St Joseph's Catholic Primary School

Child Protection and Safeguarding Policy

July 2026

Document Control

Changes History

Version	Date	Amended by	Recipients	Purpose
2.0	July 2020		CAST Board All Plymouth CAST Staff	Updated in light of KCSiE 2020
3.0	Sept 2021		CAST Board All Plymouth CAST Staff	Substantial re-write to improve clarity and reflect KCSiE Sep 2021
4.0	June 2022		CAST Board All Plymouth CAST Staff and Schools	Updated to reflect changes to KCSiE 2022
5.0	June 2023		CAST Board All Plymouth CAST Staff and Schools	Updated to reflect changes to Trust policies and KCSiE 2023
6.0	February 2024		CAST Board All Plymouth CAST Staff and Schools	Updated to reflect changes to EYFS Statutory Framework 2024
7.0	July 2024		CAST Board All Plymouth CAST Staff and Schools	Updated to reflect changes to KCSiE 2024
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8.0 Addendum	February 2026		CAST Board All Plymouth CAST Staff and Schools	Addendum to align with Managing Allegations Policy
9.0	March 2026		CAST Board All Plymouth CAST staff and schools	Updated to further align with KCSiE 2025
10.0	July 2026		CAST Board All Plymouth CAST staff and schools	Updated to align with KCSiE 2026

Approvals

This policy requires the following approvals:

Board	Chair	CEO	Date Approved	Version	Date for Review
*			Sep 2021		Sep 2022

*			July 2022		
*			July 2023		July 2024

*			March 2024		July 2024
*			July 2024		July 2025
*			July 2025	8.0	July 2026
*			February 2026	8.0 Addendum	July 2026
*			April 2026	9.0	July 2026
*			July 2026	10.0	July 2027

National/Local Policy

☐ This policy must be localised by Academies

☒ This policy must not be changed, it is a CAST Policy (However, schools must change logo, contact details and review and revise in light of the highlighted and red text to reflect school context)

Position with the Unions

Does the policy require consultation with the National Unions under our recognition agreement? ☐ Yes ☒ No

If yes, the policy status is: ☐ Consulted and Approved ☐ Consulted and Not Approved ☐ Awaiting Consultation

Distribution

This document has been distributed to:

Position	Date	Version
CAST DSLs and Governors	July 2023	5.0
CAST DSLs, HTs and Governors	March 2024	6.0
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CAST DSLs, HTs and Governors	April 2026	9.0
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Plymouth CAST

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Child Protection and Safeguarding Policy

Safeguarding Governor:	Tim Van Kroonenberg
Designated Safeguarding Lead:	Nichola Day
Status & Review Cycle:	Annual
Next Review Date:	Summer 2027

Safeguarding Statement

ST JOSEPH'S recognises our moral and statutory responsibility to safeguard and promote the welfare of all pupils. We endeavour to provide a safe and welcoming environment where children are respected, valued, listened to, and in which their self-confidence grows. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice. Child protection forms part of the school's safeguarding responsibilities. The Child Protection and Safeguarding policy underpins and guides St Joseph's procedures and protocols to ensure its pupils and staff are safe.

ST JOSEPH'S will ensure that the DSL or a trained deputy DSL is available in person during school hours for staff to discuss safeguarding concerns. In exceptional circumstances, should the DSL or DDSL not be available in person, they will be contactable via telephone or a shared confidential mailbox to ensure that safeguarding concerns are received, monitored, and acted upon without delay. Appropriate and robust cover arrangements will be in place for any extended and out-of-hours activities such as trips and clubs.

Key Personnel

Role	Name	Email	Telephone
Trust Safeguarding Lead	Craig Follett	craig.follett@plymouthcast.com	07513 136390
Trust Safeguarding Officer	Leah Paiano	lpaiano@plymouthcast.org.uk	07590 881431
Designated Safeguarding Lead (DSL)*	**Nichola Day**	**n.day@plymouthcast.com**	**01626 352559**
Deputy DSL(s)*	**Tammy Soby**	**tammy.soby@plymouthcast.com**	**01626 352559**
Headteacher*	**Nichola Day**	**n.day@plymouthcast.com**	**0126 352559**
Chair of Governors*	**Andrew Kennedy**	**a.kennedy@sjna.uk**	
Designated Governor for Safeguarding	**Tim Van Kroonenburg**	**t.vankrronenburg@sjna.uk**	
School Improvement Officer (SIO)	**Alyson Tyler**	**Alyson.tyler@plymouthcast.com**	
LADO	**Carola Salvadori** **Jane Parmenter** **Rosie Geis**	**Childsc.localauthoritydesignatedofficersecuremailbox@devon.co.uk**	**01392 384944**
LA Virtual Headteacher	**Wendy Ohlson**	**Wendy Ohlson@devon.gov.uk**	

*Out of hours contact details will be made available to staff

Terminology

Safeguarding and promoting the welfare of children is defined as:

- providing help and support to meet the needs of children as soon as problems emerge
- 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; and
- taking action to enable all children to have the best outcomes.

Child Protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Staff includes employees, agency workers, supply staff, volunteers, Governors, Directors, contractors, trainees and anyone working on behalf of the school.

Child includes everyone under the age of 18.

Parents refers to birth parents and other adults who are in a parenting role, for example step-parents, foster carers and adoptive parents and LA corporate parents.

1. Introduction

Safeguarding legislation and guidance

The following safeguarding legislation and guidance has been considered when drafting this policy:

- Section 175 of the Education Act 2002 (maintained schools only)
- Section 157 of the Education Act 2002 (Independent schools only, including academies and CTCs)
- The Education (Independent Schools Standards) (England) Regulations 2003 (Independent schools only, including academies and CTCs)
- The Safeguarding Vulnerable Groups Act 2006
- The Teacher Standards 2012
- Working Together to Safeguarding Children 2026
- Keeping Children Safe in Education 2026
- Information Sharing 2018
- What to do if you're worried a child is being abused 2015
- Early Years Foundation Stage Statutory Framework 2026

2. Policy Principles

The welfare of the child is paramount.

At **ST JOSEPH'S** we are committed to safeguarding children and young people and we expect everyone who works in our school to share this commitment.

Safeguarding is everyone's responsibility and effective safeguarding relies upon timely information sharing, professional curiosity and effective multi-agency working. Adults in our school take all welfare concerns seriously and encourage children and young people to talk to us about anything that worries them.

The school recognises that children may experience multiple and interacting safeguarding risks across different contexts. Decisions will therefore be informed by the child's wishes and feelings, their lived experience and an

understanding of the protective and risk factors within their family, peer relationships, school and wider community.

We will always act in the best interest of the child.

- All children regardless of age, gender, culture, language, race, ability, sexual identity or religion have equal rights to protection, safeguarding and opportunities.
- We recognise that all adults, including temporary staff, trainee teachers, volunteers and governors, have a full and active part to play in protecting our pupils from harm and have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm.
- All staff believe that our school should provide a caring, positive, safe and stimulating environment that promotes the social, physical, mental wellbeing and moral development of the individual child.
- Trust and school leaders recognise that safeguarding work can affect staff and pupils emotionally. Pupils and staff involved in child protection issues will receive appropriate support and supervision.
- All staff are to promote relationships which are warm, compassionate, forgiving and non-judgemental. In line with our inclusive Catholic ethos and relational approach as detailed in the Plymouth CAST Model Behaviour Policy.

3. Policy Aims

- Safeguarding incidents and/or behaviours can be associated with factors outside the school or college and/or can occur between children outside the school/college. All staff, but especially the Designated Safeguarding Lead (or Deputy) should be considering the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare.
- To demonstrate the school's commitment with regard to safeguarding and child protection to pupils, parents and other partners.
- To support the child's development in ways that will foster security, confidence and independence.
- To provide an environment in which children and young people feel safe, secure, valued and respected, and feel confident to, and know how to approach adults if they are in difficulties, believing they will be effectively listened to.
- To raise the awareness of all teaching and non-teaching staff of the need to safeguard children, and of their responsibilities in identifying and reporting possible cases of abuse.
- To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the school, contribute to assessments of need and support packages for those children.
- To emphasise the need for good levels of communication between all members of staff.
- To develop a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse.
- To develop and promote effective working relationships with other agencies and Local Authority, especially the Police and MASH.
- To ensure that all staff working within our school who have substantial access to children have been checked as to their suitability, including an online search, verification of their identity, qualifications, and a satisfactory DBS check (according to guidance)[2], and a single central record is kept for audit.

4. Values

Supporting children.

- We recognise that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth.
- We recognise that a child may not feel ready or know how to tell someone they are being abused, exploited or neglected and/or may not recognise their experiences as

harmful.

- We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm.
- We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn as well as exhibiting signs of mental health problems.
- We understand the impact on a child's mental health, behaviour and education when experiencing difficulties, abuse and/or neglect.

Our school will support all children by:

- encouraging self-esteem, self-assertiveness, consent, respect and responsibility through the curriculum as well as our relationships, whilst not condoning aggression or bullying;
- promoting a caring, safe and positive environment within the school;
- teaching the Gospel Values of Humility, Compassion, Kindness, Justice, Forgiveness, Integrity, Peace, and Courage;
- responding sympathetically to any requests for time out to deal with distress and anxiety;
- offering details of helplines, counselling or other avenues of external support;
- liaising and working together with all other settings, support services and those agencies involved in the safeguarding of children;
- notifying MASH as soon as there is a significant concern;
- providing continuing support to a child about whom there have been concerns who leaves the school by ensuring that appropriate information is copied under confidential cover to the child's new setting and ensuring the school medical records are forwarded as a matter of priority;
- children are taught to understand and manage risk through our personal, social, health and economic (PSHE) education and Relationship and Sex Education and through all aspects of school life. This includes online safety; and
- by accessing and utilising the necessary resources, guidance and toolkits to support the identification of children requiring mental health support, support services and assessments and the subsequent systems and processes.

Prevention / Protection

- We recognise that the school plays a significant part in the prevention of harm to our children by providing children with good lines of communication with trusted adults, supportive friends, and an ethos of protection.

The school community will therefore:

- work to establish and maintain an ethos where children feel secure, are encouraged to talk and are always listened to and respected;
- include regular consultation with children e.g. through safety questionnaires, participation in anti-bullying week, asking children to report whether they have had happy/sad lunchtimes/playtimes;
- ensure that all children know there are adults in the school whom they can approach if they are worried or in difficulty;
- include safeguarding across the curriculum, including PSHE, opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help; in particular this will include anti-bullying work, online-safety, road safety, pedestrian and cycle training; provide focused activities to prepare key year groups for transition to new settings and/or key stages
e.g. more personal safety/independent travel;
- be aware of the specific vulnerabilities and needs of individual children, and provide support and communication strategies and enhanced vigilance as necessary;
- respond quickly and sensitively to school, local, regional, national and international events

by providing support etc as required; and

- ensure all staff, pupils and parents are aware of school guidance for their use of mobile technology and the safeguarding issues around the use of mobile technologies and their associated risks have been shared.

5. Safe School, Safe Staff

We will ensure that:

- all staff and volunteers read KCSiE Part 1 annually and sign to say they read and understood it;
- all staff receive information about the school's safeguarding arrangements, the school's safeguarding statement, staff behaviour policy (code of conduct)[3], child protection and safeguarding policy, behaviour policy, the safeguarding response to children who go missing from education, the role and names of the Designated Safeguarding Lead and their deputy(ies), and sign to say they have read, understood and will abide by it;
- all staff receive mandatory safeguarding and child protection training at **induction,** this includes: the child protection policy; behaviour policy, staff code of conduct/behaviour policy; the safeguarding response to children who go missing from education; and, the role of the Designated Safeguarding Lead (including the identity of the Designated Safeguarding Lead and any deputies)
- all staff receive safeguarding and child protection training, including online safety, in line with advice from Plymouth CAST, SSS online safeguarding training, and our Local Authority which is regularly updated (for example, via email, e- bulletins and staff meetings), as required, but at least annually;
- all members of staff are trained in and receive regular updates in online safety and reporting concerns;
- all staff and governors have annual Level 2 child protection awareness training, updated by the DSL as appropriate, to maintain their understanding of the signs and indicators of abuse;
- DSLs attend training every two years; and in addition to formal training, their knowledge and skills are refreshed at regular intervals, at least annually.
- Safer Recruitment training is available to all relevant staff and governors who are involved in the recruitment process
- the Child Protection and Safeguarding policy is made available via the school website or other means and that parents/carers are made aware of this policy and their entitlement to have a copy via the school handbook/newsletter/website. All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures through the publication of the Child Protection and Safeguarding policy and reference to it in the school's handbook;
- the school provides a coordinated offer of universal services and community-based Early Help, or the targeted early help level of Family Help when additional needs of children are identified and contributes to early help arrangements and inter-agency working and plans.
- our lettings policy will seek to ensure the suitability of adults working with children on school sites at any time, for example, by having evidence of DBS checks having been undertaken;
- community users organising activities for children are aware of the school's Child Protection and Safeguarding policy, guidelines and procedures;
- The name of the designated members of staff for child protection, the Designated Safeguarding Lead and deputy(ies), are clearly advertised in the school with a statement explaining the school's role in referring and monitoring cases of suspected abuse; and
- all Governors will be given a copy of Part 2 of Keeping Children Safe in Education 2026 and will sign to say they have read, understood and will abide by the information contained.

Lone Working and Home Visits

Plymouth CAST recognises that lone working, particularly during home visits or 1-to-1 pupil/student interactions, presents unique risks to both pupil/student safety and staff professional vulnerability.

- All staff undertaking home visits or working in isolation with pupils must do so in strict accordance with the Plymouth CAST Health & Safety Policy (Section 4.21).
- No home visit should take place without a prior risk assessment that considers the environment, the history of the family/pupil, and the communication methods available to the staff member.
- Staff must ensure that a "check-in/check-out" procedure is followed and that they remain within visible or commutable range of other adults wherever possible. Any safeguarding concerns arising during a lone-working activity must be reported via the standard CPOMS/Staff Safe process immediately upon completion of the task.

6. Roles and Responsibilities

- Plymouth CAST Safeguarding Policy principles and procedures apply in full, at all times to all off-site visits and educational trips. All off-site activities will be planned, risk assessed, and approved in line with the Plymouth CAST Health and Safety Policy, the Outside Education, Visits and Off-Site Activities (OEVOSA) Policy, and the Plymouth CAST Off-Site Visits Policy (Primary/Secondary).
- All members of the Local CAST Board (LCB) understand and fulfil their responsibilities, namely to ensure that there is a Child Protection and Safeguarding Policy together with a staff code of conduct
- The LCB should be aware of their obligations under the Human Rights Act 1998, the Equality Act 2010 (including the Public Sector Equality Duty) and local multi-agency safeguarding arrangements.
- Child protection, safeguarding, recruitment and managing allegations policies and procedures, including the staff code of conduct are consistent with Plymouth CAST and statutory requirements,
- are reviewed annually and that the Child Protection and Safeguarding policy is publicly available on the school website or by other means.
- Ensures that all staff including temporary staff and volunteers are provided with the school's child protection and safeguarding policy and staff Code of Conduct.
- All staff have read Keeping Children Safe in Education (2026) Part 1 and that mechanisms are in place to assist staff in understanding and discharging their roles and responsibilities as set out in the guidance.
- The school operates a safer recruitment procedure that includes statutory checks on staff suitability to work with children and disqualification regulations and by ensuring that there is at least one person on every recruitment panel who has completed safer recruitment training.
- The school has procedures for dealing with allegations of abuse against staff (including the Headteacher), supply staff, trainee teachers, volunteers and against other children and that a referral is made to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned.
- The school's School Improvement Officer will liaise with the LA on Child Protection issues and in the event of an allegation of abuse made against the Headteacher.
- A member of the senior leadership team has been appointed as the Designated Safeguarding Lead (DSL) who will take lead responsibility for safeguarding and child protection and that the role is explicit in the role holder's job description.
- On appointment, the DSL and deputy(ies) undertake appropriate Level 3 identified training offered by the LA, the Trust/ SSS Training, or other provider, and renew it every two years.
- All other staff have safeguarding training updated as appropriate; but at least annually.
- All staff undertake specific focused training relevant to the context of the school and its local area.
- The DSL will ensure that individual members of staff and the school staff group as a whole have a wide base of specific safeguarding/child protection training.
- Governors receive safeguarding training at induction and at least annually thereafter appropriate to

their role.

