The Ongar Academy

Title	Child Protection & Safeguarding Policy
Author/Title	David Grant, Headteacher
Committee Responsible	Education
Governor Link	Blane Judd
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Enquiries & comments
Any enquiries and comments about this publication may be made to:

e-mail: admin@theongaracademy.org

C O N T E N T S

1. INTRODUCTION

The Ongar Academy takes seriously its responsibility to protect and safeguard the welfare of children and young people in its care. Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and taking action to enable all children to have the best life chances. We aim to create a culture of vigilance and always work in the best interests of the child.

This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school.

In particular, this policy should be read in conjunction with the Safer Recruitment Policy, Behaviour for Learning Policy, Anti-Bullying Policy, ICT & E-Safety Policy, Employees Code of Conduct and the Trips & Visits Policy.

Purpose of a Child Protection Policy

To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding students.

To enable everyone to have a clear understanding of how these responsibilities should be carried out.

Safeguarding

Keeping Children Safe in Education 2016 defines safeguarding and promoting the welfare of children as:

- Protecting children from maltreatment
- Preventing impairment of children's 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

School Staff & Volunteers

School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop**,** because they have daily contact with students.

All school staff and volunteers will receive safeguarding child protection training, so that they are knowledgeable and aware of their role in the early recognition of the signs and symptoms of abuse or neglect and of the appropriate procedures to follow. This training is refreshed every year. The Designated Senior Person may also deliver in-year alongside annual updates. Regular volunteers must have an enhanced check.

All staff must read and be aware of the Keeping Children Safe in Education Document, the school's code of conduct and this policy.

Temporary staff will be made aware of the safeguarding policies and procedures by the Designated Senior Person.

Mission Statement

- Establish and maintain an environment where students feel secure, are encouraged to talk, and are listened to when they have a worry or concern

- Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well being of a student

- Ensure students know that there are adults in the school whom they can approach if they are worried

- Ensure that students who have been abused will be supported in line with a child protection plan, where deemed necessary

- Include opportunities in the PSHEE curriculum for students to develop the skills they need to recognise and stay safe from abuse.

- Include opportunities in Computing and assemblies to ensure students are aware of the risks associated with working within an electronic world.

- Contribute to the five outcomes which are key to children's wellbeing:
  - be healthy
  - stay safe
  - enjoy and achieve
  - make a positive contribution
  - achieve economic wellbeing

Implementation, Monitoring and Review of the Child Protection Policy

The policy will be reviewed annually by the governing body. It will be implemented through the school's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Senior Person and through staff performance measures.

2. STATUTORY FRAMEWORK

In order to safeguard and promote the welfare of children, the school will act in accordance with all relevant legislation and guidance.

Section 175 of the Education Act 2002 *(Section 157 for Independent schools)* places a statutory responsibility on the governing body to have policies and procedures in place that safeguard and promote the welfare of children who are students of the school.

The development of appropriate procedures and the monitoring of good practice in Essex are the responsibilities of the Essex Safeguarding Children Board (ESCB). In Essex, all professionals must work in accordance with the SET Procedures (ESCB, 2017).

Our school works in accordance with the following legislation and guidance:

Keeping Children Safe in Education (DfE, 2016)
Working Together (HMG, 2015)
Education Act 2002
Effective Support for Children and Families in Essex (ESCB, 2017)
Counter-Terrorism and Security Act (HMG, 2015)
Serious Crime Act 2015 (Home Office, 2015)
Sexual Offences Act (2003)
Education (Student Registration) Regulations 2006
Information sharing advice for safeguarding practitioners (HMG, 2015)
Data Protection Act 1998
What to do if you're worried a child is being abused (HMG, 2015)
Searching, screening and confiscation (DfE, 2014)
Children Act 1989
Children Act 2004
Preventing and Tackling Bullying (DfE, 2017),
Female Genital Mutilation Act 2003 (S. 74 - Serious Crime Act 2015)

As of July 2015, the Counter-Terrorism and Security Act (HMG, 2015) placed a new duty on schools and other education providers. Under section 26 of the Act, schools are required, in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty.

It requires schools to:

- teach a broad and balanced curriculum which promotes spiritual, moral, cultural, mental and physical development of students and prepares them for the opportunities, responsibilities and experiences of life and must promote community cohesion

- be safe spaces in which children / young people can understand and discuss sensitive topics, including terrorism and the extremist ideas that are part of terrorist ideology, and learn how to challenge these ideas

- be mindful of their existing duties to forbid political indoctrination and secure a balanced presentation of political issues

Our school works in accordance with the PREVENT Duty and approaches this issue in the same way as any other child protection matter. Any concerns that one of our students is at risk in this respect, will be referred to Children's Social Care in line with the SET procedures.

CHANNEL is a national programme which focuses on providing support at an early stage to people identified as vulnerable to being drawn into terrorism. Our staff understand how to identify those who may benefit from this support and how to make a referral.

As of October 2015, the Serious Crime Act 2015 (Home Office, 2015) introduced a duty on teachers (and other professionals) to notify the police of known cases of female genital mutilation where it appears to have been carried out on a girl under the age of 18. Our school will operate in accordance with the statutory requirements relating to this issue, and in line with existing local safeguarding procedures.

Please be aware that:

- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions

- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of students, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse

- A Designated Senior Person should have responsibility for co-coordinating action within the school and liaising with other agencies

Other Relevant Policies

- ICT & E-Safety Policy
- Safer Recruitment Policy
- Recruitment Policy

3. THE DESIGNATED SENIOR PERSON

The Designated Senior Person for Child Protection in this school is currently: **David Grant**

A Deputy DSP should be appointed to act in the absence/unavailability of the DSP.

