?zoom_highlight=CCE)

Professionals can telephone team members for advice

01302 862012 - Jayne Pezzulo  
01302 736929 - Carmel Bartlett

All parents and carers of families can contact the general contact number on 01302 737777.

### **Early Help Enquiry**

The Early Help enquiry through MASH (Multi Agency Access Point) has been established to improve communication, information sharing; and to support more effective delivery of services where there is a need. MASH is composed of the Early Help Hub and Social Care team.

MASH is a multi-disciplinary team with two main functions:

- Providing information, advice and guidance to professionals who have queries about children who made need a coordinated early help response.
- Screening all early help enquires forms to ensure an appropriate level of response for the child and family.

The team is available from 8.30am to 5.00pm, Monday to Friday, and telephone messages will be responded to within one working day. IAG Telephone: 01302 734110

Email: [earlyhelphub@doncaster.gov.uk](mailto:earlyhelphub@doncaster.gov.uk)

If you believe that an early help is needed, discuss the situation with the parent/carers and gain their signed consent to make the Early Help Enquiry through MASH. The 'Early Help for your Family' information and consent leaflet will help you have this conversation. Once consent is gained, complete the online form within the DSCP website <https://dscp.org.uk/professionals/early-help> and attach a copy of the consent form. The Early Help Hub within MASH will screen your enquiry to establish the threshold of need and who would be the most appropriate Lead Practitioner.

The MASH will assess the case and inform you of the action required. This could be:

- If an EHA has already been completed or there is an existing TAC/F, you will be asked to share your information and join the TAC/F
- Single agency response for a specific piece of work – Lead Practitioner identified
- EHA required – lead practitioner identified
- No further action
- Escalation to Children's Social Care if this case is already known to them or the information gathered during screening indicates escalation is required.

The Early Help process does not replace the existing 'front door' arrangements for children's social care in Doncaster. If at any stage, you have any concerns that a child is at risk of harm you must follow your agency's safeguarding procedure and make a referral to Children's Social Care MASH Service on:

Telephone: 01302 737777 (available 8:30am – 5pm Monday to Friday)  
Telephone: 01302 796000 (outside office hours)

The Early Help Coordinators will support with TAF meetings, Lead Professional roles, Stepping cases up to social care under section 17 and provide case advise / guidance. In addition to the Early Help Enquiry 'One Front Door' DSLs will also liaise with Early Help

Coordinators to ensure early help assessments are supported, implemented and reviewed.

•Early Help Coordinator contacts:

Tel: 01302 736250 or Email: [earlyhelpcoordinator@doncaster.gov.uk](mailto:earlyhelpcoordinator@doncaster.gov.uk)

•Early Help Pathway Leads:

North & South - Cheryl Duffield Tel: 01302 735598 or email: [cheryl.duffield@doncaster.gov.uk](mailto:cheryl.duffield@doncaster.gov.uk)

Central & East – Emma McDonagh Tel : 01302 862682 or  
email: [emma.mcdonagh@doncaster.gov.uk](mailto:emma.mcdonagh@doncaster.gov.uk)

•Early Help Pathway Manager:

Dawn Lawrence Tel: 01302 734946 or email: [dawn.lawrence@doncaster.gov.uk](mailto:dawn.lawrence@doncaster.gov.uk)

### **Mental Health Direct Support Line 01302 796191**

Doncaster has a team of workers who are able to support children who are identified as being Young Carers.

<https://www.doncaster.gov.uk/services/schools/young-carers>, Tel: 01302 736099 or  
email [young.carers@doncaster.gov.uk](mailto:young.carers@doncaster.gov.uk)

### **Agency links during C19D**

#### Doncaster Single Point of Contact

Locally Doncaster Council LOCYP Team have developed a one point of contact email address for any enquires during this time [edulog@doncaster.gov.uk](mailto:edulog@doncaster.gov.uk)

The following Doncaster Council LOCYP officers may be contacted for advice and support:

Health and Well Being of all Headteachers and DSLs will be supported by:

- Sameena Choudry (Primary) [Sameena.Choudry@doncaster.gov.uk](mailto:Sameena.Choudry@doncaster.gov.uk) Mobile: 07970267827
- Sarah- Jane Smith (Primary) [Sarah-Jane.Smith@doncaster.gov.uk](mailto:Sarah-Jane.Smith@doncaster.gov.uk) Mobile: 07976952962
- Rebecca Rowett (Primary) [Rebecca.Rowett@doncaster.gov.uk](mailto:Rebecca.Rowett@doncaster.gov.uk) Mobile: 07929371310
- Kevin Drury (Secondary) [Kevin.Drury@doncaster.gov.uk](mailto:Kevin.Drury@doncaster.gov.uk) Mobile: 07971396033