- At least one member of the Local CAST Board has completed safer recruitment training to be repeated every two years.
- Children are taught about safeguarding (including online safety) as part of a broad and balanced curriculum, including covering relevant issues through personal social health and economic education (PSHE) and/or relationship and sex education (RSE).
- Appropriate safeguarding procedures are in place for children who go missing from education, to help identify the risk of abuse and neglect including sexual abuse or exploitation and to help prevent the risks of their going missing in future. This must include immediate notification of the appropriate Local Authority department/officer.
- Appropriate online filtering and monitoring systems are in place. https://www.gov.uk/guidance/meeting-digital-and-technology-standards-in-schools-and-colleges/filtering-and-monitoring-standards-for-schools-and-colleges
- Enhanced DBS checks (without barred list checks, unless the Governor is also a volunteer at the school) and S128 checks are in place for all Governors.
- Enhanced DBS checks with barred list checks are carried out for any volunteer who frequently teaches, trains, instructs or supervises children as they are now legally in regulated activity. 'Frequently' meaning overnight or more than 3 days in a 30 day period.
- Where there are concerns about the way in which safeguarding is carried out, staff should refer to the school's Whistleblowing Policy.
- Any identified weaknesses in Child Protection are remedied immediately.
- The LCB is responsible for ensuring that appropriate filters and monitoring systems are in place and regularly review their effectiveness and that staff have an awareness and understanding of the provisions in place.

The Headteacher will ensure that:

- The headteacher will ensure that the Designated Safeguarding Lead (DSL) or appropriately trained deputy is always available during school hours. Availability means that staff can access safeguarding advice and decision-making without delay. Where the DSL is not physically on site, they will be immediately contactable by phone or other agreed means such as a shared confidential mailbox. In such cases, a senior leader on site will take responsibility for initial safeguarding actions to ensure concerns are received, monitored, and acted upon without delay.
- The headteacher will ensure robust arrangements for cover, including for educational visits, extended school provision and periods outside normal term time. If support cannot be accessed through the above methods, the school's SIO, the DoE, or the Trust Safeguarding Officer should be contacted using contact information in the Key Personnel section of this Policy.
- the Child Protection and Safeguarding policy and procedures are implemented and followed by all staff;
- in line with Keeping Children Safe In Education 2026, an appropriately experienced person has the lead responsibility for Filtering and Monitoring, ensuring all staff understand their role;
- there are at least 2 Deputy Designated Safeguarding Leads, and these are named within this policy, along with their contact details.
- there is a named governor for safeguarding who is named in the policy, along with appropriate contact details.
- sufficient time, training, support, resources, including cover arrangements where necessary, is allocated to the DSL and deputy(ies) DSL(s) to carry out their roles effectively, including the assessment of pupils and attendance at strategy discussions and other necessary meetings as outlined in Appendix 1;
- where there is a safeguarding concern that the child's wishes and feelings are taken into account when determining what action to take and what services to provide;
- systems are in place for children to express their views and give feedback which operate with the best interest of the child at heart;
- all staff feel able to raise concerns about poor or unsafe practice and that such concerns are handled sensitively and in accordance with the whistle-blowing procedures;

- that pupils are provided with opportunities throughout the curriculum to learn about safeguarding, including keeping themselves safe online;
- they liaise with the school's School Improvement Officer (SIO) and the Local Authority Designated Officer (LADO), before taking any action and on an ongoing basis, where an allegation is made against a member of staff, supply staff or volunteer;
- anyone who has harmed or may pose a risk to a child is referred to the Disclosure and Barring Service; and
- ensure that there are staff on site who are appropriately qualified in First Aid and/or Paediatric First Aid.

The Designated Safeguarding Lead:

- holds ultimate responsibility for safeguarding and child protection (including online safety) in the school and is a member of the SLT;
- Will ensure their training is consistent and maintained with the training areas outlined in Appendix 1 of this Policy;
- has lead responsibility for *Filtering and Monitoring*, and has received appropriate training and support to enable her/him to understand and fulfil this role
- acts as a source of support and expertise in carrying out safeguarding duties for the whole school community;
- will have the necessary knowledge and understanding to recognise possible children at risk of contextual and/or familial abuse or exploitation;
- will take a lead in assessing the risks and issues in the wider community when considering the well-being and safety of its pupils
- will ensure that all staff are familiar with the contextual safeguarding issues that pose a risk to all children in the school, and specifically to groups or individuals.
- encourages a culture of listening to children and taking account of their wishes and feelings;
- is appropriately trained with updates every two years and will refresh their knowledge and skills at regular intervals but at least annually;
- will refer a child if there are concerns about possible abuse, to the MASH[4], and act as a focal point for staff to discuss concerns. Enquiries must be followed up in writing, if referred by telephone;
- will keep detailed, accurate records on the school's CPOMs system/ written records as appropriate, of all concerns about a child even if there is no need to make an immediate referral;
- will ensure that all staff receive appropriate training to enable them to use and maintain the CPOMs system effectively.
- will provide oversight of the CPOMs system to ensure that it is used appropriately and effectively.
- The Trust expects that safeguarding information will be transferred in a way that ensures there is **no break in safeguarding oversight or support for the child;**
- must ensure that all such records are kept confidential, stored securely and are separate from pupil records, until the child's 25th birthday;
- must ensure that an indication of the existence of the additional file is marked on the pupil records;
- must ensure that when a pupil leaves the school, relevant child protection information is passed to the new school (separately from the main pupil file) securely as soon as possible, ensuring secure transit and that confirmation of receipt is obtained;
- in addition to the child protection file, the designated safeguarding lead should also consider if it would be appropriate to share any information with the DSL of 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. All transfers should be made securely and to support the the pupil's safety, welfare and continuity of care;

- The transfer of safeguarding information **must not be delayed**, and arrangements must ensure that **information is shared in a timely manner** to protect the child, within 5 days of an-year transfer or within the first 5 days of the start of the new term.
- The school must ensure that **records are complete, up to date, factual and clear**, so that they can be understood and used effectively by the receiving setting and other safeguarding professionals.
- Particular care should be taken to distinguish between current safeguarding concerns and historic information, ensuring that past issues are presented with appropriate context e.g. where a file contains extensive historical information, a concise summary of current risk and relevant context is likely to support more effective safeguarding than the transfer of unstructured records alone;
- will ensure that when a pupil joins the school, relevant children protection information is requested from the previous school (separately from the main pupil file) as soon as possible, and recording any requests for this information are logged;
- will liaise with the Local Authority, its safeguarding partners[6] and work with other agencies and professionals in line with Working Together to Safeguard Children;
- has a working knowledge of local authority child protection and safeguarding procedures;
- will ensure that either they, or another staff member, attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report where required which has been shared with the parents;
- will ensure that any pupil currently with a child protection plan who is absent in the educational setting without explanation is referred to their social worker;
- will ensure that all staff sign to say they have read, understood and agree to work within the School's child protection policy, behaviour policy, staff Code of conduct and Keeping Children Safe in Education Part 1 and ensure that the policies are used appropriately;
- will organise child protection and safeguarding induction, regularly updated training and a minimum of annual updates (including online safety) for all school staff, keep a record of attendance and address any absences;
- will contribute to and provide, with the Headteacher and Chair of the LCB, the "Audit of Statutory Duties and Associated Responsibilities" (S175/157 audit) to be submitted annually to the Education Safeguarding Team working on behalf of Devon Local Authority
- has an understanding of locally agreed processes for providing universal services and community-based Early Help, or the targeted early help level of Family Help and intervention and will support members of staff where Early Help/Family Help and/or Safer Me (concerns around exploitation) is appropriate. The DSL will work in alignment with the Devon Local Authority to ensure that Early Help/Family Help action is taken to support a child, young person, or their family early in the life of a problem, as soon as it emerges.The school will create a clear plan with parents and provide updates on progress through regular meetings and information. The DSL will ensure that the school will work together with parents and carers, with their permission, to access the right support for families and achieve positive ways forward
- ensure that all Safeguarding forms (SG Forms) are completed and returned to the Trust as required
- endeavour to attend and contribute to Trust Safeguarding Network meetings
- engage with Trust safeguarding reviews, and contribute to Trust Peer safeguarding reviews as required.
- engage with Trust peer supervision for DSLs
- will ensure that the name of the designated members of staff for Child Protection, the Designated Safeguarding Lead and deputies, are clearly advertised in the school, with a statement explaining the school's role in referring and monitoring cases of suspected abuse, and
- be aware of pupils who have a social worker; communicate this information to appropriate members of staff who work with the pupils; maintain effective communication with the LA Virtual Headteacher

The Deputy Designated Safeguarding Lead(s):

- are trained to the same standard as the Designated Safeguarding Lead and, in the absence of the DSL, carry out those functions necessary to ensure the ongoing safety and protection of pupils. In

the event of the long-term absence of the DSL the deputy will assume all of the functions above.

All School Staff:

- understand that it is everyone's responsibility to safeguard and promote the welfare of children and that they have a role to play in identifying concerns, sharing information and taking prompt action;
- Staff are expected to exercise professional curiosity whenever concerns arise about a child's welfare
- understand their role in Filtering and Monitoring
- consider, at all times, what is in the best interests of the child;
- will be aware of the indicators of abuse and neglect both familial and contextual; and recognise that contextual harm can take a variety of different forms;
- know how to respond to a pupil who discloses abuse through delivery of 'Working together to Safeguard Children', and 'What to do if you're worried a child is being abused';
- Complete CPOMS entries and any other necessary recording as required by the school, Trust or local authority as soon as possible depending on the nature of the incident and always within 24 hours. The need to enter details on CPOMS should never delay informing the DSL or equivalent.
- will refer any safeguarding or child protection concerns to the DSL or if necessary where the child is at immediate risk to the police or MASH;
- will be aware of the Case Resolution protocol (steps outlined in Section 34 Escalation Pathway) or the duty to report concerns if the DSL fails to do so without reasonable cause;
- are aware of the universal services and community-based Early Help, or the targeted early help level of Family Help, process for their Local Authority and understand their role within it including identifying emerging problems for children who may benefit from an offer of Early Help/Family Help, liaising with the DSL in the first instance and supporting other agencies and professionals in an early help assessment through information sharing. In some cases, staff may act as the Lead Professional in Early Help/Family Help cases;
- will provide a safe environment in which children can learn;
- will ensure that all mobile phones, wearable technology, cameras, and other electronic devices with imaging and sharing capabilities are used safely and appropriately only in designated areas as identified by the Headteacher.
- will adhere to and follow expectations regarding professional boundaries and behaviour including social media, in line with the Code of Conduct; and
- The Statutory Framework for EYFS requires the school to inform you that you are expected to disclose any convictions, court orders, reprimands and warnings that may affect your suitability to work with children (whether received before or during your employment at the school). Plymouth CAST requires all employees in nursery, First or Primary schools to complete the disclosure form, and inform the headteacher of any changes immediately:
    - This is not exhaustive but would include:
    - If you were banned from working with the children by the DBS.
    - If you were cautioned or convicted of any violent or sexual offences against children.
    - If you were cautioned or convicted of any violent or sexual offences against adults.
    - If you were disqualified from caring for children.
    - If you have been issued a care order for a child in your care.
    - If you have had a registration that has been refused or cancelled in relation to childcare of children's homes.
    - If you have been disqualified from private fostering.
    - To the best of your knowledge you are living or working in the same household as someone who has been disqualified from working with children under the Childcare Act 2006, ie. would answer yes to any of the above statements.
    - If any of these apply to you it is your responsibility to inform the headteacher immediately.

7. Confidentiality

- **St Joseph's** recognises that in order to effectively meet a child's needs, safeguard their welfare and protect them from harm the school must contribute to inter-agency working in line with Working Together to Safeguard Children (2026) and share information between professionals and agencies where there are concerns.
- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children and that the Data Protection Act 2018, UK General Data Protection Regulation (UK GDPR), and Data (Use and Access) Act 2025 (collectively known as "data protection laws") is not a barrier to sharing information where the failure to do so would place a child at risk of harm. See Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers
- All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.
- However, we also recognise that all matters relating to child protection are personal to children and families. Therefore, in this respect they are confidential and the Headteacher or DSLs will only disclose information about a child to other members of staff on a need to know basis.
- We will always undertake to share our intention to refer a child to MASH with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will contact the MASH consultation line.

8. Child Protection Procedures

- Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in the family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). Abuse can take place wholly online, or technology may be used to facilitate off line abuse. They may be abused by an adult or adults or by another child or children.
- Abuse and Neglect may also take place outside of the home, contextual safeguarding, and this may include (but not limited to), sexual exploitation, criminal exploitation, serious youth violence, radicalisation.
- Further information about the four categories of abuse; physical, emotional, sexual and neglect, and indicators that a child may be being abused can be found in appendices 1 and 2.
- Any child in any family in any school could become a victim of abuse. Staff should always maintain an attitude of "It could happen here".
- Any child in any family in any school could cause harm to other family members, referred to as child-to-parent or care-giver abuse.
- A child may require support through Family Help, Child in Need or Child Protection processes simultaneously with support provided by school.
- There are also a number of specific safeguarding concerns that we recognise our pupils may experience;

  - child missing from education
  - child missing from home or care
  - child sexual exploitation (CSE)
  - child criminal exploitation (CCE)
  - bullying including cyberbullying
  - domestic abuse
  - drugs
  - fabricated or induced illness
  - faith abuse
  - female genital mutilation (FGM)
  - forced marriage
  - gangs and youth violence

- gender-based violence/violence against women and girls (VAWG)
- mental health
- private fostering
- radicalisation
- youth produced sexual imagery (sexting)
- teenage relationship abuse
- trafficking
- child on child abuse
- upskirting
- serious violence

Staff are aware that behaviours linked to drug taking, alcohol abuse, truanting and sexting put children in danger and that safeguarding issues can manifest themselves via child on child abuse.

We also recognise that abuse, neglect and safeguarding issues are complex and are rarely standalone events that can be covered by one definition or label. Staff are aware that in most cases multiple issues will overlap one another.

If staff are concerned about a child's welfare

- If staff notice any indicators of abuse/neglect or signs that a child may be experiencing a safeguarding issue they should record these concerns on the CPOMs system in the agreed way. They may also discuss their concerns in person with the DSL but the details of the concern must be recorded on the CPOMS system.
- inform the DSL that a concern has been raised
- There will be occasions when staff may suspect that a pupil may be at risk, but have no 'real' evidence. The pupil's behaviour may have changed, their artwork could be bizarre, and they may write stories or poetry that reveal confusion or distress, or physical or inconclusive signs may have been noticed.
- **St Joseph's** recognises that the signs may be due to a variety of factors, for example, a parent has moved out, a pet has died, a grandparent is very ill or an accident has occurred. However, they may also indicate a child is being abused or is in need of safeguarding.
- In these circumstances staff will try to give the child the opportunity to talk. It is fine for staff to ask the pupil if they are OK or if they can help in any way.
- Following an initial conversation with the pupil, if the member of staff remains concerned they should discuss their concerns with the DSL and record on the school's CPOMs system..
- If the pupil does begin to reveal that they are being harmed, staff should follow the advice below regarding a pupil making a disclosure.
- Every member of staff has both the authority and responsibility to act immediately where they believe a child may be at risk.

If a pupil discloses to a member of staff

- We recognise that it takes a lot of courage for a child to disclose they are being abused. They may feel ashamed, guilty or scared, their abuser may have threatened that something will happen if they tell, they may have lost all trust in adults or believe that what has happened is their fault. Sometimes they may not be aware that what is happening is abuse.
- A child who makes a disclosure may have to tell their story on a number of subsequent occasions to the police and/or social workers. Therefore, it is vital that their first experience of talking to a trusted adult is a positive one.
- The wishes, feelings and lived experiences of children will be central to safeguarding decision-making.
- All adults working within our schools are required to work in a way that reflects the trust's trauma-informed relational approach to behaviour management and professional interactions

During their conversation with the pupil staff will;

- listen to what the child has to say and allow them to speak freely;
- remain calm and not overreact or act shocked or disgusted – the pupil may stop talking if she/he feels that she/he are upsetting the listener;
- reassure the child that it is not their fault and that they have done the right thing in telling someone;
- not be afraid of silences – staff must remember how difficult it is for the pupil and allow them time to talk;
- take what the child is disclosing seriously;
- ask open questions and avoid asking leading questions;
- avoid jumping to conclusions, speculation or make accusations;
- not automatically offer any physical touch as comfort. It may be anything but comforting to a child who is being abused;
- avoid admonishing the child for not disclosing sooner. Saying things such as 'I do wish you had told me about it when it started' may be the staff member's way of being supportive but may be interpreted by the child to mean they have done something wrong; and
- tell the child what will happen next.