The Deputy DSPs for Child Protection in this school are currently:
Rebecca Hingston
Emma Ledwidge
Gary Savill (YL: 9)
Antony Camillo (YL: 8)
Danielle Taylor (YL: 7)

It is the role of the Designated Senior Person for Child Protection to:

- Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date

- Ensure that all staff who work with students undertake appropriate training to equip them to carry out their responsibilities for child protection effectively and that this is kept up to date by refresher training at three yearly intervals

- Ensure that newly appointed staff receive a child protection induction within 14 working days of commencement of their contract

- Ensure that temporary staff and volunteers are made aware of the school's arrangements for safeguarding children within 14 working days of their commencement of work

- Ensure that the school operates within the legislative framework and recommended guidance

- Ensure that all staff and volunteers are aware of the HSCB Inter – agency Child Protection and Safeguarding Children Procedures and any other relevant local guidance e.g. safe drop off / collection of children guidance

- Ensure that the Headteacher is kept fully informed of any concerns

- Develop effective working relationships with other agencies and services

- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Common Assessment Framework (CAF) or refer to Children, Schools and Families social care

- Liaise and work with Children's Services: Safeguarding and Specialist Services over suspected cases of child abuse

- Ensure that accurate records relating to individual children are kept separate from the academic file in a secure place and marked 'Strictly Confidential' and that these records are passed securely should the student transfer to a new provision. A receipt must be given or received after transit to confirm that they have been received.

- Submit reports to ensure the school's attendance at Child Protection Conferences and contribute to decision making and delivery of actions planned to safeguard the student

- Ensure that the school effectively monitors children about whom there are concerns, including notifying Children's Services: Safeguarding and Specialist Services when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan

- Provide guidance to parents, students and staff about obtaining suitable support

- Discuss with new parents the role of the DSP and the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and how to access the child protection policy

Attendance at Child Protection Meetings

It is the responsibility of the Designated Safeguarding Lead to ensure that the school is represented at and that a report is submitted to any child protection conference called for children on the school roll or previously known to them. Where appropriate, any report will be shared in advance with the carer(s). Whoever attends will be fully briefed on any issues or concerns the school has and be prepared to contribute to the discussions at the conference.

If a child is made subject to a Child Protection or a Child in Need plan, the Designated Safeguarding Lead will ensure the child is monitored regarding their school attendance, progress, welfare and presentation.

If the school are part of the core group, the Designated Safeguarding Lead will ensure the school is represented, provides appropriate information and contributes to the plan at these meetings. Any concerns about the Child Protection plan and / or the child's welfare will be discussed and recorded at the core group meeting, unless to do so would place the child at further risk of significant harm. In this case the Designated Safeguarding Lead will inform the child's key worker immediately and then record that they have done so and the actions agreed.

Training

The designated safeguarding lead (and deputy) undertake Level 3 child protection training at least every two years. The Headteacher, all staff members and governors receive appropriate child protection training which is regularly updated and in line with advice from the Essex Safeguarding Children Board (ESCB). In addition, all staff members receive safeguarding and child protection updates as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively. Records of any child protection training undertaken is kept for all staff and governors.

The school ensures that the designated safeguarding lead (and deputy) also undertakes training in inter-agency working and other matters as appropriate

4. THE GOVERNING BODY

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the students in their establishment. It is recommended that a nominated governor for child protection is appointed to take lead responsibility.

The nominated governor for child protection is: **Anna Wallbank**

In particular the Governing Body must ensure:

- Child protection policy and procedures
- Safe recruitment procedures
- Appointment of a DSP
- Relevant safeguarding children training for school staff/volunteers is attended
- Safe management of allegations
- Deficiencies or weaknesses in child protection arrangements are remedied without delay
- A member of the Governing Body (usually the Chair or a nominated Governor) is nominated to be responsible in the event of an allegation of abuse being made against the Headteacher
- Safeguarding policies and procedures are reviewed annually and information provided to the local authority about them and about how the above duties have been discharged

5. SCHOOL PROCEDURES - STAFF RESPONSIBILITIES

All action is taken in accordance with the following guidance;

- Essex Safeguarding Children Board guidelines - the SET (Southend, Essex and Thurrock) Child Protection Procedures (ESCB, 2017)
- Keeping Children Safe in Education (DfE, 2016)
- Working Together to Safeguard Children (DfE, 2015)
- 'Effective Support for Children and Families in Essex' (ESCB, 2017)
- PREVENT Duty - Counter-Terrorism and Security Act (HMG, 2015)

When new staff, volunteers or regular visitors join our school they are informed of the safeguarding arrangements in place, the name of the designated safeguarding lead (and deputy) and how to share concerns with them.

Any member of staff, volunteer or visitor to the school who receives a disclosure or allegation of abuse, or suspects that abuse may have occurred **must** report it immediately to the designated safeguarding lead (or, in their absence, the deputy designated safeguarding lead).

The designated safeguarding lead or the deputy will immediately refer cases of suspected abuse or allegations to the Children and Families Operations Hub by telephone *(Appendix A)* and in accordance with the procedures outlined in the SET procedures (ESCB, 2017) and in 'Effective Support for Children and Families in Essex' (ESCB, 2017).

The telephone referral to the Family Operations Hub will be confirmed in writing within 48 hours with the Children and Families Request for Support form. Essential information will include the student's name, address, date of birth, family composition, the reason for the referral, whether the child's parents are aware of the referral plus any other relevant information or advice given.

Wherever possible, the school will share any safeguarding concerns, or an intention to refer a child to Children's Social Care, with parents or carers. However, we will not do so where it is felt

that to do so could place the child at greater risk of harm or impede a criminal investigation. On occasions, it may be necessary to seek advice from the Children and Families Hub and / or Essex Police in making decisions about when it is appropriate to share information with parents / carers.

If a member of staff continues to have concerns about a child and feels the situation is not being addressed or does not appear to be improving, the staff member concerned should press for re-consideration of the case with the designated safeguarding lead.

Safeguarding contact details are displayed in the school to ensure that all staff members have unfettered access to safeguarding support.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations. **The member of staff must under no circumstances investigate further, ask leading questions or attempt to probe circumstances or context. They are merely to record information and pass any notes to the Designated Senior Person as soon as possible.**

Particular attention will be paid to the attendance and development of any student about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

If a student who is/or has been the subject of a child protection plan changes school, the Designated Senior Person will inform the social worker responsible for the case and transfer the appropriate records to the Designated Senior Person at the receiving school, in a secure manner, and separate from the student's academic file.

The Designated Senior Person is responsible for making the senior leadership team aware of trends in behaviour that may affect student welfare. If necessary, training will be arranged.