In addition, colleagues from Partners in Learning may be contacted:

- Janet Foster [janet.foster@Partnersinlearning.org.uk](mailto:janet.foster@Partnersinlearning.org.uk)
- Helen Bellinger [helen.bellinger@Partnersinlearning.org.uk](mailto:helen.bellinger@Partnersinlearning.org.uk)
- Jonathan Sharp [Jonathan.Sharp@Partnersinlearning.org.uk](mailto:Jonathan.Sharp@Partnersinlearning.org.uk)

## **School Nursing – access to universal provision**

- If health needs are identified, the DSL will contact the school nursing service for information and advice. Where a new diagnosis is received and further advice and support are required school may contact the School Nursing Single Point of Contact (where all enquiries need to go) on 01302 566776 or email [rdash.doncasterchildrenscaregroup@nhs.net](mailto:rdash.doncasterchildrenscaregroup@nhs.net)
- The school nurse will offer guidance and support in the form of signposting to specialist practitioners; where appropriate and advice re care planning. The school nursing service can offer early identification cases where some concerns are being raised. Help with managing healthy weight/lifestyles, CSE, domestic abuse, FGM, childhood illnesses and support managing medicines and health care plans/allergies. The service also provides training for staff.

## **Responding to PREVENT concerns during C19**

Any partner who identifies a person they consider is 'vulnerable to being drawn into terrorism' should be referred for Prevent assessment via [Prevent Inbox@southyorks.pnn.police.uk](mailto:Prevent.Inbox@southyorks.pnn.police.uk) – this remains unaffected and will continue to be monitored Monday – Friday 8am – 4pm. Outside these hours please contact 101 or 999 in the case of an emergency.

Jenny Lax  
Police Inspector  
Prevent / Channel Lead  
Specialist Crime Services  
South Yorkshire Police  
Tel: 0114 2961374 (x 711374)  
Mob: 07748761136  
\*Email: [jenny.lax@southyorks.pnn.police.uk](mailto:jenny.lax@southyorks.pnn.police.uk)  
+ Address: Specialist Crime Services, Snig Hill, Sheffield, South Yorkshire, S3 8LY  
Public Email: [Prevent@southyorks.pnn.police.uk](mailto:Prevent@southyorks.pnn.police.uk)

National Websites:  
Preventing Terrorism : [www.LTAI.info](http://www.LTAI.info)  
Report Extremist Material : <https://www.gov.uk/report-terrorism>  
Stay Safe Advice: [www.npcc.police.uk/staysafe](http://www.npcc.police.uk/staysafe)  
North East Counter Terrorism Unit : [www.northeastctu.police.uk](http://www.northeastctu.police.uk)  
UK Anti-Terrorist Hotline Number: 0800 789 321

## **Unexplained and Sudden Child and Young Peoples Notified Death**

In the event of an unexplained/sudden child death DSCP DCDOP procedures will be followed:

[http://doncasterscb.proceduresonline.com/chapters/p\\_cdop.html](http://doncasterscb.proceduresonline.com/chapters/p_cdop.html)

Following any serious untoward incidents (SUI) procedure or where 'near miss' situations occur the Headteacher/DSL will contact the Doncaster Council Learning Provision Service, this covers health and safety related incidents where safeguarding is compromised.

Notification of near miss situations can also be emailed to:  
[cypssafeguardingsupport@doncaster.gov.uk](mailto:cypssafeguardingsupport@doncaster.gov.uk)

The Maple Medical PRU will have an emergency plan in place to respond to unforeseen circumstances, e.g. staff/child unexpected death, site security threats, floods, storms etc.

### **LADO arrangements in Doncaster**

**The LADO referral form can be accessed from the on-line DSCP procedure manual**  
<https://dscp.org.uk/professionals/allegations-against-people-who-work-children>

If advice is required at the initial stage the Doncaster Council Children and Young People Safeguarding service can be contacted. [EducationSafeguarding@doncaster.gov.uk](mailto:EducationSafeguarding@doncaster.gov.uk) or to speak to team staff directly:

Sarah Stokoe – Safeguarding Manager on 01302 736743.  
Gill Whiteman on 01302 862115 / Mobile: 07866 032788  
Dana Kelly on 01302 736179

### **Contacts**

LADO, Milovan Orlanditch, Mary Woollett Centre, Danum Road, Doncaster, DN4 5HF  
Tel: [01302 737748](tel:01302737748) or [01302 737332](tel:01302737332)

Doncaster Safeguarding Children Board (DSCP) Procedure for Allegations Against Staff, Carers and Volunteers can be found at:  
[http://doncasterscb.proceduresonline.com/chapters/p\\_alleg\\_staff\\_vols.html](http://doncasterscb.proceduresonline.com/chapters/p_alleg_staff_vols.html)