If a pupil talks to any member of staff about any risks to their safety or wellbeing the staff member will let the child know that they will have to pass the information on – staff are not allowed to keep secrets.

The member of staff should write up their conversation as soon as possible on the school's CPOMs system. Staff should make this a matter of priority. The record should include the name of the member of staff; the date, and should also detail where the disclosure was made and who else was present. The record should be forwarded to the DSL

Notifying Parents

The School will normally seek to discuss any concerns about a pupil with their parents. This must be handled sensitively and normally the DSL/DDSL will make contact with the parent in the event of a concern, suspicion or disclosure

However, if the school believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from children's MASH e.g. familial sexual abuse.

Where there are concerns about forced marriage or honour based abuse, parents should not be informed a referral is being made as to do so may place the child at a significantly increased risk. In some circumstances it would be appropriate to contact the police.

A disclosure from the child of a Trust employee attending a Plymouth CAST setting will be dealt with in line with all other pupils. This will mean that the parents will be informed in line with the policy and will not be given any further information that may be available within the school. Any member of staff having a concern regarding the child of another employee should disclose this information to the relevant DSL/DDSL without discussing with the parent. Members of staff that have access to all levels of CPOMS should not access the records of their own children unless they followed the same process set out to all parents. The purpose of this is to ensure that all pupils have the same level of privacy and confidentiality within their school setting.

Making a referral

- Concerns about a child or a disclosure should be immediately raised with the DSL who will help decide whether a referral to children's MASH or other support is appropriate in accordance with

Local Authority protocols.

- If a referral is needed, the DSL should make this rapidly and have the necessary systems in place to enable this to happen. However, anyone can make a referral and if for any reason a staff member thinks a referral is appropriate and one hasn't been made they can and should consider making a referral themselves.
- The child (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the child.
- If after a referral the child's situation does not appear to be improving, the designated safeguarding lead (or the person that made the referral) should press for re-consideration to ensure their concerns have been addressed, and most importantly the child's situation improves.
- Where necessary, concerns should be escalated to the LA in line with the relevant Resolution or Escalation Policy, using the stages and timescales outlined in the policy.
- If a child is in immediate danger or is at risk of harm a referral should be made to children's MASH and/or the police immediately. Anybody can make a referral.
- Where referrals are not made by the DSL, the DSL should be informed as soon as possible.

Supporting our Staff

- We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.
- We will support such staff by providing an opportunity to talk through their anxieties with the DSLs and to seek further support as appropriate.
- The Trust provides peer supervision for DSLs, with all DSLs to engage in Peer Supervision once per half term, and to access supervision from the Trust Safeguarding Officer once per term.
- Safeguarding is an integral part of school improvement, and as such will be supported and challenged by the work of the Trust's School Improvement Officers and the Director of Education.

Safeguarding records should clearly distinguish between fact, professional observation and opinion and safeguarding practice will be continually reviewed through learning from serious child safeguarding incidents, local safeguarding reviews, national reviews and emerging safeguarding themes.

Reflective Safeguarding Practice
The school is committed to fostering a culture of reflective safeguarding practice and continuous improvement. Safeguarding leaders and staff will regularly reflect upon safeguarding concerns, decisions and interventions to consider what has worked well, whether different approaches may have achieved better outcomes, and what can be learned to strengthen future practice. Reflection will be informed by the views and lived experiences of children, feedback from families where appropriate, learning from local and national safeguarding reviews, professional supervision, and emerging safeguarding themes. The purpose of reflective practice is not to apportion blame, but to promote professional learning, strengthen decision-making and continually improve safeguarding outcomes for children.

Post-Incident Debrief and Learning
Following significant safeguarding incidents, the school will, where appropriate, undertake a structured debrief to review the effectiveness of its response and identify any learning. This will include consideration of the actions taken, decision-making, communication, information sharing, multi-agency working, record keeping and support provided to the child, family and staff. The purpose of the debrief is to promote reflection, identify good practice, recognise any areas for improvement and strengthen future safeguarding practice. Debriefs will be conducted in a supportive and professionally respectful manner, recognising that safeguarding practice should continually evolve through learning and reflection.The school will seek to learn not only from safeguarding incidents but also from near misses and examples of effective practice.

Creating a Positive Safeguarding Culture
The school is committed to fostering a positive safeguarding culture in which every member of the school community understands that safeguarding is everyone's responsibility. Staff are encouraged to act with professional curiosity, share concerns promptly, respectfully challenge where necessary, reflect on safeguarding practice and learn from experience. Leaders will promote openness, transparency and

continuous improvement, recognising that effective safeguarding depends upon strong relationships, shared responsibility and a relentless focus on the best interests of every child including:

- contextual safeguarding;
- ACEs;
- protective factors;
- attendance as safeguarding;
- digital resilience;
- professional curiosity; amd
- professional challenge.

9. Children who are particularly vulnerable

St Joseph's recognises that some children are more vulnerable to abuse and neglect and that additional barriers exist when recognising abuse for some children.

We understand that this increase in risk is due more to societal attitudes and assumptions or child protection procedures which fail to acknowledge children's diverse circumstances, rather than the individual child's personality, impairment or circumstances.

In some cases possible indicators of abuse such as a child's mood, behaviour or injury might be assumed to relate to the child's impairment or disability rather than giving a cause for concern. Or a focus may be on the child's disability, special educational needs or situation without consideration of the full picture. In other cases, such as bullying, the child may be disproportionately impacted by the behaviour without outwardly showing any signs that they are experiencing it.

Some children may also find it harder to disclose abuse due to communication barriers, lack of access to a trusted adult or not being aware that what they are experiencing is abuse.

Any child may benefit from universal services and community-based Early Help, or the targeted early help level of Family Help , but all school and college staff should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs (whether or not they have a statutory education, health and care plan);
- has a social worker
- is a looked after child, or has been previously looked after
- is a young carer;
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
- is frequently missing/goes missing from care or from home;
- is misusing drugs or alcohol themselves;
- is at risk of modern slavery, trafficking or exploitation;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
- has returned home to their family from care;
- is showing early signs of abuse and/or neglect;
- is at risk of being radicalised or exploited;
- is a privately fostered child;
- has an imprisoned parent;
- is experiencing mental health, wellbeing difficulties.
- identifies as LGBTQ+
- has a medical condition including any allergies
- has experienced multiple suspensions
- Is on a part-time timetable

- Is repeatedly removed from classrooms
- At risk of permanent exclusion

At **ST JOSEPH'S** we recognise that children with special educational needs or disabilities (SEND) or certain health conditions can face additional safeguarding challenges. The DSL works with the SENCo and SLT to ensure that all staff are aware that additional barriers can exist when recognising abuse and neglect in this group of children. Staff should maintain a professional curiosity.

These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration;
- these children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children;
- the potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in managing or reporting these challenges
- recognising the caring responsibilities of young carers can impact on their attendance, attainment, behaviour and wellbeing
- children or young people might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition/allergy. This might occur where relevant information about a medical condition is not provided to the school or where they are repeatedly sent without essential medication, thereby putting the child at risk. Supporting Pupils At School with Medical Conditions and Allergy Safety in Schools

At **ST JOSEPH'S** we provide extra pastoral support and attention for these children, along with ensuring any appropriate support for communication is in place, for example,

Attendance and Safeguarding
The school recognises that attendance is a key safeguarding indicator and that children who are persistently absent, frequently absent, or whose attendance patterns change significantly may be at increased risk of abuse, neglect, exploitation, poor mental health or other safeguarding concerns. Whilst poor attendance does not in itself indicate that a child is at risk of harm, staff will always consider whether there are underlying safeguarding issues affecting a child's attendance. The school will work proactively with children, families and partner agencies to identify barriers to attendance, provide appropriate support through Family Help where required, and take timely action where safeguarding concerns are identified.

10. Anti-Bullying/Cyberbullying

Our school policy on anti-bullying is set out in a separate document and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes all forms e.g. cyber, racist, homophobic and gender related bullying such as misogyny or misandry. We keep a record of known bullying incidents which is shared with and analysed by the Local CAST Board. All staff are aware that children with SEND and / or differences/perceived differences are more susceptible to being bullied / victims of child abuse.

The Headteacher and the DSL consider the individual circumstances of each case of bullying, and will implement child protection procedures if appropriate.

The subject of bullying is addressed at regular intervals in PHSE/R(S)E, throughout the school curriculum, and in liturgies and assemblies.

Racist Incidents

Repeated racist incidents or a single serious incident may lead to consideration under the Trust Model

Behaviour Policy and associated child protection procedures.

We keep a record of racist incidents and report them in line with LA and Trust protocols

11. Radicalisation and Extremism

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

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

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

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

Staff should be alert to changes in children's behaviour, which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include the designated safeguarding lead (or deputy) making a Prevent referral.

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

Recognising Extremism

Early indicators of radicalisation or extremism may include:

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

School staff receive training to help identify early signs of radicalisation and extremism. Indicators of vulnerability to radicalisation are detailed in Appendix 6.

Opportunities are provided in the curriculum to enable pupils to discuss issues of religion, ethnicity and culture and the school follows the DfE advice Promoting Fundamental British Values as part of SMSC (spiritual, moral, social and cultural education) in Schools (2014)[11]

The school governors, the Headteacher and the Designated Safeguarding Lead (DSL) will assess the level of risk within the school and put actions in place to reduce that risk. Risk assessment may include,

the use of school premises by external agencies, anti-bullying policy and other issues specific to the school's profile, community and philosophy.

When any member of staff has concerns that a pupil may be at risk of radicalisation or involvement in terrorism, they should speak with the DSL. They should then follow normal safeguarding procedures. If the matter is urgent then Devon and Cornwall Police must be contacted by dialling 999. In non-urgent cases where police advice is sought then dial 101. The Department of Education has also set up a dedicated telephone helpline for staff and governors to raise concerns around Prevent (020 7340 7264).

12. Domestic Abuse

Domestic abuse represents one quarter of all violent crime. It is actual or threatened economic, physical, emotional, psychological or sexual abuse. It involves the use of power and control by one person over another. It occurs regardless of race, ethnicity, gender, class, sexuality, age, and religion, mental or physical ability. Domestic abuse can also involve other types of abuse.

We use the term domestic abuse to reflect that a number of abusive and controlling behaviours are involved beyond violence.

Slapping, punching, kicking, bruising, rape, ridicule, constant criticism, threats, manipulation, sleep deprivation, social isolation, and other controlling behaviours all count as abuse.

Living in a home where domestic abuse takes place is harmful to children and can have a serious impact on their behaviour, wellbeing and understanding of healthy, positive relationships. Children who witness domestic abuse are at risk of significant harm and staff are alert to the signs and symptoms of a child suffering or witnessing domestic abuse (See Appendix 5).

13. Serious Violence

Serious violence is a continuing safeguarding concern. It may involve physical assault, carrying, threatening with, or using weapons, often in the context of peer conflict or bullying, and it can also be associated with criminal exploitation. Staff should report any concerns about a child carrying or using a weapon (or expressing intent to do so) to the DSL (or a deputy). The DSL should assess the risk to both the individual pupil and others in the school, considering wider information or concerns (contextual safeguarding), and take appropriate action. Depending on the risk, they should put in place a safety and support plan, and where relevant, consider action to de-escalate peer conflict.

Schools play a key role in protecting children from violence, safeguarding victims, as well as those who may be at risk of, or are involved in committing violence (who may also be victims themselves). Staff should be alert to signs that a child may be at risk of or involved in serious violence. These risks are higher for children with disrupted education (e.g. suspensions, permanent exclusions, time in alternative provision) or a history of offending. Schools should also try to be alert to when children might be at highest risk around the school day (for example, immediately after school). Further information on indicators, risk factors, and protective actions relating to serious violence is provided in Annex A of KCSiE 2026.

Early, evidence-based support for those considered at risk, as well as at critical points when concerns emerge, is vital. This includes access to trusted adults, social and emotional skill support, and, where available, targeted interventions such as mentoring or therapeutic support (practical guidance on evidenced support is available from the Youth Endowment Fund (YEF) (the "what works" centre for preventing violence).

Designated safeguarding leads can find further guidance on referrals and when to contact the police in KCSiE 2026 Annex B (Manage Referrals).

14. Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. This power imbalance could be due to age, gender, sexual identity, cognitive ability, physical strength, status, and /or access to economic or other resources. The abuse could be linked to an exchange for something the victim perceives that they need or want and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It may involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when the activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online. CCE and CSE can affect both male and female children and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation. This may constitute modern slavery.

Examples of CCE:

- Forced into transporting drugs or money through County Lines
- Working in cannabis factories
- Shoplifting/pickpocketing
- Vehicle crime
- Violence against others
- Financial exploitation

Examples of CSE:

- Sexual abuse involving physical contact
- Production of sexual images
- Forcing children to look at sexual images/watch sexual activities
- Grooming a child in preparation for abuse including via the internet

Children should be recognised as victims as it is not possible for a child to consent to being exploited, abused or trafficked and they may not recognise it is happening to them.

More definitions and indicators are included in Appendix 3.

Any concerns that a child is being or is at risk of being sexually or criminally exploited should be passed without delay to the DSL. **ST JOSEPH'S** is aware there is a clear link between regular school absence/truanting, CSE and CCE. Staff should consider a child to be at potential CSE/CCE risk in the case of regular school absence/truanting and make reasonable enquiries with the child and parents to assess this risk. In accordance with KCSiE 2026, a relevant child protection and modern slavery referral should be completed where a potential victim of CCE and CSE is identified. Modern Slavery Statutory Guidance

The DSL will use the *Devon Children and Families Partnership Adolescent Safety Framework Safer Me Assessment*
on all occasions when there is a concern that a child is being or is at risk of being sexually or criminally exploited, or where indicators have been observed that are consistent with a child who is being or who is at risk of being sexually or criminally exploited. The *Safer Me* will indicate to the DSL *whether a Safer Me Early Help/Family Help approach or referral to the Exploitation Hub* is required If the DSL is in any doubt she/he will contact MASH for consultation.

In all cases if the assessment identified any level of concern, the DSL should contact their local MACE[13] (Missing & Child Exploitation) and email the completed Safer Me assessment along with a MASH enquiry form. If a child is in immediate danger the police should be called on 999 Concerns must also be recorded on the school's CPOMs system.

ST JOSEPH'S is aware that a child often is not able to recognise the coercive nature of the abuse and does not see themselves as a victim. As a consequence, the child may resent what they perceive as interference by staff. However, staff must act on their concerns as they would for any other type of abuse.

ST JOSEPH'S includes the risks of sexual and criminal exploitation in the PHSE/SRE and wider school curriculum. Pupils will be informed of the grooming process and how to protect themselves from people who may potentially be intent on causing harm. They will be supported in terms of recognising and assessing risk in relation to CSE/CCE, including online, and knowing how and where to get help. Throughout our curriculum children are taught about **CONSENT RESPONSIBILITY RESPECT and DIGNITY**

15. Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act (2003). It is a form of child abuse and violence against women. A mandatory reporting duty requires teachers to report 'known' cases of FGM in under 18s, which are identified in the course of their professional work, to the police[14] .

The duty applies to all persons in **ST JOSEPH'S** who are employed or engaged to carry out 'teaching work' in the school, whether or not they have qualified teacher status. The duty applies to the individual who becomes aware of the case to make a report. It should not be transferred to the Designated Safeguarding Lead, however the DSL should be informed.