6. WHEN TO BE CONCERNED

Keeping Children Safe in Education (DfE, 2016) defines abuse as the maltreatment of a child. "Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children"

All staff and volunteers should be aware that the main categories of abuse are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

All staff and volunteers should be concerned about a student if he/she presents with indicators of possible significant harm – **see Appendix 1 for details**.

Generally, in an abusive relationship the student may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home

- Act in a way that is inappropriate to her/his age and development
  (A full account needs to be taken of different patterns of development and different ethnic groups)

- Display insufficient sense of 'boundaries', lack stranger awareness

- Appear wary of adults and display 'frozen watchfulness'

All staff must be aware of their duty to raise concerns about the attitude or actions of colleagues in line with the schools Code of Conduct / Whistleblowing policy.

Any staff member can press for re-consideration of a case if they feel a child's situation does not appear to be improving. They must refer their concerns to Social Care directly if they have concerns for the safety of a child.

The school publishes this policy on the school website alongside 'Keeping Children Safe in Education' (DfE 2016).

In addition, the school actively promotes online safety on the website and signposts stakeholders to information that will help children safe online.

Peer on peer abuse

Our school may be the only stable, secure and safe element in the lives of children at risk of, or who have suffered harm. Nevertheless, whilst at school, their behaviour may be challenging and defiant, or they may instead be withdrawn, or display abusive behaviours towards other children. Our school recognises that some children may abuse their peers and any incidents of peer on peer abuse will be managed in the same way as any other child protection concern and will follow the same procedures.

Peer on peer abuse can manifest itself in many ways. This may include bullying (including cyber bullying), on-line abuse, gender-based abuse, 'sexting' or sexually harmful behaviour. We do not tolerate any harmful behaviour in school and will take swift action to intervene where this occurs. We use lessons and assemblies to help children understand, in an age-appropriate way, what abuse is and we encourage them to tell a trusted adult if someone is behaving in a way that makes them feel uncomfortable. Our school understands the different gender issues that can be prevalent when dealing with peer on peer abuse.

All staff must be aware of the provisions for bullying as made clear in the anti-bullying and harassment policy and the guidance laid down in the ICT and E-Safety Policy. Any suspected peer on peer abuse must be treated as in any other referral.

Children with special educational needs and disabilities

Our school understands that children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- children with SEN and disabilities can be disproportionally impacted by things like bullying- without outwardly showing any signs;
- communication barriers and difficulties in overcoming these barriers

Children missing from education

All children, regardless of their age, ability, aptitude and any special education needs they may have are entitled to a full-time education. Our school recognises that a child missing education is a potential indicator of abuse or neglect and will follow the school procedures for unauthorised absence and for children missing education. Parents should always inform us of the reason for any absence. Where contact is not made, a referral may be made to another appropriate agency (Missing Education and Child Employment Service, Social Care or Police).

Our school must inform the local authority of any student who fails to attend school regularly, or has been absent without school permission for a continuous period of **10 days or more**.

Private Fostering

Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity). There is a mandatory duty to inform the local authority of children in such arrangements. If private fostering is suspected or known, referral must be made to the designated senior person.

7. DEALING WITH A DISCLOSURE

If a student discloses that he or she has been abused in some way, the member of staff / volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the student to talk freely
- Reassure the student, but not make promises which it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to Children's Services: Safeguarding and Specialist Services

- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass information to the Designated Senior Person without delay
- If the allegation involves another student, the location of the student must be identified and this information passed to the Designated Senior Person without delay

Support

Dealing with a disclosure from a student, and a child protection case in general, is likely to be a stressful experience. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Senior Person.

Our school is committed to ensuring that our students receive the right help at the right time

Our school may be the only stable, secure and safe element in the lives of children at risk of, or who have suffered harm. Nevertheless, whilst at school, their behaviour may be challenging and defiant, or they may instead be withdrawn, or display abusive behaviours towards other children. (Any incidents of child on child abuse will be managed in the same way as any other child protection concern and follow the same procedures).

Our school will endeavour to support all students through:

- the curriculum to encourage our students to stay safe, develop healthy relationships, self-esteem and self-motivation
- the school ethos which promotes a positive, supportive and secure environment and which gives all students and adults a sense of being respected and valued
- the implementation of the school's behaviour management policies
- a consistent approach from all staff which will endeavour to ensure our students know that some behaviour is unacceptable but that they are valued
- regular liaison with other professionals and agencies who support the students and their families
- a commitment to develop open and honest and supportive relationships with parents, always with the child's best interest as paramount

- the development and support of a responsive and knowledgeable staff group, trained to respond appropriately in all matters of child protection
- recognition that children with behavioural difficulties and disabilities are most vulnerable to abuse and that staff working in any capacity with children with profound and multiple disabilities, sensory impairment and / or emotional and behavioural problems must be particularly sensitive to signs of abuse
- recognition that in a home environment where there is domestic violence, drug or alcohol abuse, children are vulnerable and in may be in need of support or protection

8. CONFIDENTIALITY

Confidentiality is an issue which needs to be discussed and fully understood by all those working with children, particularly in the context of child protection. A member of staff must never guarantee confidentiality to anyone about a safeguarding concern (including parents / carers or students), or promise to keep a secret. In accordance with statutory requirements, where there is a child protection concern, this must be reported to the designated safeguarding lead and may require further referral to and subsequent investigation by appropriate authorities.

Information on individual child protection cases may be shared by the designated lead (or deputy) with other relevant staff members. This will be on a 'need to know' basis only and where it is in the child's best interests to do so.

All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of students with other professionals, particularly the investigative agencies (Children's Services: Safeguarding and Specialist Services and the Police). In exceptional circumstances, staff can talk directly to Children's Services if needed.

Staff/volunteers who receive information about students and their families in the course of their work should share that information only within appropriate professional contexts

9. COMMUNICATION WITH PARENTS

The school will:

- Undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the child at further risk of harm.

- Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

10. RECORD KEEPING

Well-kept records are essential to good child protection practice. Our school is clear about the need to record any concern held about a child or children within our school, the status of such records and when these records should be shared with other agencies.

Any member of staff receiving a disclosure of abuse or noticing signs or indicators of abuse, will record it as soon as possible, noting what was said or seen (if appropriate, using a body map to record), giving the date, time and location. All records will be dated and signed and will include the action taken. This is then presented to the designated safeguarding lead (or deputy), who will decide on appropriate action and record this accordingly.

Any records related to child protection are kept in an individual child protection file for that child (which is separate to the student file). All child protection records are stored securely and confidentially and will be retained for 25 years after the student's date of birth, or until they transfer to another school / educational setting.

Where a student transfers from our school to another school / educational setting (including colleges), their child protection records will be forwarded to the new educational setting. These will be marked 'Confidential' and for the attention of the receiving school's designated safeguarding lead, with a return address on the envelope so it can be returned to us if it goes astray. We will obtain evidence that the paperwork has been received by the new school and then destroy any copies held in our school.

If a student transfers from the school, these files will be copied and forwarded to the student's new educational setting, marked 'Confidential' and for the attention of the receiving school's Designated Safeguarding Lead, with a return address on the envelope so it can be returned to the originating school if it goes astray. Copies of this paperwork will be retained by our school, should it be required at a future date.

11. INTERAGENCY WORKING

It is the responsibility of the designated safeguarding lead to ensure that the school is represented at, and that a report is submitted to, any child protection conference called for children on the school roll or previously known to them. Where possible and appropriate, any report will be shared in advance with the parent(s) / carer(s). Whoever attends will be fully briefed on any issues or concerns the school has and be prepared to contribute to the discussions at the conference.

If a child is subject to a Child Protection or a Child in Need plan, the designated safeguarding lead will ensure the child is monitored regarding their school attendance, emotional well-being, academic progress, welfare and presentation. If the school is part of the core group, the designated safeguarding lead will ensure the school is represented, provides appropriate information and contributes to the plan at these meetings. Any concerns about the Child Protection plan and / or the child's welfare will be discussed and recorded at the core group meeting, unless to do so would place the child at further risk of significant harm. In this case the designated safeguarding lead will inform the child's key worker immediately and then record that they have done so and the actions agreed.

12. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

An allegation is any information which indicates that a member of staff/volunteer may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children

This applies to any child the member of staff/volunteer has contact within their personal, professional or community life.

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook, school code of conduct or Government document '*Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings*'.

The school works in accordance with statutory guidance and the SET procedures (ESCB, 2017) in respect of allegations against an adult working with children (in a paid or voluntary capacity). Section 7 of the current SET procedures provides detailed information on this.

The school has processes in place for reporting any concerns about a member of staff (or any adult working with children). Any concerns about the conduct of a member of staff will be referred to the Headteacher (or the Deputy Headteacher in their absence). This role is distinct from the designated safeguarding lead as the named person should have sufficient status and authority in the school to manage employment procedures. Staffing matters are confidential and the school operates within statutory guidance around Data Protection.

Where the concern involves the Headteacher, it should be reported direct to the Chair of Governors.

Name:	**Contact Number:**
Blane Judd	via school 01277 500990

SET procedures (ESCB, 2017) require that, where an allegation against a member of staff is received, the Headteacher, senior named person or the Chair of Governors must inform the duty Local Authority Designated Officer (LADO) in the Children's Workforce Allegations Management Team on **03330 139 797** within one working day.

However, wherever possible, contact with the LADO will be made immediately as they will then advise on how to proceed and whether the matter requires Police involvement. This will include advice on speaking to pupils and parents and HR. The school does not carry out any investigation before speaking to the LADO.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making an immediate written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Headteacher.
If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school's internal procedures.

The Headteacher should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation.

REFERRAL NUMBERS:

Contacts:	**Number:**
Children & Families Hub: Referrals	0345 603 7627
Out of Hours Service-Children's Services	0345 606 1212
Education Safeguarding Service	03330 131078

Whistleblowing
Whistleblowing is 'making a disclosure in the public interest' and occurs when a worker (or member of the wider school community) raises a concern about danger or illegality that affects others, for example students in the school or members of the public.

All staff are made aware of the duty to raise concerns about the attitude or actions of staff in line with the school's 'Whistleblowing policy' (published on the website).

We want everyone to feel able to report any child protection / safeguarding concerns. However, for members of staff who feel unable to raise these concerns internally, they can call the NSPCC whistleblowing helpline on: 0800 028 0285 (line is available from 8:00 AM to 8:00 PM, Monday to Friday) or email: help@nspcc.org.uk.

Parents or others in the wider school community with concerns can contact the NSPCC general helpline on: 0808 800 5000 (24 hour helpline) or email: help@nspcc.org.uk.

13. ALLEGATIONS INVOLVING OTHER SCHOOL STUDENTS

Any allegation against a student in the school should be taken with the utmost seriousness. Normal disclosure procedures should be followed but the student against whom the allegation has been made should be placed on internal isolation whilst investigations continue. The designated senior person should seek advice from the Family Operations Hub as soon as practicable.

14. OBSERVATION FOR SIGNS OF EXTREMISM

The PREVENT strategy responds to the ideological challenge faced from terrorism and aspects of extremism.

If any staff have reason to believe that extreme views are being expressed or are present in colleagues or students, they have a responsibility to refer to the appropriate authorities in line with the above guidelines. The designated senior person will then take a view on the nature of the referral and follow up as needed.

15. FEMALE GENITAL MUTILATION

Staff should be aware of the risk factors in addition to a girl's or woman's community or country of origin that could increase the risk that she will be subjected to FGM:

- The position of the family and the level of integration within UK society – It is believed that communities less integrated into British society are more likely to carry out FGM.

- Any girl born to a woman who has been submitted to FGM must be considered to be at risk of GM, as must other female children in the extended family.

- Any girl who has a sister who has already undergone FGM must be considered to be at risk of FGM, as must other female children in the extended family.

- Any girl withdrawn from Personal, Social, Health and Enterprise Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights.

Indications that FGM may be about to take place soon:

- The majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls in this bracket are at greatest risk.

- Families will practise FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.

- Prolonged absence from school.

A girl or woman who's had FGM may:

- have difficulty walking, sitting or standing
- spend longer than normal in the bathroom or toilet
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear.

Girls and women who have had FGM may have problems that continue through adulthood, including:

- difficulties urinating or incontinence
- frequent or chronic vaginal, pelvic or urinary infections
- menstrual problems
- kidney damage and possible failure
- cysts and abscesses
- pain when having sex
- infertility
- complications during pregnancy and childbirth
- emotional and mental health problems.