If a teacher is informed by a girl under 18 that an act of FGM has been carried out on her, or a teacher observes physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth, the teacher should personally make a report to the police force in which the girl resides by calling 101. The report should be made by the close of the next working day. **The duty does not apply in relation to at risk or suspected cases**

School staff are trained to be aware of risk indicators of FGM which are set out in Appendix 4. Concerns about FGM outside of the mandatory reporting duty should be reported to the DSL as a matter of urgency. Staff should be particularly alert to suspicions or concerns expressed by female pupils about going on a long holiday during the summer vacation period. There should also be consideration of potential risk to other girls in the family and practising community.

Where there is a risk to life or likelihood of serious immediate harm the teacher should report the case immediately to the police, including dialling 999 if appropriate.

There are no circumstances in which a teacher or other member of staff should examine a girl.

All concerns relating to FGM or suspected FGM must be recorded on CPOMS.

16. Forced Marriage

A forced marriage is a marriage in which one or both people do not (or in cases of people with learning disabilities cannot) consent to the marriage but are coerced into it. Coercion may include physical, psychological, financial, sexual and emotional pressure. It may also involve physical or sexual violence and abuse.

Forced marriage is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights. Since June 2014 forcing someone to marry has been a criminal offence in England and Wales under the Anti-Social Behaviour, Crime and Policing Act 2014.

A forced marriage is not the same as an arranged marriage which is common in several cultures. The families of both spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement remains with the prospective spouses.

The Forced Marriage Unit (FMU) has created: Multi-agency practice guidelines: handling cases of forced marriage (pages 32-36 of which focus on the role of schools and colleges) and, Multi-agency statutory guidance for dealing with forced marriage, which can both be found at The right to choose: government guidance on forced marriage - GOV.UK (www.gov.uk)

Where staff are concerned that a child might be at risk of a forced marriage, they must contact the DSL as a matter of urgency. All concerns must be recorded on CPOMS.

School staff should never attempt to intervene directly as a school or through a third party. Contact should be made with MASH.

17. Honour-based Abuse

Honour based abuse (HBA) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such abuse can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

Honour based abuse 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.

It is a violation of human rights and may be a form of domestic and/or sexual abuse. There is no, and cannot be, honour or justification for abusing the human rights of others.

Where staff are concerned that a child might be at risk of honour-based abuse, they must contact the DSL as a matter of urgency. All concerns must be logged on CPOMS.

18. One Chance Rule

All staff are aware of the 'One Chance' Rule' in relation to forced marriage, FGM and HBA. Staff recognise they may only have one chance to speak to a pupil who is a potential victim and have just one chance to save a life.

ST JOSEPH'S is aware that if the victim is not offered support following disclosure that the 'One Chance' opportunity may be lost. Therefore, all staff are aware of their responsibilities and obligations when they become aware of potential forced marriage, FGM and HBA cases.

19. Mental Health

Staff will be aware that mental health problems may be both a safeguarding issue and an indicator that a child has experienced or is at risk of abuse, neglect or exploitation. Whilst **ST JOSEPH'S** recognises that only appropriately trained professionals can diagnose mental health problems; staff are able to make day to day observations of children and identify such behaviour that may suggest they are experiencing a mental health problem or be at risk of developing one. Mental health problems can, in some cases,

develop into safeguarding concerns such as self-harm, suicidal ideation, or risk of suicide. If a child is struggling with their mental health, self-harming, has an eating disorder or is experiencing suicidal ideation and making plans to end their life, there are likely to be potential warning signs which education staff are well placed to recognise.

These could include:
• significant changes in behaviour,
• ongoing difficulty sleeping,
• withdrawing from social situations,
• not wanting to do things they usually like, and
• physical signs of self-harm or neglecting themselves.

Not every child who exhibits these behaviours is suicidal or has a mental health concern. However, by identifying these and other potential warning signs, education staff can identify children who may be struggling with their mental health and contemplating suicide and offer support and vital early intervention. Schools and colleges should ensure that any interventions they offer are evidenced as safe and effective and appropriate for the need and phase of education.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken by speaking to the designated safeguarding lead or a deputy. If staff feel that a child is in danger, they should call 999 or arrange for them to be taken to A&E immediately by a parent/carer or other suitable person. If a child needs help urgently for their mental health, but it's not an emergency, staff can get help from NHS 111 online or call 111 and select the mental health option.

Adverse Childhood Experiences (ACEs)
The school recognises that some children may have experienced Adverse Childhood Experiences (ACEs), such as abuse, neglect, domestic abuse, parental substance misuse, parental mental ill-health, bereavement or other significant trauma. While ACEs do not determine a child's future outcomes, they may increase vulnerability and impact on behaviour, relationships, learning, attendance, emotional wellbeing and physical health. Staff should remain professionally curious, adopt a trauma-informed and child-centred approach, recognise each child's strengths and protective factors, and work with families and partner agencies to provide appropriate support at the earliest opportunity.

How traumatic Adverse Childhood Experiences (ACEs), including experiences of abuse and neglect can impact on a child’s mental health, behaviour and education through to adolescence and adulthood will be covered in safeguarding awareness training and updates. If staff have a mental health concern about a child that is also a safeguarding concern they will share this with the DSL or deputy. (Adverse Childhood Experiences (ACEs) encompass various forms of physical and emotional abuse, neglect and household dysfunction experienced in childhood. ACEs have been linked to premature death as well as to various health conditions, including mental health issues)

Mental Health Support Teams (MHSTs) are NHS teams that work in local schools and colleges to help young people offering one-to-one support, group sessions, and whole school support.

Protective Factors and Building Resilience
While some children may experience significant safeguarding risks, many also have protective factors that promote resilience and positive outcomes. These may include having a trusted adult, secure and positive relationships with family members, friends or school staff, a strong sense of belonging within school, regular attendance, engagement in education, participation in extracurricular activities, positive peer relationships and access to appropriate support services. The school is committed to recognising and strengthening these protective factors, ensuring that every child feels safe, valued, listened to and supported. Staff should seek to identify and build upon each child's strengths alongside responding to safeguarding concerns, recognising that protective relationships and early intervention can significantly reduce vulnerability and improve outcomes.

20. Private Fostering Arrangements

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

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

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

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

Due to the close working relationship that schools have with children, families, the Diocese and the wider community, they are uniquely placed to identify these arrangements. Schools have a mandatory duty to report to the local authority where they are aware or suspect that a child is subject to a private fostering arrangement. Although schools have a duty to inform the local authority, there is no duty for anyone, including the private foster carer or social workers to inform the school. However, it should be clear to the school who has parental responsibility.

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

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

21. Looked after children and previously looked after children

The most common reason for children becoming looked after is as a result of abuse and neglect. **ST JOSEPH'S** ensures there is an appointed designated teacher for looked after children who has the appropriate training and that staff have the necessary skills and understanding to keep looked after/previously looked after children safe. Appropriate staff have information about a child's looked after legal status and care arrangements, including the level of authority delegated to the carer by the authority looking after the child and contact arrangements with birth parents or those with parental responsibility.

The designated teacher for looked after children and the DSL have details of the child's social worker and the name and contact details of the Devon County Council's virtual school head for children in care or

The designated teacher for looked after children works with the virtual school head to discuss how Pupil Premium Plus funding can be best used to support the progress of looked after children in the school and meet the needs in the child's personal education plan. The designated teacher will follow the statutory guidance 'Promoting the education of looked-after and previously looked- after children..

The term *Looked After Child* includes children who are care experienced children having been adopted, having previously been in overseas state care (referred to as IAPLAC) i.e a child who has been adopted having previously been in overseas state care/ in state care outside of England and ceased to be in state care as a result of being adopted. A child is regarded as having been in 'state care outside of

England' if he/she was in the care of or were accommodated by a public authority, a religious organisation, or any other provider of care whose sole or main purpose is to benefit society.

22. Children Missing Education

Knowing where children are during school hours is an extremely important aspect of Safeguarding. Missing school can be an indicator of abuse and neglect and may also raise concerns about other safeguarding issues, including the criminal exploitation of children.

We monitor attendance carefully and address poor or irregular attendance without delay.

We will always follow up with parents/carers when pupils are not at school. This means we need to have at least two up to date contact methods for parents/carers. Parents should remember to update the school as soon as possible if the numbers change.

In response to the guidance in Keeping Children Safe in Education (2026) the school has:

1. Staff who understand what to do when children do not attend regularly
2. Appropriate policies, procedures and responses for pupils who go missing from education (especially on repeat occasions).
3. Staff who know the signs and triggers for travelling to conflict zones, FGM and forced marriage.
4. Procedures to inform the local authority when we plan to take pupils off-roll when they:

a) leave school to be home educated
b) move away from the school's location
c) remain medically unfit beyond compulsory school age
d) are in custody for four months or more (and will not return to school afterwards);
e) are persistently absent, or
f) are permanently excluded

We will ensure that pupils who are expected to attend the school, but fail to take up the place will be referred to the local authority.

When a pupil leaves the school, we will record the name of the pupil's new school and their expected start date.

The DSL will monitor pupil attendance, and take appropriate action including notifying the local authority particularly where children go missing on repeat occasions and/or are missing for periods during the school day, or for prolonged periods of time. The DSL will always consider the statutory guidance: Children Missing Education - Statutory Guidance for Local Authorities

Schools must consider pupils/students, who have moved to Elective Home Education (EHE), that could potentially become considered Children Missing Education (CME). Schools must notify the Trust DSL and Safeguarding Officer of any pupils/students moving to EHE.

Staff must be alert to signs of children at risk of travelling to conflict zones, female genital mutilation and forced marriage.

Where staff are concerned about the attendance of a pupil, they should contact the DSL in the normal way.

23. Children with a Social Worker

At **ST JOSEPH'S** , we recognise that when a child has a social worker, it is an indicator that the child is more at risk than most pupils.

This may mean that they are more vulnerable to further harm, as well as facing educational barriers to attendance, learning, behaviour and poor mental health.

The school's DSL will ensure that all staff are aware of children that they work with who have a social worker, and will support them in meeting their needs.

We take these needs into account when making plans to support pupils who have a social worker.

From June 2021, the LA Virtual Headteacher has responsibility to promote the education of children who have a social worker.

24. Online Safety

Our pupils increasingly use electronic equipment on a daily basis to access the internet and share content and images via social media sites such as Facebook, X, Instagram, Snapchat, TikTok, and ooVoo.

Unfortunately, some adults and other children use these technologies to harm children. The harm might range from sending hurtful or abusive texts or emails, to grooming and enticing children to engage in sexual behaviour such as webcam photography or face-to-face meetings. Pupils may also be distressed or harmed by accessing inappropriate material such as pornographic websites or those which promote extremist behaviour, criminal activity, suicide or eating disorders.

Our schools are mobile-phone free environments, in line with the Plymouth CAST Mobile Phone Policy and the statutory guidance: https://www.gov.uk/government/publications/mobile-phones-in-schools/mobile-phones-in-schools

Pupils should not have access to mobiles during lessons, breaktimes and lunchtimes. The Headteacher will decide how best to achieve this within their own school.

At **ST JOSEPH'S** we manage the risk by:

- when the pupils use the school's network to access the internet they are protected from inappropriate content by our filtering and monitoring systems. However, many pupils are able to access the internet using their own devices and data plans. To minimise inappropriate use, as a school we:

ST JOSEPH'S has an online safety policy which explains how we try to keep pupils safe in school and how we respond to online safety incidents.

ST JOSEPH'S will also provide advice to parents when pupils are being asked to learn online at home and consider how best to safeguard both pupils and staff.

Pupils are taught about online safety throughout the curriculum and all staff receive online safety training which is regularly updated. The school online safety co-ordinator is Tammy Soby pupils are taught about safeguarding, including online, through various teaching and learning opportunities, as part of providing a broad and balanced curriculum. Children are taught to recognise when they are at risk and how to get help when they need it.

Remote Teaching/ Learning is a powerful tool for supporting children's learning away from the classroom, but brings with it increased safeguarding risks.

When planning, delivering and monitoring remote education, school staff will have due regard to the school's online safety policy and remote learning protocols.

During periods, episodes or individual activities of remote teaching all staff must remain fully cognisant of the school's Safeguarding/Child Protection policies and protocols; operate within them, and remain alert to signs of risk or potential harm to children.

With the increase in Generative AI technology, all staff must use their professional judgement when using these tools. Staff must complete the DfE/National College training materials and must take great care to ensure they are abiding by their legal responsibilities, including those related to data protection, Keeping Children Safe in Education 2026, intellectual property law, and filtering and monitoring requirements.

Guidance to support schools and colleges to understand safety considerations and legal responsibilities if they choose to use Generative AI (either teacher-facing or pupil-facing) can be found at Generative artificial intelligence in education.

To complement this, the Department of Education, in partnership with the Chiltern Learning Trust and Chartered College of Teaching, have published online resources to help school and college staff to use AI safely and effectively. Module 3 provides important information on identifying and mitigating key risks associated with safeguarding, ethics, data protection, and intellectual property.

The key risks associated with AI are:

- Pupil or student exposure to, and creation of, inappropriate or harmful content
- Pupil or student exposure to, and creation of, inaccurate, misleading, or biased content
- AI-generated indecent images
- Deepfakes
- Image manipulation
- Coercion using AI
- Data protection breaches
- Intellectual property infringements
- Academic integrity challenges.

Developing Digital Resilience

The school is committed not only to protecting children whilst they are online but also to developing their digital resilience. This includes equipping pupils with the knowledge, skills and confidence to use technology safely, responsibly and respectfully, to recognise and respond appropriately to online risks, to think critically about online content, and to seek help from a trusted adult whenever they feel worried or unsafe. Through the curriculum and wider pastoral support, the school will promote safe digital behaviours, respectful online relationships and responsible use of technology, enabling children to participate positively and safely in an increasingly digital world.

At **ST JOSEPH'S** we keep pupils safe when they are accessing online learning whilst out of school by:

25. Filtering and Monitoring Requirements

The importance of meeting the standard

Schools and colleges should provide a safe environment to learn and work, including when online. Filtering and monitoring are both important parts of safeguarding pupils and staff from potentially harmful and inappropriate online material.

Clear roles, responsibilities and strategies are vital for delivering and maintaining effective filtering and monitoring systems. It's important that the right people are working together and using their professional

expertise to make informed decisions.

How to meet the standard

Local CAST Boards and proprietors have overall strategic responsibility for filtering and monitoring and need assurance that the standards are being met.

To do this, they should identify and assign:

- a member of the senior leadership team and governor, to be responsible for ensuring these standards are met

Member of School SLT: **Nichola Day**
LCB Member: ***Tim Van Kroonenburg***
Member of Trust SELT: ***Alyson Tyler***
Board Director:

- the roles and responsibilities of staff and third parties, for example, external service providers

IT Service Provider: **Agika**

We are aware that there may not be full-time staff for each of these roles and responsibility may lie as part of a wider role within the school, college, or trust. However, it must be clear who is responsible and it must be possible to make prompt changes to your provision.

Technical requirements to meet the standard

The school's senior leadership team are responsible for:

- procuring filtering and monitoring systems
- documenting decisions on what is blocked or allowed and why
- reviewing the effectiveness of the system at least once every academic year
- ensuring that the records of these effectiveness reviews are kept
- overseeing reports

They are also responsible for making sure that all staff:

- understand their role
- are appropriately trained
- follow policies, processes and procedures
- act on reports and concerns

Senior leaders should work closely with Governors, the Trust, the Designated Safeguarding Lead (DSL) and IT service providers in all aspects of filtering and monitoring.
Day to day management of filtering and monitoring systems requires the specialist knowledge of both safeguarding and IT staff to be effective. The DSL should work closely together with IT service providers to meet the needs of the school. School leaders may need to ask filtering or monitoring providers for system specific training and support.