In any case where staff believe FGM to have taken place or is imminent, referral must be made in line with the CP recommendations and procedures as outlined above. **Staff must note that there is a mandatory duty to report disclosures on FGM about a female aged under 18 personally to the police.**

16. CHILD SEXUAL EXPLOITATION

Child Sexual Exploitation (CSE) is a form of child abuse, which can happen to boys and girls from any background or community. In Essex, the definition of Child Sexual Exploitation (CSE) from the Department of Education (DfE, 2017) has been adopted:

"Child Sexual Exploitation is a form of child sexual abuse. It occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology".

It is understood that a significant number of children who are victims of CSE go missing from home, care and education at some point. Our school is alert to the signs and indicators of a child becoming at risk of, or subject to, CSE and will take appropriate action to respond to any concerns. The designated safeguarding lead is the named CSE Lead in school on these issues and will work with other agencies as appropriate.

Any child or young person can be a victim of sexual exploitation, but children are believed to be at greater risk of being sexually exploited if they:

- are homeless
- have feelings of low self-esteem
- have had a recent bereavement or loss
- are in care
- are a young carer

However, there are many more ways that a child may be vulnerable to sexual exploitation.

The signs of child sexual exploitation may be hard to spot, particularly if a child is being threatened. To make sure that children are protected, it's worth being aware of the signs that might suggest a child is being sexually exploited.

Signs of grooming and child sexual exploitation

Signs of child sexual exploitation include the child or young person:

- going missing for periods of time or regularly returning home late
- skipping school or being disruptive in class
- appearing with unexplained gifts or possessions that can't be accounted for
- experiencing health problems that may indicate a sexually transmitted infection
- having mood swings and changes in temperament
- using drugs and/or alcohol
- displaying inappropriate sexualised behaviour, such as over-familiarity with strangers, dressing in a sexualised manner or sending sexualised images by mobile phone ("sexting")
- they may also show signs of unexplained physical harm, such as bruising and cigarette burns

If any member of staff suspects abuse, referral must be made in line with the CP recommendations and procedures as outlined above.

17. HONOUR-BASED VIOLENCE

Honour Based Violence (HBV) is a term used to describe violence committed within the context of the extended family which are motivated by a perceived need to restore standing within the community, which is presumed to have been lost through the behaviour of the victim.

It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour based violence might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion

- want to get out of an arranged marriage
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture

Women and girls are the most common victims of honour based violence however it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

- domestic abuse
- threats of violence
- sexual or psychological abuse
- forced marriage
- being held against your will or taken somewhere you don't want to go
- assault

Forced Marriage

A forced marriage is one entered into without the full consent of one or both parties. It is where violence, threats or other forms of coercion is used and is a crime.

Where staff suspect forced marriage is imminent or that honour based violence has taken place, referral must be made in line with the CP recommendations and procedures as outlined above.

For further information see:

Essex Safeguarding Children Board (ESCB) Guidelines, the SET (Southend, Essex and Thurrock) Child Protection Procedures, a copy of which is available via http://www.escb.co.uk/

The Ongar Academy and its Governing Body are committed to ensuring consistency of treatment and fairness, and will abide by all relevant equality legislation.

APPENDIX 1 - INDICATORS OF HARM

PHYSICAL ABUSE

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

Indicators in the child

Bruising

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

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

Fractures

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

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

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent

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

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

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

Mouth Injuries

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

Poisoning

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

Fabricated or Induced Illness

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

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding/eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem

- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

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

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

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

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet
- A child getting into too hot water of his or her own accord will struggle to get but and there will be splash marks

Scars

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

Breast Flattening

Breast Ironing also known as “Breast Flattening” is the process whereby young pubescent girls breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. Much like FGM, it is a harmful cultural practice and is child abuse and classified as physical abuse. Professionals must follow the SET Procedures in the case of any concerns.

Indicators

Breast ironing is a well-kept secret between the young girl and her mother. Often the father remains completely unaware. Some indicators that a girl has undergone breast ironing are as follows:

- Unusual behaviour after an absence from school or college including depression, anxiety,
- aggression, withdrawn etc;
- Reluctance in undergoing normal medical examinations;
- Some girls may ask for help, but may not be explicit about the problem due to
- embarrassment or fear;
- Fear of changing for physical activities due to scars showing or bandages being visible.

Where is it practiced?

Breast ironing is practiced in all ten regions of Cameroon and has been reported in Benin, Ivory Coast, Chad, Guinea-Bissau, Kenya, Togo, Zimbabwe and Guinea-Conakry. The charity CAWODIGO – CAME Women and Girls (http://www.cawogido.co.uk/index.php) is concerned that African immigrants have brought breast ironing practice with them to the UK. In their efforts to reduce the number of affected girls and women, CAME provides training for Cameroonian organisations working to protect girls from being abused through breast ironing and supporting families and communities.

Health consequences

Due to the instruments which are used during the process of breast ironing, for example, spoon/broom, stones, pestle, breast band, leaves etc. combined with insufficient aftercare, young girls are exposed to significant health risks. Breast ironing is painful and violates a young girl’s physical integrity. It exposes girls to numerous health problems such as cancer, abscesses, itching, and discharge of milk, infection, dissymmetry of the breasts, cysts, breast infections, severe fever, tissue damage and even the complete disappearance of one or both breasts. This form of mutilation not only has negative health consequences for the girls, but often proves futile

when it comes to deterring teenage sexual activity according to CAME Women and Girls. The practice not only seriously damages a child's physical integrity, but also their social and psychological well-being.

Justifications

The practice is carried out under the misguided intention to "protect" women and girls from men's sexual harassment. These violent acts are not only perpetrated by men on women, but by older generations of women on young girls. In practicing communities, it is believed many boys and men believe girls whose breasts have grown are ready to have sex, therefore elders (mothers, grandmothers, aunties etc.) believe that by suppressing a girl's development of her breast she will be protected from rape, kidnapping, sexual harassment and early forced marriage.

Emotional/behavioural presentation in Physical Abuse

Refusal to discuss injuries
Admission of punishment which appears excessive
Fear of parents being contacted and fear of returning home
Withdrawal from physical contact
Arms and legs kept covered in hot weather
Fear of medical help
Aggression towards others
Frequently absent from school
An explanation which is inconsistent with an injury
Several different explanations provided for an injury

Indicators in the parent when Physical Abuse is present

May have injuries themselves that suggest domestic violence
Not seeking medical help/unexplained delay in seeking treatment
Reluctant to give information or mention previous injuries
Absent without good reason when their child is presented for treatment
Disinterested or undisturbed by accident or injury
Aggressive towards child or others
Unauthorised attempts to administer medication
Tries to draw the child into their own illness
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault

Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids

Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care

May appear unusually concerned about the results of investigations which may indicate physical illness in the child

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

Parent/carer has convictions for violent crimes

Indicators in the family/environment

Marginalised or isolated by the community

History of mental heath, alcohol or drug misuse or domestic violence

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

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may 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 the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators in the child

Developmental delay

Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment

Aggressive behaviour towards others

Child scapegoated within the family

Frozen watchfulness, particularly in pre-school children

Low self esteem and lack of confidence

Withdrawn or seen as a 'loner'; difficulty relating to others

Over-reaction to mistakes

Fear of new situations

Inappropriate emotional responses to painful situations

Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)

Self harm

Fear of parents being contacted

Extremes of passivity or aggression

Indicators in the child continued…

Drug/solvent abuse

Chronic running away

Compulsive stealing

Low self-esteem

Air of detachment – 'don't care' attitude

Social isolation – does not join in and has few friends

Depression, withdrawal

Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention

Low self esteem, lack of confidence, fearful, distressed, anxious

Poor relationships with peers including withdrawn or isolated behaviour

Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse

Abnormal attachment to child e.g. overly anxious or disinterest in the child

Scapegoats one child in the family

Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection

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

Indicators of in the family/environment

Lack of support from family or social network

Marginalised or isolated by the community

History of mental heath, alcohol or drug misuse or domestic violence

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

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement

NEGLECT

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

Once a child is born, neglect may involve a parent or carer failing to:

- ***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.

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature
Underweight
Frequent hunger
Dirty, unkempt condition
Inadequately clothed, clothing in a poor state of repair
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
Swollen limbs with sores that are slow to heal, usually associated with cold injury
Abnormal voracious appetite
Dry, sparse hair
Recurrent/untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice/scabies/diarrhoea
Unmanaged/untreated health/medical conditions including poor dental health
Frequent accidents or injuries

Development

General delay, especially speech and language delay

Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders

Absence of normal social responsiveness

Indiscriminate behaviour in relationships with adults

Emotionally needy

Compulsive stealing

Constant tiredness

Frequently absent or late at school

Poor self esteem

Destructive tendencies

Thrives away from home environment

Aggressive and impulsive behaviour

Disturbed peer relationships

Self harming behaviour

Indicators in the parent

Dirty, unkempt presentation

Inadequately clothed

Inadequate social skills and poor socialisation

Abnormal attachment to the child e.g. anxious

Low self esteem and lack of confidence

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

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

Child left with adults who are intoxicated or violent

Child abandoned or left alone for excessive periods

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

Indicators in the family/environment

History of neglect in the family

Family marginalised or isolated by the community.

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

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

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

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

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

Lack of opportunities for child to play and learn

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators in the child

Physical presentation

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

Recurrent pain on passing urine or faeces

Blood on underclothes

Sexually transmitted infections

Vaginal soreness or bleeding

Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father

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

Emotional/behavioural presentation

Makes a disclosure

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

Inexplicable changes in behaviour, such as becoming aggressive or withdrawn

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

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

Reluctant to undress for PE

Running away from home

Poor attention / concentration (world of their own)

Sudden changes in school work habits, become truant

Withdrawal, isolation or excessive worrying

Inappropriate sexualised conduct

Sexually exploited or indiscriminate choice of sexual partners

Wetting or other regressive behaviours e.g. thumb sucking

Draws sexually explicit pictures

Depression

Indicators in the parents

Comments made by the parent/carer about the child.

Lack of sexual boundaries

Wider parenting difficulties or vulnerabilities

Grooming behaviour

Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.

History of mental heath, alcohol or drug misuse or domestic violence.

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

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Family member is a sex offender

APPENDIX 2 – CFRS (formally FORS)

This is a separate form to this document. Please check the accompanying documents within the safeguarding folder within the T drive (if in school) or click this link.

APPENDIX 3 – RISK ASSESSMENT FORM

The Ongar Academy	Internal Reference	
	Pre-Employment Disclosure Risk Assessment Form	

Please ensure that all details recorded on this form are accurate and that the form is signed.

This form MUST be completed by the Headteacher where newly recruited staff or volunteers, who require Disclosure & Barring Service clearance, commence their duties before DBS clearance is received (*)

*** Scanned or email copies will only be accepted if they have been signed by both parties.**

Name of Candidate:		**Post Title:**			
EYFS or KS:		**Workplace:**		**Start Date Proposed:**	

Please describe the nature of the work and the general duties of the job role? (Please also include amount of contact with vulnerable parties, frequency of contact and intensity of contact).
Please describe below the arrangements in place for supervision whilst waiting for DBS clearance. ***(supervision is required & if this cannot be accommodated, the start date must be delayed until DBS clearance has been received).***
Will the position involve working with:-

Children	**Vulnerable Adults**	**Both**

Have 2 satisfactory references been received? ***(2 satisfactory references must be received in order for a DBS risk assessment to be considered)***