The DSL should take lead responsibility for safeguarding and online safety, which could include overseeing and acting on:

- filtering and monitoring reports
- safeguarding concerns
- checks to filtering and monitoring systems at least once every academic year to review effectiveness
- ensuring that the records of these effectiveness reviews are kept

The IT service provider should have technical responsibility for:

- maintaining filtering and monitoring systems
- providing filtering and monitoring reports
- completing actions following concerns or checks to systems

The IT service provider should work with the senior leadership team and DSL to:

- procure systems
- identify risk
- carry out reviews at least once every academic year
- carry out checks

You should review your filtering and monitoring provision at least annually

https://www.gov.uk/guidance/meeting-digital-and-technology-standards-in-schools-and-colleges/filtering-and-mo nitoring-standards-for-schools-and-colleges

26. Child on Child Abuse including Child on Child Sexual Violence and Sexual Harassment/Harmful Sexual Behaviour (HSB)

Harmful sexual behaviour exists on a continuum and should always be considered within the context of the child's age, stage of development, understanding and the circumstances in which the behaviour occurred. Not all sexualised behaviour is harmful or indicative of abuse; however, all concerns should be taken seriously, discussed with the Designated Safeguarding Lead, and responded to proportionately in accordance with the school's safeguarding procedures. Professional judgement should be exercised when determining the most appropriate response, recognising that some behaviours may require education and support, whilst others may indicate significant safeguarding concerns requiring immediate intervention and referral.

At **ST JOSEPH'S** we recognise that even if there are no reported cases of child on child abuse, such abuse may still be taking place and is simply not being reported. Staff must remain vigilant at all times to signs of child on child abuse and recognise 'it could happen here'.

At **ST JOSEPH'S** we have a zero tolerance approach to abuse, and it must never be passed off as banter.

We recognise that it is more likely that girls will be victims and boys perpetrators, but that all child on child abuse is unacceptable and taken seriously.

Staff are trained to recognise the different forms that child on child abuse may take, such as:

- bullying (including cyberbullying, prejudice-based and discriminatory bullying);
- abuse in intimate personal relationships between peers;
- physical abuse which can include hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence and sexual harassment.

Harmful sexual behaviour (HSB) can occur between two or more children of age and sex, from primary through to secondary stage and into college. It can occur also through a group of children towards a single child or towards another group of children. HSB exists on a continuum and may escalate into sexual harassment or sexual violence, it can occur online or face-to-face (both physically and verbally) and is never acceptable.

The umbrella term 'harmful sexual behaviour' is widely used in child protection and applies to behaviour occurring online, face-to-face, or both. HSB should always be considered within a child protection context.

Children's sexual behaviour exists on a wide continuum, ranging from normal and developmentally expected to inappropriate, problematic, abusive or violent. Behaviour that is problematic, abusive or violent is developmentally inappropriate and may cause developmental damage.

Advice on stages of typical sexual development and behaviour for different age groups can be found in Sexual development and behaviour in children - NSPCC Learning

When assessing HSB, the ages and developmental stage of the children involved is critical. Sexual behaviour between children may be considered harmful if there is a significant age difference, typically more than two years' difference or if one is pre-pubescent and the other is not. However, a younger child may also abuse an older child, especially if they hold power over them, e.g., due to a disability or physical size. Advice on responding to children who display sexualised behaviour is available in Responding to children who display sexualised behaviour Links to confidential specialist support are listed in Annex A of KCSiE 2026.

HSB can, in some cases, progress on a continuum. Early intervention in inappropriate behaviour such as misogyny or misandry can help to prevent escalation to more serious abuse such as sexual harassment and sexual violence. Children who display HSB have often experienced their own abuse and trauma. It is important that they are offered appropriate support.

Research indicates that young people rarely disclose child on child abuse and that if they do, it is likely to be to their friends. Therefore, **ST JOSEPH'S** will also educate pupils in how to support their friends if they are concerned about them, that they should talk to a trusted adult in the school and what services they can contact for further advice. Staff recognise that a pupil's own behaviour might indicate that something is wrong. Staff should always act on any concerns about a child's welfare.

Any concerns, disclosures or allegations of child on child abuse in any form should be referred to the DSL. Where a concern regarding child on child abuse has been disclosed to the DSL(s), advice and guidance may be sought from MASH and where it is clear a crime has been committed or there is a risk of crime being committed the police will be contacted.

It is essential that all victims are reassured that they are being taken seriously, regardless of how long it has taken them to come forward, and that they will be supported and kept safe. Effective safeguarding practice includes:

- If possible, managing reports with two members of staff present, preferably one of them being the DSL or DDSL
- Careful management and handling of reports that include an online incident. Staff must not view or forward illegal images of a child.
- Not promising confidentiality as it is very likely a concern will have to be shared further such as DSL or LA children's social care. It is important the victim understands the next steps and who the report will be passed to.
- A child is likely to disclose to someone they trust. That person should be supportive and respectful of the child.
- Certain children may face additional barriers to telling someone such as vulnerability, disability, sex, ethnicity, and/or sexual orientation.
- Staff must listen carefully to the child, using the child's language, be non-judgemental, clear about boundaries, and how the report will be progressed. Staff must not ask leading questions but can ask if the child has been harmed and the nature of what that harm was.
- Inform the DSL as soon as practically possible if the DSL was not involved in the initial report.

Working with external agencies the school will respond to the unacceptable behaviour. If a pupil's behaviour negatively impacts on the safety and welfare of other pupils, then safeguards will be put in place to promote the well-being of the pupils affected and the victim and perpetrator will be provided with support.

Where a child has been harmed, or is at risk of harm or is in immediate danger, the school should make a referral to the LA's children's social care. At the point of referral, the school will generally inform parents or carers unless there are compelling reasons not to, such as placing the child at additional risk.Any report to the Police will generally be made in parallel with the referral to the LA. It is important that the DSL and DDSLs are clear about the local process for referrals and follow that process.All concerns, discussion, decisions and reasons for decisions should be recorded.

Following the report of sexual violence, the DSL or DDSL should make an immediate risk and needs assessment. This should be considered on a case-by-case basis. The risk and needs assessment should consider:

- The victim, especially their protection and support
- Whether there may have been other victims
- The alleged perpetrator(s)
- All the other children (and if appropriate, staff) at the school, especially any actions that are appropriate to protect them from the alleged perpetrator(s), or from future harms
- The time and location of the incident, any action required to make the location safer.

Risk assessments should be recorded, and kept under review. The school should be actively considering the risks posed to all pupils and put adequate measures in place to protect and keep them safe.

Any detailed assessments of expert professionals should be used to inform the school to support and protect their pupils and to update their own risk assessment.

Staff should always act in the best interests of the children. Immediate consideration should be given as to how best to support and protect the victim and the alleged perpetrator(s), and any other children involved or impacted.

The school will, in most instances, engage with both the victims and the parents or carers of the alleged perpetrator(s). The exception to this rule is if informing a parent or carer will put the children at additional risk. It is good practice for the DSL to meet with the victim's parents or carers to discuss arrangements that are being put in place to safeguard the victim and to understand their wishes in terms of support they may need. It is also good practice to meet with the parents or carers of the alleged perpetrator(s) to discuss arrangements that are being put into place that may impact the alleged perpetrator(s). Support should also be discussed. The DSL should consider signposting all parents and carers to external support agencies.

All arrangements and risk assessments should be regularly reviewed by the DSL with clear record keeping to evidence all decisions made, the reasons why, and action taken.

Sexual Harassment refers to the 'unwanted conduct of a sexual nature' which can occur both online and offline and inside and outside of school or college. In this context is specifically relates to child-on-child sexual harassment and such behaviour can:

- Violate a child's dignity
- Make them feel intimidated, degraded or humiliated, and
- Create a hostile, offensive or sexualised environment

Examples of sexual harassment can include:

- Sexual comments, such as telling sexual stories, making lewd comments, sexual remarks about clothing or appearance, and using sexualised names,
- Physical behaviour such as deliberately brushing against someone or interfering with someone's clothes
- Displaying pictures, photos, or drawings of a sexual nature,
- Upskirting,
- Online sexual harassment and may include consensual and non-consensual making or sharing of nudes and semi-nudes, sharing of unwanted explicit content, and coercing others into sharing images of themselves or performing acts they're not comfortable with online.

Sexual violence can and does occur both inside and outside of school/college. This refers to the specific sexual offences under the Sexual Offences Act 2003 as listed below:

- Rape
- Assault by penetration
- Sexual assault
- Causing someone to engage in sexual activity without consent.

Consent is about having the freedom and capacity to choose. Consent can be withdrawn at any time during sexual activity.

- A child under the age of 13 can never consent to any sexual activity
- The age of consent is 16 and
- Sexual intercourse without consent is rape.

Child-on-Child Sexual Violence and Sexual Harassment: Procedure

1. Principle

The school adopts a **zero-tolerance approach** to sexual violence and sexual harassment.
Such behaviour is never acceptable and **must not be dismissed as "banter", "part of growing up" or "just having a laugh"**.

All concerns will be taken seriously, recorded, and responded to in a way that:

- Protects the victim
- Safeguards all pupils
- Ensures fair and proportionate processes

2. Immediate Safeguarding Response

Upon receiving a report:

- The member of staff **must record on CPOMS and report immediately** to the DSL
- The DSL **must assess immediate risk** and take action to:
  - Ensure the victim is safe
  - Prevent further contact between pupils where necessary

This may include:

- Separation of pupils
- Increased supervision
- Immediate safeguarding measures

Where there is a risk of:

- Significant harm

- Sexual assault or rape

The DSL **must contact Children's Social Care and/or Police immediately**

3. DSL Initial Assessment and Decision-Making

The DSL must:

- Consider:
  - Nature of the incident
  - Age and developmental stage
  - Power imbalance
  - Previous concerns or patterns
  - Wishes of the victim (where appropriate)

- Determine:
  - Safeguarding response
  - Whether to refer to:
    - Children's Social Care (MASH)
    - Police

- Ensure that **safeguarding and disciplinary processes are clearly separated**, although they may run in parallel

4. Written Risk Assessment (MANDATORY)

A **written risk assessment must be completed** for all cases of sexual violence or sexual harassment.

This must:

- Be completed by the DSL (or delegated senior leader)
- Be recorded on CPOMS
- Be **regularly reviewed and updated**

The risk assessment must consider:

- **Risk to the victim**

  - Ongoing safety
  - Emotional wellbeing
  - Risk of further harm

- **Risk to other pupils**

  - Pattern of behaviour
  - Wider safeguarding concerns

- **Risk posed by the alleged perpetrator**

  - Behaviour history
  - Need for intervention/support

5. Measures to Protect the Victim

The school **must implement proportionate measures** to safeguard the victim, which may include:

- Separate teaching groups or classes
- Adjusted timetables
- Supervised movement between lessons
- Changes to seating arrangements
- Staggered break/lunch times
- Transport arrangements
- Exam arrangements (where applicable)
- Sharing of information and risk assessment with EVC and trip leader for educational visits
- Ensuring that safety measures are implemented on the trip if victim and perpetrator are both attending

The **victim should not be disadvantaged** by these arrangements

6. Managing the Alleged Perpetrator

The school must:

- Consider:
  - Safeguarding needs
  - Behavioural intervention
  - Risk to others

- Implement:
  - Appropriate supervision
  - Behaviour support
  - Disciplinary action (where appropriate)

Safeguarding support and disciplinary action **must remain distinct processes**

7. Parental Engagement

The school must:

- Inform parents/carers of:
  - The victim
  - The alleged perpetrator

- Do so:
  - As soon as it is safe and appropriate
  - In consultation with:
    - Social care
    - Police (where involved)

Information sharing must be **lawful, proportionate and child-centred**

8. Multi-Agency Working

The DSL must:

- Liaise with:
  - Children's Social Care (MASH)
  - Police
  - Health or other relevant agencies

- Follow:
  - Local safeguarding partnership procedures
  - Professional escalation processes where needed
  -

9. Ongoing Review and Monitoring

The DSL must ensure that:

- The risk assessment is:
  - **Reviewed regularly (at least weekly initially, then as appropriate)**
  - Updated following any change in circumstances

- Safeguarding measures are:
  - **Monitored for effectiveness**

Criteria for Lifting Safeguards

Safeguards must only be reduced or removed where:

- Risk assessment indicates:
  - Risk has reduced
  - No ongoing threat to the victim or others

- The decision is:
  - **Recorded clearly within CPOMs**
  - **Approved by the DSL**
  - **Reviewed with senior leadership where appropriate**
  - **Discussed with victim**
  - **Discussed with parents**

10. Record Keeping (MANDATORY)

Safeguarding records should clearly distinguish between fact, professional observation and opinion.

The school must:

- Record all concerns on CPOMS
- Maintain a **clear, chronological record** including:
  - The report
  - DSL decisions
  - Risk assessments
  - Actions taken
  - Reviews and outcomes

- Record:
  - Who made decisions

- When decisions were made
- Rationale for decisions

Storage and Retention

- Records must be:
  - Kept securely
  - Stored in the child protection file/CPOMS

- Retention must be in line with:
  - Trust data retention policy
  - Safeguarding requirements
  -

11. Review and Oversight

The school must ensure:

- Cases are reviewed by:
  - DSL
  - Senior leadership (where appropriate)

- Patterns are:
  - Identified
  - Acted upon

- The Trust may:
  - Review cases
  - Provide challenge and oversight

The needs and safety of the victim must be the primary consideration in all decision-making.

27. Children who are lesbian, gay, bi, trans or questioning (LGBTQ+)

Children who are LGBTQ+ can be targeted by other children and in some cases, a child who is perceived by others to be LGBTQ+ (whether they are or not) can be just as vulnerable as children who identify as LGBTQ+. Children may also be targeted by adults, or because of the LGBTQ+ status of a parent/carer.

Risks can be compounded where children who are LGBTQ+ lack a trusted adult with whom they can be open. Therefore, **ST JOSEPH'S** staff endeavour to provide a safe space for them to speak out or to share concerns with members of staff. Staff should avoid making assumptions regarding a child's gender identity or sexual orientation.

Schools and colleges should not initiate any action regarding social transition; the guidance applies where a child or their parent has requested that the school make changes or put support in place in order to facilitate the child presenting as the opposite biological sex ("social transition"). Members of staff should not adopt any changes relating to social transition unless a decision has been made by a school or college and a child's parents or carers have been involved as set out in the guidance.

If a child or parent indicates a desire to transition, schools and colleges must comply with their distinct but interacting obligations under safeguarding legislation, Diocesan guidance, and equality and human rights law, ensuring that any assessment of discrimination is informed by their evaluation of the welfare and best interests of the child and other children and discuss the matter immediately with their SIO.

Decisions should be made in line with the following principles and school must ensure the decision-making

process is clearly documented and that records are kept:

- **Schools and colleges have statutory duties to safeguard and promote the welfare of all children.** The first step is to consider what is in the best interests of the child and other children, a decision relating to social transition may not be the same as a child's wishes. The school or college is to work with parents/carers to determine what is in the best interests of the child, as well as considering any clinical evidence/advice and seeking additional non-clinical advice where relevant (e.g. from the SENCO and DSL). School and colleges should consider everything that could be affecting a child including wider health issues or neurodiversity. Schools should be particularly conscious of safeguarding concerns relating to primary aged children and keep in mind that some children who socially transition before puberty will be living in stealth meaning other pupils and/or staff may be unaware of their biological sex.
- **Parents and carers should be actively involved and their views treated with importance.** Where a child who is questioning their gender asks for support from a school or college, schools and colleges should engage parents/carers as a matter of priority. Their views should carry great weight and be properly considered. In the rare circumstances where involving parents/carers would constitute a greater risk to the child, the school/college should involve the DSL to determine what action is needed to safeguard the child before contacting parents or making any decision. Working with parents will enable schools/colleges to promote a child's wellbeing and to protect them from harm. Schools/colleges should explore how best to support these conversations, including a staff member to be present or speak to parents/carers on a child's behalf. If a child confides in a member of staff but does not ask the school or college to make changes to how they are treated, there is no reason to break any confidence unless there is a related safeguarding risk. Schools and colleges should follow their usual procedures where a conversation with a child raises concerns about the child's wellbeing or safety, including involving parents or carers where appropriate.
- **Accommodating social transition is an active intervention so schools and colleges should take a very careful approach**. Schools and colleges should take a very careful approach in relation to social transition. Primary schools should exercise particular caution, clinical involvement in the decision-making process should include advising on the risks and benefits of social transition as a planned intervention, referencing best available evidence. This is not a role that can be undertaken by staff without appropriate clinical training. Older children will generally have greater agency to make their own decisions. Maintaining flexibility and keeping children's options open will help to avoid a child feeling they are under pressure to commit to a potentially irrevocable pathway when they are young.
- **Schools and colleges should comply with obligations under the Equality Act and Human Rights Act when considering requests for support with social transition.** As well as complying with their safeguarding obligations as above, schools and colleges must also comply with their duties under the Equality Act 2010 and the Human Rights Act 1998. In line with the responsibilities of schools and colleges to adhere to the highest standards of safeguarding for the children and young people in their care, alongside obligations under the School Premises (England) Regulations 2012 and the Education (Independent School Standards) Regulations 2014, schools must not allow pupils into toilets, changing rooms, or boarding or residential accommodation designated for the opposite sex, with no exceptions. Similarly, where schools have implemented single-sex sports as being necessary for safety reasons, there should be no exceptions and pupils must not be allowed to participate in sports designated for the opposite sex. Colleges to which part 6 of the Equality Act 2010 applies should follow the same principles. The school or college should balance the impact of agreeing the child's request against the impact of refusing their request, taking into account all the relevant factors. This will include taking into account the school or college's judgment about whether supporting social transition is in the child's best interests and the best interests of other children.