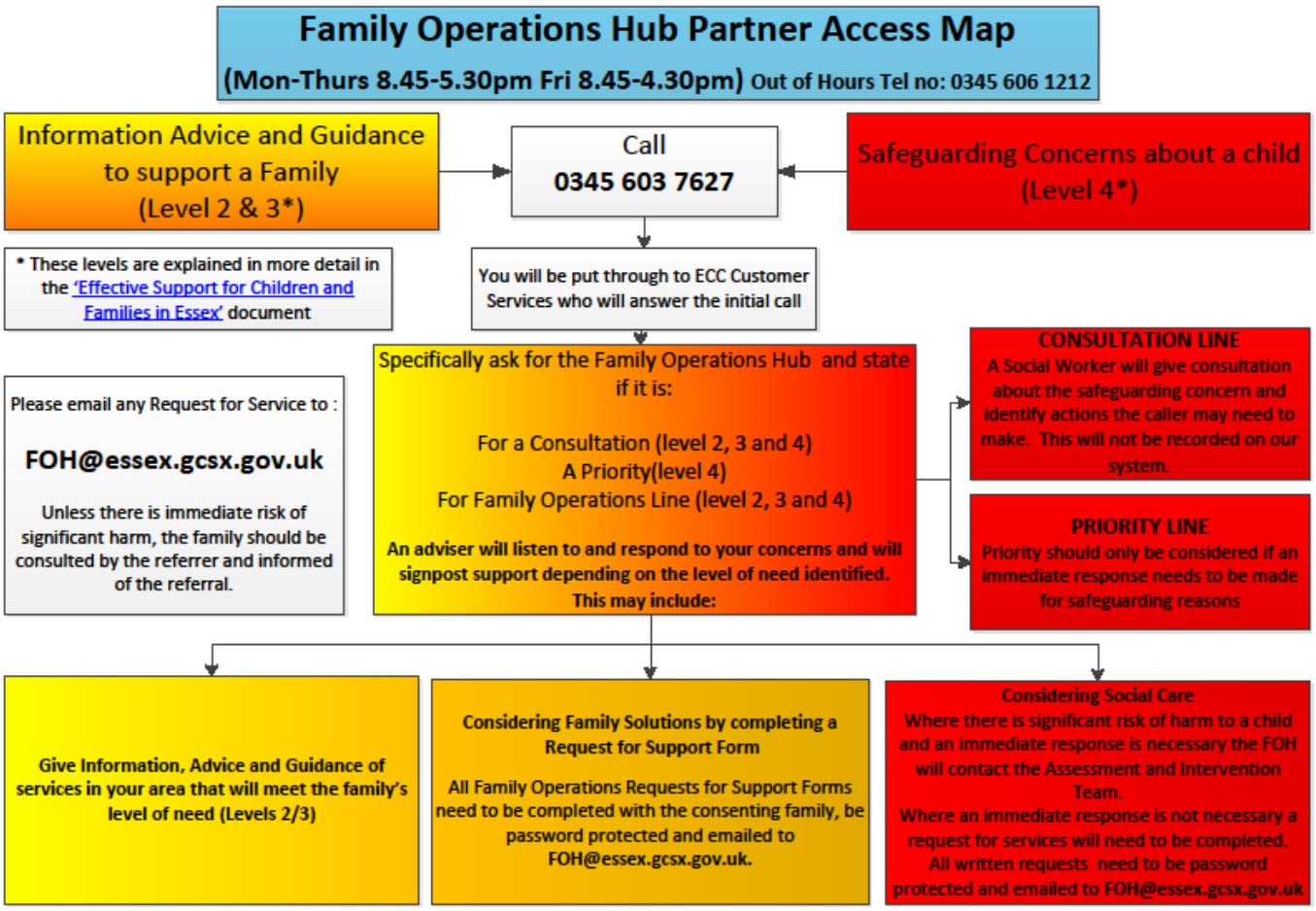
Has the individual submitted a completed DBS Application Form and attended CAPs with relevant identification? ***(This is a requirement in order for the DBS risk assessment to be considered)***	
What additional safeguard arrangements will be put in place (if any) whilst waiting for DBS clearance to be received?	
Has the individual declared any convictions/cautions/reprimands/warnings? Circle Yes or No. ***(Please note that the DBS Disclosure will record all spent and unspent information regardless of how long ago they occurred)***	
Yes	***No***
If so, are the offences relevant to the post and the proposed contact with the vulnerable parties? ***Is there a pattern of convictions?*** ***How long ago did the offences occur?*** ***Have the individual's circumstances changed? (If so, please explain)***	
Following the Risk Assessment, is this individual suitable to commence employment? (Overall assessment and comment required – Low/Med/High Risk)	

Risk Assessment conducted: _____Signature

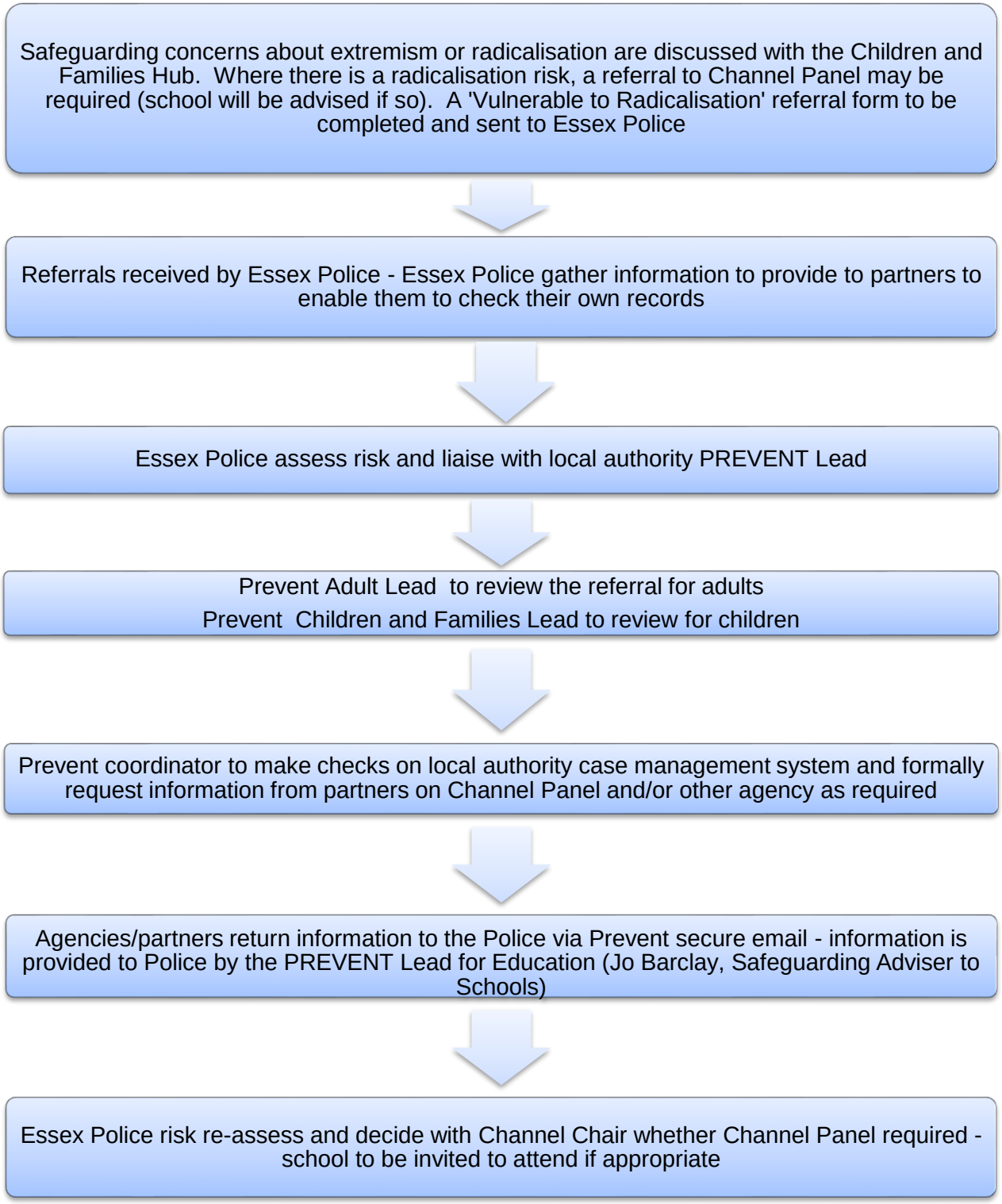
(Appointing SLT/Officer/Headteacher): Date: _____

Signed New Appointee: _____ **Date:** _____

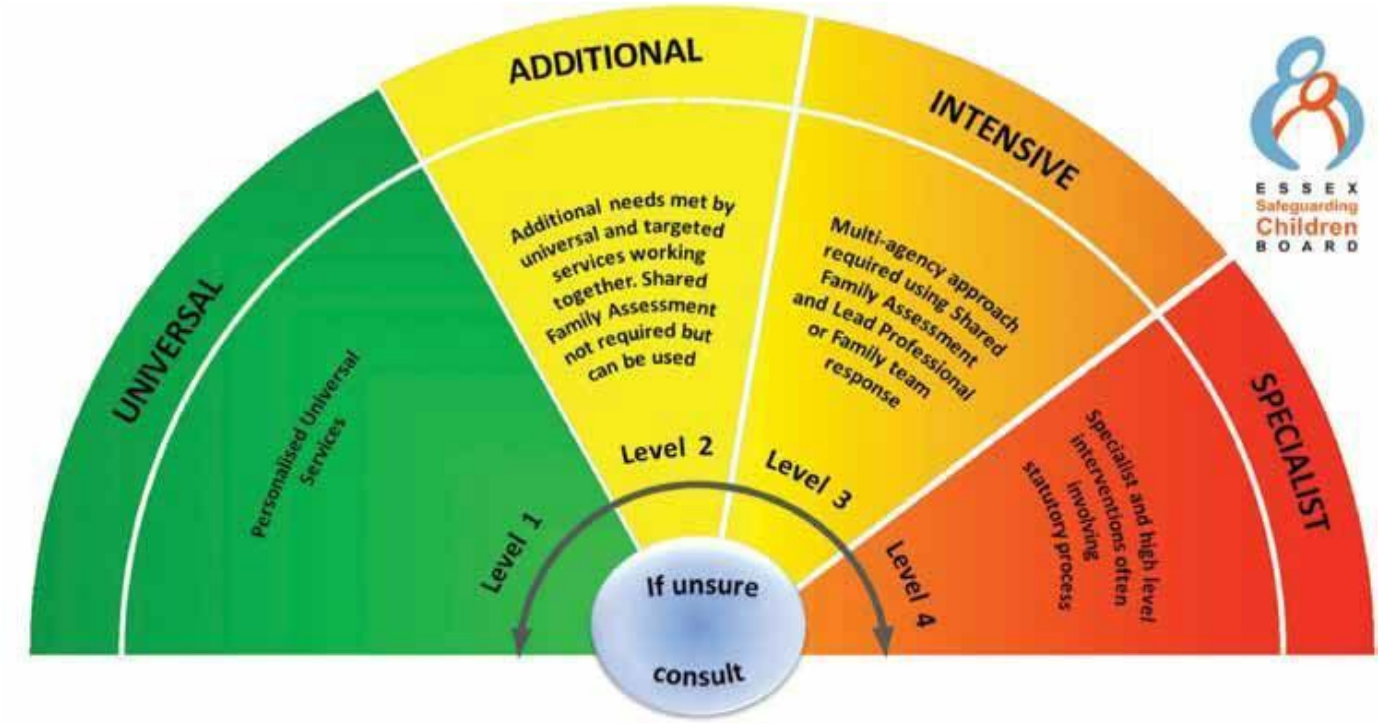
APPENDIX 4 – HUB PARTNER ACCESS MAP



APPENDIX 5 – PREVENT REFERRAL FLOWCHART



APPENDIX 6 – ESSEX WINDSCREEN OF NEED



All partners working with children, young people and their families will offer support as soon as we are aware of any additional needs. We will always seek to work together to provide support to children, young people and their families at the lowest level possible in accordance with their needs

Children with **Additional** needs are best supported by those who already work with them, such as Family Hubs or schools, organising additional support with local partners as needed. When an agency is supporting these children, an Early Help Plan and a Lead Professional are helpful to share information and co-ordinate work alongside the child and family.

For children whose needs are **Intensive**, a coordinated multi-disciplinary approach is usually best, involving either an Early Help Plan or a Shared Family Assessment (SFA), with a Lead Professional to work closely with the child and family to ensure they receive all the support they require. Examples of intensive services are children's mental health services and Family Solutions.

Specialist services are where the needs of the child are so great that statutory and/or specialist intervention is required to keep them safe or to ensure their continued development. Examples of specialist services are Children's Social Care or Youth Offending Service. By working together effectively with children that have additional needs and by providing coordinated multi-disciplinary/agency support and services for those with intensive needs, we seek to prevent more children and young people requiring statutory interventions and reactive specialist services