The circumstances of a case and/or the needs of a child may change over time. For example, it may become known that there are safeguarding issues that were not previously apparent (including where a young child is 'living in stealth'), or that a decision has placed an unsustainable pressure on a school or college's resources. In such cases, the school or college may need to review their original decision and involve the child's parents or carers. In deciding whether to review a decision, the school or college should involve their DSL immediately.

As well as revisiting decisions at appropriate points, schools and colleges will in particular want to consider whether previous decisions taken prior to KCSiE 2026 coming into force remain appropriate, taking into account the impact of making any changes on the child in question and considering the principle above about involving parents or carers.

All decisions must be clearly recorded on CPOMS. Schools and colleges are legally required to record a child's biological sex accurately wherever it is recorded and should make all relevant staff aware of a child's biological sex.

Where a child wants to fully or partially reverse a transition request that has previously been agreed, schools and colleges should work closely with parents or carers and relevant experts to ensure that children in this position are supported.

28. Single-Sex Sport and Requirements Around School Premises

As children get older, some sports are typically taught and played in single-sex groups. The Equality Act 2010 contains an exception in relation to single-sex sport. It applies to participation in any sport or game, or activity of a competitive nature, where the physical strength, stamina or physique of the average girl would put her at a disadvantage in competition with the average boy (or vice versa). This means that schools and colleges can separate children according to their biological sex in these circumstances without discriminating unlawfully against them on the basis of their sex.

Some sports may need to be played in single-sex groups from a certain age to ensure children's safety, and where this is the case there must be no exceptions. In other cases, schools or colleges may have adopted a policy of single-sex sports for reasons related to fairness.

Where there are no safety concerns and a child makes a request relating to how they participate, schools and colleges will need to consider the request in light of the advice on "considering requests for support with social transition". This means that the school or college would need to take into account all the relevant factors, including whether supporting social transition is overall in the best interests of the child, as well as considering the impact on other children and the aim of creating safe and fair environments for children to participate in PE.

Schools must provide separate toilets for boys and girls aged 8 and over (apart from where individual toilets are in a room that can be locked from the inside, intended for use by one pupil at a time). This is required by the School Premises (England) Regulations 2012 and the Education (Independent School Standards) Regulations 2014 which apply to both maintained schools, academies and independent schools and reflects schools' safeguarding obligations.

If a gender-questioning child does not want to use the toilet designated for their biological sex, schools and colleges should consider whether they can provide an alternative toilet facility, for example self-contained individual toilets, without compromising the provision of single-sex facilities. These alternative arrangements should not compromise the safety, comfort, privacy or dignity of the child, or of any other children. It is important that schools and colleges keep a clear record of these situations, ensure they are communicated appropriately, and review them regularly. Where a school or college provides mixed-sex toilets in addition to singlesex toilets, schools and colleges should assess safeguarding risks and plan accordingly, for example, mixed-sex toilets should be in individual, lockable rooms and open directly onto public areas (e.g. a corridor).

Schools must not allow a child, aged 11 years or older at the start of the school year, to undress in front of a child of the opposite biological sex. This is required by the School Premises (England) Regulations 2012 and the Education (Independent School Standards) Regulations 2014, which require maintained schools, academies and independent schools to provide suitable changing accommodation and showers for pupils who are aged 11 years or over at the start of the school year. This means that the changing accommodation and showers must be suitable for the pupils they are provided for, having regard to their ages, numbers, and sex and any special requirements they may have and is informed by the school's safeguarding obligations. When responding to a request to support any degree of social transition, a school must not allow a child access to changing rooms designated for the opposite sex.

If a gender-questioning child does not want to use the changing rooms and showers designated for their sex, schools and colleges should consider whether they can provide an alternative changing or washing facility without compromising the provision of single-sex facilities. This could be a fully enclosed room – for use by one child at a time that can be secured from the inside – or by allowing access to facilities at an alternative time. These alternative arrangements should not compromise the safety, comfort, privacy or dignity of the child or of any other children.

It is important that schools and colleges keep a clear record of these situations, ensure they are communicated appropriately, and review them regularly.

29. Making or Sharing of Nudes or Semi-Nudes Including Images Digitally Altered or

Wholly Generated by Artificial Intelligence (Deepfakes) In cases where nudes or semi-nudes have been shared, we follow the guidance given to schools and colleges by the Council for Internet Safety (UKCIS): Sharing Nudes and Semi-Nudes (March 2024)

https://www.gov.uk/government/publications/sharing-nudes-and-semi-nudes-advice-for-education-settings-working-with-children-and-young-people/sharing-nudes-and-semi-nudes-how-to-respond-to-an-incident-ov erview

https://www.gov.uk/government/publications/sharing-nudes-and-semi-nudes-advice-for-education-settings-working-with-children-and-young-people/sharing-nudes-and-semi-nudes-advice-for-education-settings-wo rking-with-children-and-young-people

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/947546/Sharing_nudes_and_semi_nudes_how_to_respond_to_an_incident_Summary_V2.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/100844 3/UKCIS_sharing_nudes_and_semi_nudes_advice_for_education_settings Web_accessible_.pdf

What is *Sharing nudes and semi-nudes*?

In the latest advice for schools and colleges (UKCIS, 2024), this is defined as the sending or posting of nude or semi-nude images, videos or live streams by young people under the age of 18. This could be via social media, gaming platforms, chat apps or forums. It could also involve sharing between devices via services like Apple's AirDrop which works offline. The term 'nudes' is used as it is most commonly recognised by young people and more appropriately covers all types of image sharing incidents. Alternative terms used by children and young people may include 'dick pics' or 'pics'.

The consensual and non-consensual making or sharing of nudes and semi-nudes also includes images digitally altered or wholly generated by artificial intelligence (AI), also known as 'deep-fakes' and 'deep-nudes'.

The motivations for taking and sharing nude and semi-nude images, videos and live streams are not always sexually or criminally motivated.

This advice does not apply to adults sharing nudes or semi-nudes of under 18-year olds. This is a form of child sexual abuse and must be referred to the police as a matter of urgency.

If an incident comes to the attention of a member of staff, he/she must inform the DSL immediately:

- Never view, copy, print, share, store or save the imagery yourself, or ask a child to share or download – this is illegal
- If you have already viewed the imagery by accident (e.g. if a young person has showed it to you before you could ask them not to), report this to the DSL and seek support
- Do not delete the imagery or ask the young person to delete it.
- Do not ask the child/children or young person(s) who are involved in the incident to disclose information regarding the imagery. This is the responsibility of the DSL
- Do not share information about the incident with other members of staff, the young person(s) it involves or their, or other, parents and/or carers.
- Do not say or do anything to blame or shame any young people involved.
- Do explain to them that you need to report it and reassure them that they will receive support and help from the DSL (or equivalent)..

The DSL should hold an initial review meeting with appropriate school staff and subsequent interviews with

the children involved (if appropriate). Parents should be informed at an early stage and involved in the process unless there is reason to believe that involving parents would put the child at risk of harm. At any point in the process if there is concern a young person has been harmed or is at risk of harm a referral should be made to MASH or the Police as appropriate.

Immediate referral at the initial review stage should be made to MASH/Police if;

- The incident involves an adult;
- There is good reason to believe that a young person has been coerced, blackmailed or groomed or if there are concerns about their capacity to consent (for example, owing to special education needs);
- What you know about the imagery suggests the content depicts sexual acts which are unusual for the child's development stage or are violent;
- The imagery involves sexual acts;
- The imagery involves anyone aged 12 or under;
- There is reason to believe a child is at immediate risk of harm owing to the sharing of the imagery, for example the child is presenting as suicidal or self-harming.

If none of the above apply then the DSL will use her/his professional judgement to assess the risk to pupils involved and may decide, with input from the Headteacher, to respond to the incident without escalation to MASH or the police. Such decisions will be recorded on the school's CPOMS system.

In applying judgement the DSL will consider if;

- there is a significant age difference between the sender/receiver;
- there is any coercion or encouragement beyond the sender/receiver;
- the imagery was shared and received with the knowledge of the child in the imagery;
- the child is more vulnerable than usual i.e. at risk;
- there is a significant impact on the children involved;
- the image is of a severe or extreme nature;
- the child involved understands consent;
- the situation is isolated or if the image been more widely distributed;
- there other circumstances relating to either the sender or recipient that may add cause for concern i.e. difficult home circumstances;
- the children have been involved in incidents relating to youth produced imagery before.

If any of these circumstances are present the situation will be escalated according to our child protection procedures, including reporting to the police or MASH. Otherwise, the situation will be managed within the school.

The DSL will record all incidents of youth produced sexual imagery, including both the actions taken, actions not taken, reasons for doing so and the resolution in line with safeguarding recording procedures.

30. Allegations against staff

At **ST JOSEPH'S** we recognise the possibility that adults working in the school may harm children, including governors, volunteers, supply teachers, trainee teachers and agency staff.

The school is committed to safeguarding and promoting the welfare of children and expects all staff to share this commitment.

All concerns about adults working with children, including allegations that may meet the harm threshold and

low-level concerns, will be **taken seriously, recorded, and responded to promptly, proportionately and transparently**.

Allegations or concerns about an adult working in the school whether as a teacher, supply teacher, trainee teacher, other staff, volunteers or contractors:

- that have behaved in a way that has harmed a child, or may have harmed a child and/or
- possibly committed a criminal offence against or related to a child and /or
- behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children, and/or
- behaved or may have behaved in a way that indicates they may not be suitable to work with children. This includes behaviour outside of school, that might make an individual unsuitable to work with children, this is known as transferable risk.

There are two aspects to consider when an allegation is made:

- Looking after the welfare of the child. The DSL or DDSL is responsible for ensuring that the child is not at risk and referring cases of suspected abuse to the LA children's social care.
- Investigating and supporting the person subject to the allegation. The case manager should discuss with the LADO, the nature, content and context of the allegation, and agree on a course of action. The role of the LADO is not to investigate but to ensure that an appropriate investigation is carried out, whether that is by the police, LA children's social care, the school, or a combination of these. In straightforward cases, the investigation should normally be undertaken by a senior member of the school staff. The school must consider suspension/alternative duties, safeguarding risks, and fair treatment of the adult. Decisions must be risk-based, recorded and reviewed.
- All allegations must be discussed with the SIO at the point the allegation is made.

Allegation Against a Member of Staff

- Follow Managing Allegations Against Staff Policy
- Inform SIO, COO and Trust HR Manager immediately
- SIO will inform Director of Education immediately
- The Headteacher (or appropriate senior leader) must contact the Local Authority Designated Officer (LADO) without delay. No investigation must commence before consultation with the LADO and agreement on next steps.
- Director of Education will inform Diocese Safeguarding Lead – Martin Christmas-Nelson martin.christmas-nelson@prcdtr.org.uk
- A decision will be made by the Trust HR Manager and Director of Education as to whether suspension is an appropriate action.
- HT to carry out risk assessment and instigate identified control measures
- If the local authority holds a *Strategy Meeting*, when asked whether the member of staff works or volunteers in any capacity with children or young people, the HT/SIO should disclose any information that they are aware of, but state clearly that there may be other roles that he/she is not aware of.
- Any referral regarding a member of supply staff should also be reported to the supply agency immediately..

Allegations/social service investigation re a member of staff's own child/children who are pupils of the school

- Follow Managing Allegations Against Staff Policy including notification of LADO
- Inform SIO, COO and Trust HR Manager immediately
- SIO will inform Director of Education immediately
- Director of Education will inform Diocese Safeguarding Lead – martin.christmas-nelson@prcdtr.org.uk
- A decision will be made by the Trust HR Manager and Director of Education as to whether suspension is an appropriate action. Suspension is not an automatic response to an allegation.
- SIO and Director of Education to undertake risk assessment to support management of situation
- Remove member of staff's access to CPOMs records of their own children.
- Obtain member of staff's agreement not to access CPOMs records for their own children.
- Ensure that member of staff is not involved in the management of the safeguarding case

- Consider removing email access to restrict sight of communications from LA or police.
- Consider application of staff disciplinary policy if necessary
- Ensure member of staff's children have full protection and support as per other children

Allegation Against a Headteacher

- Follow Managing Allegations Against Staff Policy
- Report allegation to the SIO, COO and Trust HR Manager immediately.
- SIO will inform Director of Education and relevant LADO on the same day they have learned of the allegation.
- Director of Education will inform Diocese Safeguarding Lead – Martin Christmas-Nelson martin.christmas-nelson@prcdtr.org.uk
- A decision will be made by the Trust HR Manager and Director of Education as to whether suspension is an appropriate action. Suspension is not an automatic response to an allegation.
- If the local authority holds a *Strategy Meeting*, when asked whether the Headteacher works or volunteers in any capacity with children or young people, the SIO should disclose any information that they are aware of, but state clearly that there may be other roles that he/she is not aware of.

When dealing with allegations, the school should:

- Apply common sense and judgement
- Deal with allegations quickly, fairly and consistently
- Provide effective protection for the child and support the person subject to the allegation.

Schools should promote an open and transparent culture in which all concerns about all adults working in or on behalf of the school are dealt with promptly and appropriately. This culture should:

- Enable schools to identify inappropriate, problematic or concerning behaviour early
- Minimise the risk of abuse and
- Ensure that adults working in or on behalf of the school are clear about professional boundaries, and in accordance with the ethos and values of the institution.

A low level concern is any concern that is inconsistent with the staff code of conduct, including inappropriate conduct outside of work, and does not meet the harm threshold to consider a referral to LADO. Examples of such behaviour could include being over-friendly with children, having favourites, engaging with a child one-on-one behind a closed door, or humiliating children. It is essential that all low level concerns are shared with the right person, recorded, and dealt with appropriately. The purpose of reporting low-level concerns is to identify patterns of behaviour that may indicate emerging safeguarding concerns and to promote a culture of openness and accountability.

All concerns about adults must be:

- Reported **immediately** to the **Headteacher** and the **School Improvement Officer**
- Where the concern involves the Headteacher, reported to the **School Improvement Officer/Director of Education**
- Discussed with the child's parent as soon as possible within 24 hours

All low-level concerns and allegations will be added to CPOMS Staff Safe at the point of reporting. Records must include details of the concern, context, action taken, and outcome.

The Headteacher (or delegated safeguarding leader) must:

- Review low-level concerns regularly
- Identify patterns and repeated behaviours. Any concern must be re-evaluated against the harm threshold should a pattern emerge.

The Trust will:

- Maintain **appropriate confidentiality**
- Share information on a **need-to-know basis only**

However, Information must be shared where:

  - Necessary to safeguard children
  - Required by law

The school must maintain:

- A clear and comprehensive record on CPOMs Staff Safe and Student Safe of:
  - All allegations
  - LADO referrals
  - Strategy discussions
  - Decisions and rationale
  - Outcomes

Records must:

- Be factual and accurate
- Include dates, times, and decision-makers
- Be retained in line with safeguarding and data retention requirements

The school must ensure:

- Concerns are:
  - Reported **immediately**
  - Referred to LADO **without delay**

- Cases are:
  - Reviewed regularly
  - Progressed without unnecessary delay

- The Trust provides:
  - Oversight
  - Challenge
  - Support where required

The welfare of the child is paramount. All concerns about adults must be taken seriously, acted upon promptly, and recorded appropriately.

Any allegations or low level concerns will be managed in line with the Plymouth CAST Allegations Against Staff and Low Level Concerns Policy.

31. Whistleblowing

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues, poor or unsafe practice and potential failures in the school's safeguarding arrangements. If it becomes necessary to consult outside the school, they should speak in the first instance, to the LADO following the Whistleblowing Policy.

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 line is available from 8:00 AM to 8:00 PM, Monday to Friday and email: help@nspcc.org.uk

Whistleblowing re the Headteacher should be made to the School Improvement Officer/Chair of the Local CAST Board whose contact details are readily available to staff.

32. Physical Intervention

We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.

Physical intervention must only be used in accordance with the school's Safe Touch Policy and Physical Intervention Policy.

Staff who are likely to need to use physical intervention will be appropriately trained.

We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.

We recognise that touch is appropriate in the context of working with children, and all staff have been given 'Safe Practice' guidance to ensure they are clear about professional boundaries and responsibilities.

Following any incident involving restrictive physical intervention, the welfare of the child and any staff involved should be considered and appropriate support offered.

33. Use of School for Non-School Activities

Where the school is used for non-school activities, providers are expected to meet the guidance in Keeping Children Safe in Out of School Settings

All contracts/Hire agreements for out-of-hours lettings etc include a statement that the organisation working with children meets the expectations in Keeping Children Safe in Out-of-schools Settings. These are checked by the Site Manager, headteacher or person with designated responsibility for out of hours non-school activities/lettings.

If the school receives allegations related to an incident that happened when an individual or organisation was using the school premises for the purposes of running activities for children, the school will follow our own safeguarding policies and procedures, including informing the LADO.

Contractor Oversight and Student-Occupied Areas

To maintain a "culture of vigilance," all contractors working on Trust premises during term time or when children are present for wrap-around care must adhere to the following supervision and behaviour standards:

- Verification of Suitability: In line with the Health & Safety Policy (Section 2.10), schools must verify the DBS status of contractors. Contractors without an enhanced DBS check must be escorted at all times and are strictly prohibited from entering student-occupied areas (e.g., toilets, changing rooms, or classrooms) while children are present.
  - In the instance of contractors instructed by the Plymouth CAST Central Team, the Trust must obtain written confirmation that contractors have received safeguarding training.

- In the instance of contractors instructed by the school, the school must obtain written confirmation that contractors have received safeguarding training.
- Supervision Ratios:
  - Unvetted Contractors: Must maintain a 1:1 supervision ratio with a designated member of school staff if working in the vicinity of pupils.
  - Vetted/Regular Contractors: May work under "general supervision," provided a member of staff performs a physical spot-check at least once every 60 minutes to ensure work remains within the agreed-upon zone.
- Behaviour Expectations (Code of Conduct):
  - Identification: Contractors must wear a school-issued "Visitor" or "Contractor" lanyard at all times.
  - Communication: Contractors must not engage in personal conversation with pupils, exchange contact details (including social media), or offer gifts/food to children.
  - Environment: The use of personal mobile phones or cameras is strictly prohibited in student-occupied areas. Contractors must use designated "staff-only" welfare facilities and stay within the pre-defined "work zone" established by the relevant Plymouth CAST managers (either school-based or those working within the Trust's central team).
- Breach of Conduct: Any contractor found in breach of these expectations will be asked to leave the site immediately, and a formal report will be made to the Plymouth CAST Estates and Facilities Manager and the school's Designated Safeguarding Lead (DSL).

34. Confidentiality, sharing information and GDPR

All staff will understand that child protection issues warrant a high level of confidentiality, not only out of respect for the pupil and staff involved but also to ensure that information being released into the public domain does not compromise evidence.

School staff should be proactive in appropriately sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to local authority children's social care.

Staff should only discuss concerns with the DSL, Headteacher or School Improvement Officer as appropriate. The Headteacher, in consultation with DSL, SIO and LA as necessary, will then decide who else needs to have the information, and they will disseminate it on a 'need-to-know' basis.

However, following a number of cases where senior leaders in school have failed to act upon concerns raised by staff, Keeping Children Safe in Education (2026) emphasises that any member of staff can contact children's social care if they are concerned about a child. The contact details are contained within this document.

Child protection information will be stored and handled in line with the Data Protection Act 2018 [22] and HM Government Information Sharing and Advice for practitioners providing safeguarding services to children, young people, parents and carers, July 2018.

Information being shared with schools under the temporary accommodation notification duty placed on local housing authorities when relocating children is strictly subject to the household's consent. In this event, early help pastoral support can be coordinated to support the child and family.

Information will be stored securely on the school's CPOMs system, and where written records/documents are necessary, in securely locked and protected cabinets etc.

Information sharing is guided by the following principles:

- necessary and proportionate
- lawful

- relevant
- adequate
- accurate
- timely
- secure

Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. Confidentiality should never prevent information being shared where a child may be at risk.

Documents should be retained with reference to the Trust's Data Retention Schedule.

35. Escalation Pathway (Safeguarding Concerns and Professional Challenge)

Escalation of Safeguarding Concerns

The school is committed to ensuring that safeguarding concerns are acted upon **promptly, appropriately and without delay**, and that all staff understand how to escalate concerns where there is disagreement, inaction or insufficient response.

Safeguarding is a shared, multi-agency responsibility. In line with Working Together to Safeguard Children 2026, staff must be prepared to **challenge decisions and escalate concerns** where they believe a child is not being adequately protected. Professional challenge is recognised as a positive safeguarding responsibility rather than criticism of colleagues or partner agencies.

Step 1: Classroom / Frontline Staff

- All staff must:
  - Record concerns **immediately** on the school's safeguarding system (e.g. CPOMS)
  - Report concerns **without delay** to the Designated Safeguarding Lead (DSL) or deputy

Timescale:

- **Immediately / same day**

Step 2: Designated Safeguarding Lead (DSL)

The DSL will:

- Review the concern and all available information
- Assess risk and determine next steps
- Take appropriate action, which may include:
  - universal services and community-based Early Help, or the targeted early help level of Family Help
  - Referral to Children's Social Care
  - Contact with police or other agencies

Timescale:

- **Same day decision-making for all concerns**
- **Immediate action** where risk of harm is identified

Step 3: Headteacher / Senior Leadership Oversight

Where concerns are:

- Complex
- High risk
- Disputed
- Or involve professional disagreement

The DSL will escalate internally to the **Headteacher (or most senior leader on site)**. The

Headteacher will:

- Provide oversight and challenge
- Ensure appropriate action is taken
- Support escalation where necessary

Timescale:

- **Same day escalation**

Step 4: Trust Safeguarding Escalation (Trust DSL / SIO)

Where there remains:

- Disagreement about threshold or action
- Concern regarding decision-making
- Repeated concerns or patterns
- Insufficient response from external agencies

The matter must be escalated to the **Trust Safeguarding Lead / Director of Education / School Improvement Officer (SIO)**.

The Trust will:

- Provide professional challenge
- Review the case
- Support further escalation to external agencies if required

Contact Points:
DSL: Nichola Day
Headteacher: Nichola Day
Director of Education: craig.follett@plymouthcast.com; Tel: 07513 136390
Safeguarding Officer: lpaiano@plymouthcast.org.uk; Tel: 07590 881431
SIO Name: Alyson Tyler

Timescale:

- **Within 24 hours**

Step 5: Escalation to Safeguarding Partners

Where concerns remain unresolved, or where there is disagreement with multi-agency decisions, the school (supported by the Director of Education or Trust Safeguarding Officer) will escalate concerns through the **local Safeguarding Partners' escalation / professional disagreement procedures**.

This includes:

- Contacting the relevant **Local Authority Children's Social Care team**
- Using the **formal escalation route set out by the Local Safeguarding Children Partnership**
- Seeking resolution at a more senior level within partner agencies

Contact Points:

- Local Authority Children's Social Care: Number and email
- Safeguarding Partnership escalation route (as published locally) insert hyperlink
- Police (where immediate risk is identified) Tel: 999

Timescale:

- **Immediate escalation where risk is high**
- Otherwise **within 24 hours of unresolved concern**

Professional Challenge and Escalation Duty

All staff have a responsibility to:

- **Challenge decisions** where they believe a child is not being adequately safeguarded
- **Escalate concerns without delay**
- **Persist until concerns are resolved**

No member of staff should assume that another professional or agency will take action.

Key Principle

> **If a child is at risk of harm and action is not being taken, staff must escalate concerns until they are satisfied that appropriate action has been taken to safeguard the child.**

36. Disclosures During Relationships and Sex Education (RSE) Lessons

The school recognises that Relationships Education, RSE and Health Education may increase the likelihood of pupils making disclosures or asking questions that raise safeguarding concerns.

Staff must therefore teach RSE in a way that is safe, calm, age-appropriate and trauma-aware. They should be alert to signs that a pupil may be describing abuse, neglect, exploitation, harmful sexual behaviour, domestic abuse, self-harm, suicidal ideation, or other welfare concerns, whether relating to themselves or to another child. Staff should also be aware that some pupils may not be ready to disclose, may not recognise their experiences as harmful, or may communicate concerns indirectly through questions, behaviour, distress or partial information.

In line with KCSiE 2025, and consistently reflected in KCSiE 2026, staff must never promise a pupil confidentiality if a safeguarding concern is raised. Staff should listen carefully, respond calmly, avoid leading questions, reassure the pupil that they have been taken seriously, and explain that the information will only be shared with those who need to know in order to help keep them safe, normally the Designated Safeguarding Lead (DSL) or a deputy. Any safeguarding concern arising in or following an RSE lesson must be passed to the DSL or deputy without delay and recorded in line with the school's safeguarding procedures.

Teachers should not attempt to investigate, resolve or manage disclosures alone within the lesson. Where

appropriate, they may use a brief “holding” response, bring the lesson to a safe close, and ensure the pupil is supported discreetly after the lesson. The statutory RSE guidance also expects schools to be clear in advance how difficult questions will be handled, how confidentiality will be explained to pupils, and how external visitors will report any safeguarding concern in line with the school’s policy. When planning RSE lessons staff will anticipate triggers for difficult questions or statements, and include how they will be handled. This will include availability of other staff to support the child outside the classroom etc if required.

Where a disclosure is made, or sensitive information disclosed, the member of staff should support the other children in the maintenance of sensitivity and care, and where necessary provide a supportive debrief.

The DSL should ensure that all staff and visitors delivering RSE receive appropriate safeguarding briefing. This will include, but not be limited to, planning for anticipated disclosures or questions, preparation with children (cohort and individuals) for specific lessons, how to deal with sensitive questions and disclosures within a lesson, what to *look out for in specific sessions*, and how to make.record/report a disclosure or concern.

Staff must ensure that pupils are helped to understand, before sensitive teaching begins, that adults in school cannot offer unconditional confidentiality and that concerns about safety will be acted upon in their best interests. This section should be read alongside the Trust’s RSE Policy, Staff Code of Conduct, Online Safety arrangements, and the procedures set out in this Safeguarding / Child Protection Policy.

37. This policy also links to our policies on:

- Behaviour
- Staff Behaviour Policy / Code of Conduct
- Whistleblowing
- Anti-bullying
- Health & Safety
- Allegations Against Staff and Low Level Concerns Policy
- Parental concerns
- Attendance
- Curriculum
- PSHE
- Teaching and Learning
- Administration of medicines
- Drug Education
- Sex and Relationships Education
- E-Safety, including staff use of mobile phones
- Risk Assessment
- Alternative Provision Checklist
- Recruitment and Selection
- Child Sexual Exploitation
- Intimate Care Policy
- Radicalisation and Extremism
- Data Protection/GDPR Guidance
- Safe Touch Policy
- Physical Intervention Policy
- RSE Policy
- First Aid Allowance Policy
- Emotional Health and Wellbeing Policy
- Off-Site Visits Policy
- Outdoor Education, Visits and Off-Site Activities Policy

Appendix 1

- Mobile Phone Policy

DSL Competency Framework

The DSL and DDSL should 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 including Prevent awareness training.

Training should provide DSLs and DDSL with a good understanding of their own role, how to identify, understand and respond to specific needs that can increase the vulnerability of children as well as specific harms that can put children at risk, and the processes, procedures and responsibilities of other agencies, particularly local authority children's social care, so they:

- understand the assessment process for providing universal services and community-based Early Help, or the targeted early help level of Family 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
- understand the importance of the role the designated safeguarding lead has in providing information and support to local authority children social care in order to safeguard and promote the welfare of children
- understand and provide early help and pastoral support to children and families to address the high rates of educational disruption, school absence, and mental health challenges homeless children face, when notified by a local housing authority under the statutory temporary accommodation notification duty
- understand the lasting impact that adversity and trauma can have, including on children's behaviour, mental health and wellbeing, and what is needed in responding to this in promoting educational outcomes
- are alert to the specific needs of children in need, those with special educational needs and disabilities (SEND), those with relevant health conditions and young carers
- understand the importance of information sharing, both within the school and college, and with the safeguarding partners, other agencies, organisations and practitioners
- understand and support the school or college 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 special educational needs and disabilities (SEND) face online, for example, from bullying, grooming and radicalisation and are confident they have the capability to support children with SEND to stay safe online
- obtain access to resources and attend any relevant or refresher training courses,
- encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, and in any measures the school or college may put in place to protect them.

Knowledge and skills should be refreshed at regular intervals and at least annually by reading e-bulletins, meeting other DSLs, and reading safeguarding developments relevant to their role.

Plymouth CAST

Appendix 2

Recognising signs of child abuse and neglect

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. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear or experience its effects. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.Children may also cause harm to other family members, often referred to as child to parent or care-giver abuse.

Categories of Abuse:

- **Physical Abuse**: a form of abuse which may involve hitting, shaking, throwing, poising, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or caregiver fabricates the symptoms of, or deliberately induces, illness in a child
- **Emotional Abuse** (including Domestic 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 from 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** (including child sexual exploitation): involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue (also known as child on child abuse) in education and all staff are made aware of it and of our school's policy and procedures for dealing with it
- **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, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Signs of Abuse in Children:

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-needing behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression and/or anxiousness
- Age inappropriate sexual behaviour
- Child Sexual Exploitation
- Criminality
- Substance abuse
- Mental health problems
- Poor attendance

Risk Indicators

Risk indicators should not be viewed in isolation. Staff should exercise professional curiosity, consider the child's lived experience and seek advice from the DSL where concerns arise. Staff must record the child's voice when completing safeguarding records. The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Requires staff to be professionally curious and alert to potential signs
- Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and / or referral to Family Help / Children's Services

The absence of such indicators does not mean that abuse or neglect has not occurred. In an abusive relationship the child may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment

- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a “cry for help” and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- 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
- 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
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion 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, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- 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 (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures.
There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- 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
- There is an unexplained fracture in the first year of life

Scars

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

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- 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

Recognising Signs of Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child’s age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- 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

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and irresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

Protective Factors
When assessing safeguarding concerns, staff should consider not only indicators of risk but also the protective factors that may reduce a child's vulnerability and promote resilience. Understanding a child's strengths, trusted relationships, sense of belonging, engagement in education and access to support can help inform effective safeguarding assessments and interventions.

Safeguarding assessments should therefore seek to answer two equally important questions: What is placing this child at risk? and What is helping to keep this child safe?

Appendix 3

Sexual Abuse & Sexual Harassment

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children. Staff should be vigilant to:

- bullying (including cyberbullying)
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm
- sexual violence and sexual harassment
- making or sharing nudes and semi-nudes
- initiation/hazing type violence and rituals
- upskirting

Developmental Sexual Activity

Encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour

Can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed. If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base. In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

Equality – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies

Consent – agreement including all the following:

- Understanding that is proposed based on age, maturity, development level, functioning and experience
- Knowledge of society's standards for what is being proposed
- Awareness of potential consequences and alternatives
- Assumption that agreements or disagreements will be respected equally
- Voluntary decision
- Mental competence

Coercion – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide. Further information and advice is available in the Devon Safeguarding Children Partnership https://www.devonscp.org.uk/document/a-guide-to-supporting-young-people-who-present-with-harmful-sexual-behaviour/

Appendix 4

Exploitation (including Child Sexual Exploitation, Child Criminal Exploitation and County Lines)

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

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

- Acquisition of money, clothes, mobile phones, etc. without plausible explanation;
- Gang-association and/or isolation from peers/social networks;
- Exclusion or unexplained absences from school, college or work;
- Leaving home/care without explanation and persistently going missing or returning late;
- Excessive receipt of texts/phone calls;
- Returning home under the influence of drugs/alcohol;
- Inappropriate sexualised behaviour for age/sexually transmitted infections;

- Evidence of/suspicions of physical or sexual assault;
- Relationships with controlling or significantly older individuals or groups;
- Multiple callers (unknown adults or peers);
- Frequenting areas known for sex work;
- Concerning use of internet or other social media;
- Increasing secretiveness around behaviours; and
- Self-harm or significant changes in emotional well-being.

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

- Having a prior experience of neglect, physical and/or sexual abuse;
- Lack of a safe/stable home environment, now or in the past (domestic abuse or parental substance misuse, mental health issues or criminality, for example);
- Recent bereavement or loss;
- Social isolation or social difficulties;
- Absence of a safe environment to explore sexuality;
- Economic vulnerability;
- Homelessness or insecure accommodation status;
- Connections with other children and young people who are being sexually exploited;
- Family members or other connections involved in adult sex work;
- Having a physical or learning disability;
- Being in care (particularly those in residential care and those with interrupted care histories); and
- Sexual identity.
- More information can be found in: Child sexual exploitation: Definition and a guide for practitioners (DfE 2017)

Child Criminal Exploitation (CCE): CCE occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity

(a) in exchange for something the victim needs or wants, and/or

(b) for the financial or other advantage of the perpetrator or facilitator and/or

(c) through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

Potential vulnerabilities include:

- children who appear with unexplained gifts or new possessions;
- children who associate with other young people involved in exploitation;
- children who suffer from changes in emotional well-being;
- children who misuse drugs and alcohol;
- children who go missing for periods of time or regularly come home late; and
- children who regularly miss school or education or do not take part in education.

County Lines: County lines is a term used to describe gangs and organised criminal networks involved in the exporting of illegal drugs (primarily crack cocaine and heroin) into one or more importing areas (within the UK), using dedicated mobile phone lines or other form of 'deal line.'

Exploitation is an integral part of the county lines offending model with children and vulnerable adults being exploited to move (and store) drugs and money. The same grooming models used to coerce, intimidate, and abuse individuals for sexual and criminal exploitation are also used for grooming vulnerable individuals for county 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.

Other risks children face can also include forced theft, organised shoplifting, cannabis cultivation, online exploitation, and fraud.

Appendix 5

Female Genital Mutilation (FGM)

FGM: Female genital mutilation refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK. FGM may be likely if there is a visiting female elder, there is talk of a special procedure or celebration to become a woman, or parents wish to take their daughter out-of-school to visit an 'at-risk' country (especially before the summer holidays), or parents who wish to withdraw their children from learning about FGM. Staff should not assume that FGM only happens outside the UK.

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM. If a member of staff, in the course of their work, discovers that an act of FGM appears to have been carried out, the member of staff must report this to the Police.

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 ("the 2003 Act"). It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

Section 5B of the 2003 Act1 introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police. The duty came into force on 31 October 2015.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons. 4 types of procedure:
Type 1 Clitoridectomy – partial/total removal of clitoris
Type 2 Excision – partial/total removal of clitoris and labia minora
Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia
Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?
Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl

- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Circumstances and occurrences that may point to FGM happening are:

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

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

The 'One Chance' rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that settings /schools/colleges take action **without delay** and make a referral to the LA social care. However, teachers MUST report 'known' cases of FGM in under 18s which they identify in the course of their professional work, directly to the police.

Appendix 6

Domestic Abuse (incl Operation Encompass)

Domestic Abuse: The Domestic Abuse Act 2021 (Part 1) defines domestic abuse as any of the following behaviours, either as a pattern of behaviour, or as a single incident, between two people over the age of 16, who are 'personally connected' to each other:

(a) physical or sexual abuse;

(b) violent or threatening behaviour;

(c) controlling or coercive behaviour;

(d) economic abuse (adverse effect of the victim to acquire, use or maintain money or other property; or obtain goods or services); and

(e) psychological, emotional or other abuse.

People are 'personally connected' when they are, or have been married to each other or civil partners; or have agreed to marry or become civil partners. If the two people have been in an intimate relationship with each other, have shared parental responsibility for the same child, or they are relatives.

The definition of Domestic Abuse applies to children if they see or hear, or experience the effects of, the abuse; and they are related to the abusive person. (The definition can be found https://www.legislation.gov.uk/ukpga/2021/17/part/1/enacted)

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home.

How does it affect children?

Children can be traumatised by seeing and hearing violence and abuse. They may also be directly targeted by the abuser or take on a protective role and get caught in the middle. In the long term this can lead to serious long lasting emotional and psychological impact on children. In some cases children may blame themselves for the abuse or may have had to leave the family home as a result.

What are the signs to look out for?

Children affected by domestic abuse reflect their distress in a variety of ways. They may change their usual behaviour and become withdrawn, tired, start to wet the bed and have behavioural difficulties. They may not want to leave their house or may become reluctant to return. Others will excel, using their time in your care as a way to escape from their home life. None of these signs are exclusive to domestic abuse so when you are considering changes in behaviours and concerns about a child, think about whether domestic abuse may be a factor.

What should I do if I suspect a family is affected by domestic abuse? Contact:

SAFE (Stop Abuse For Everyone) is a charity based in Exeter providing help and support to children and families who have experienced domestic abuse and violence. Telephone 030 30 30 0112 or email hello@safe-services.org.uk (Monday to Friday, 9am – 5pm)

National Domestic Abuse Helpline Refuge runs the National Domestic Abuse Helpline, available 24hour a day 0808 2000 247 and its website offers guidance and support for potential victims.

Refuge: https://www.refuge.org.uk/

Operation Encompass helps police and schools work together to provide emotional and practical help for children. Police will inform the 'key adult' within school if they have been called to an incident of domestic abuse, where there are children in the household before registration the next day.

Appendix 7

Indicators of vulnerability to radicalisation

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

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

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

3. Extremism is defined by the Crown Prosecution Service as:
   The demonstration of unacceptable behaviour by using any means or medium to express views which:
   - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
   - Seek to provoke others to terrorist acts;
   - Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
   - Foster hatred which might lead to inter-community violence in the UK.

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

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

Indicators of vulnerability include:

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

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

More critical risk factors could include:

- Being in contact with extremist recruiters;
- Accessing violent extremist websites, especially those with a social networking element;
- Possessing or accessing violent extremist literature;
- Using extremist narratives and a global ideology to explain personal disadvantage;
- Justifying the use of violence to solve societal issues;
- Joining or seeking to join extremist organisations; and
- Significant changes to appearance and / or behaviour;
- Experiencing a high level of social isolation resulting in issues of identity crisis and /

or personal crisis.

The Prevent duty ensures schools and colleges have ‘due regard’ to the need to prevent people from being draw into terrorism.

Channel is the voluntary, confidential support programme which focuses on providing support at an early stage to individuals that have been identified as being vulnerable to radicalisation. Prevent referrals may be passed to the multi-agency Channel panel to determine whether individuals require support.

The Prevent Duty can be accessed via this link.

Summary of The Prevent Duty for Schools and Childcare Providers (June 2015)

The Prevent Duty, for Further Education Institutions

Guidance on Channel https://www.gov.uk/government/publications/channel-

guidance Further information can be obtained from the Home Office website.

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Appendix 8

Working Together to Safeguard Children April 2026

Overview for Schools

1. Executive Summary (WTSC 2026)

is the statutory framework for multi-agency safeguarding in England, replacing the 2023 version.

Core themes (unchanged but strengthened):
- Safeguarding is a **shared, multi-agency responsibility**
- **Child-centred, whole-family approach**
- Early help/Family Help, protection, and outcomes are **integrated**
- Schools are **central safeguarding partners,** not peripheral

2. Key Changes from 2023 → 2026

1. Much stronger multi-agency accountability model

- Clearer roles for:
  - **Lead Safeguarding Partners (LSPs)** (LA, Police, ICB)
  - **Delegated Safeguarding Partners (DSPs)**
- Explicit **shared accountability and joint decision-making expectations**

Shift:
From "working together" → "**joint ownership, challenge and accountability**"

2. Major strengthening of information sharing expectations

This is one of the **most important changes**.

- Stronger language:
  - "**Practitioners should be proactive in sharing information as early as possible"**
- Explicit rejection of myths:
  - Data protection is **NOT a barrier**
- Greater emphasis on:
  - **timeliness**
  - **professional responsibility to share**

Shift:
From "information sharing is important" → "**failure to share = safeguarding failure"**

3. Clearer expectations for education settings

- Schools explicitly identified as:
  - **relevant agencies**
  - **critical intelligence sources**
- Stronger expectation to:
  - contribute data
  - engage in strategy and operational safeguarding

Shift:
From "schools contribute" → "**schools are integral to the system"**

4. Greater emphasis on data, patterns, and intelligence

- Multi-agency systems must:
  - **analyse patterns across children and contexts**
  - **identify emerging risks and cohorts**

Shift:

From individual case focus → **system-wide intelligence-led safeguarding**

5. Stronger learning culture and scrutiny

- Mandatory:
  - learning from reviews
  - impact tracking
- Emphasis on:
  - **rapid reviews**
  - **continuous improvement**

6. Operation Encompass strengthened (now statutory)

- Police must notify schools of domestic abuse

incidents Direct implication:

Schools must be ready to **receive, record, and act immediately**

3. CRITICAL: Record Keeping & Information Sharing Requirements for Schools

This is the most important section for schools/the trust
A. Core Principle

"No single practitioner can have a full picture... effective sharing of information is essential"

AND critically:

Missed opportunities to record, understand, and share information can have severe consequences

B. What Schools MUST Now Do (Record Keeping)

1. Record EARLY and CONTINUOUSLY

Schools must record:
- Emerging concerns (not just thresholds)
- Patterns over time
- Contextual information (peers, locations, adults)

This aligns directly with:
- CPOMS expectations
- "Early help/Family Help → protection" continuum

2. Record WITH ANALYSIS (not just description)

Records must enable:
- Understanding of risk
- Identification of patterns

- Multi-agency interpretation

Weak descriptive logs = non-compliant in practice

3. Record INFORMATION ABOUT ADULTS

A key strengthening:

Information about adults connected to the child must be recorded and shared

This is often missed in schools.

4. Record FOR SHARING (NOT JUST INTERNAL USE)

Records must be:
- Structured
- Clear
- Timely
- Include in CPOMs Student Safe/Staff Safe when information is shared; with whom, why and with what outcome.

So they can be shared with:
- Social care
- Police
- Health

This is a major cultural shift.

5. Record MOVEMENT / TRANSITION RISKS

Explicit requirement:
- When children move LA / school
- Information must follow the child

Weak transfer = safeguarding risk

C. Multi-Agency Information Sharing Expectations FOR SCHOOLS

1. Proactive sharing (not reactive)

Schools must:
- Share concerns **early and record you have done so**
- Not wait for thresholds

If in doubt → share”

2. Do NOT assume others will share

Practitioners must not assume someone else will pass information on
This is a **personal professional duty**

3. Lawful basis = NOT a barrier

Schools must understand:
- You **do NOT need** consent to share safeguarding concerns

- Lawful bases include:
    - legal obligation
    - public task

This is critical for staff confidence

4. Share SPECIAL CATEGORY DATA when required

Including:
- Health
- SEND
- Family context

Safeguarding condition explicitly allows this

5. Transparency (where safe)

- Inform parents where appropriate
- But **do not delay sharing if risk exists**

6. Contribute to multi-agency intelligence

Schools must contribute:
- Attendance data
- Behaviour concerns
- Safeguarding logs
- Contextual risks

This feeds system-wide analysis

D. What Will Be Judged (Ofsted /Trust Safeguarding Reviews)

Based on WTSC 2026, schools will now be judged on:

1. **Quality of recording**
    - Is it analytical?
    - Does it show risk awareness?
2. **Timeliness**
    - Was information shared early enough?
3. **Professional curiosity**
    - Were patterns identified?
4. **Multi-agency contribution**
    - Did the school add value to the system?
5. **Escalation**
    - Did staff act or assume others would?

4. What This Means for the Trust

We need to ensure:

1. CPOMS standardisation
- Mandatory fields:
    - antecedents
    - analysis
    - risk
    - action

- Not just narrative logs

2. Staff training shift

Staff must understand:

- “Recording = safeguarding action”
- “Sharing early = protection”

3. DSL triage systems

- Clear thresholds:
  - Early Help/Family Help
    - referral
    - LADO

4. Trust-level intelligence

- Patterns across:
  - schools
  - pupils
  - staff

This aligns directly with WTSC 2026 expectations

5. One-line summary

WTSC 2026 shifts safeguarding from individual case recording to proactive, intelligence-led multi-agency information sharing — where the quality, timeliness, and purpose of school records are critical to protecting children.

Appendix 9

Safeguarding Escalation Flowchart

Concern about a child

- Abuse, neglect, safeguarding concern, or uneasy feeling
- Disclosure, behaviour change, injury, contextual concern

STEP 1: STAFF ACTION

Record and Report

- Record on CPOMS
- Report to DSL / Deputy DSL immediately

Timescale: Same day (immediately where urgent)

STEP 2: DSL RESPONSE

Assess and Decide

- Review information and history
- Assess risk and threshold
- Take action:

✔ Early Help/Family Help
✔ Referral to Children's Social Care
✔ Contact Police (if immediate risk)

Timescale: Same day decision / immediate if high risk

STEP 3: HEADTEACHER / SENIOR LEADER

Oversight and Challenge

Used where:

- **High-risk or complex case**
- **Disagreement about action**

⬇

- **Escalation required**

⏱ **Timescale: Same day**

⬇

▨ STEP 4: TRUST ESCALATION

Trust DSL / Director of Education / SIO

Used where:

- **Ongoing concern or disagreement**
- **Pattern of concern**
- **Insufficient response**

Trust will:

- **Review case**
- **Provide challenge**
- **Support escalation**

⏱ **Timescale: Within 24 hours**

● STEP 5: SAFEGUARDING PARTNERS

Multi-Agency Escalation

-
-
- Police (where immediate risk is identified) Tel: 999

Used where:

- **Disagreement remains**
- **Response is insufficient**
- **Risk remains**

⏱ **Timescale: Immediate (if high risk) or within 24 hours**

⬇

⬇

⚠ PROFESSIONAL CHALLENGE DUTY
• **Do not assume someone else will act** • **Escalate concerns if you are not satisfied** • **Persist until the child is safe**
🔑 **KEY TEST**

- **Are you confident this child is safe?**

👉 **If NO → ESCALATE**

📞 Contact Points
DSL: Nichola Day n.day@plymouthcast.com Headteacher Nichola Day n.day@plymouthcast.com Director of Education: craig.follett@plymouthcast.com; Tel: 07513 136390 Safeguarding Officer: lpaiano@plymouthcast.org.uk; Tel: 07590 881431 SIO Name: Alyson Tyler LA Social Care: Police: Tel: 999

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Appendix 10 - Safeguarding Myth Busting

Myth	Reality
"GDPR prevents us sharing safeguarding information."	**No.** Data protection legislation does **not** prevent appropriate information sharing where there are safeguarding concerns. The safety and welfare of the child must always be the overriding consideration.
"Children always tell someone if they are being abused."	**No.** Many children never disclose abuse. Others delay disclosure for months or years because of fear, shame, loyalty, coercion or not recognising that what is happening is abuse.
"No disclosure means no abuse."	**No.** Safeguarding decisions are based on the whole picture, including observations, changes in behaviour, attendance, presentation, professional curiosity and information from other agencies—not solely on what a child says.
"Attendance is separate from safeguarding."	**No.** Poor attendance, persistent absence or sudden changes in attendance may be indicators of abuse, neglect, exploitation, mental ill health or other unmet needs. Attendance should always be considered within the wider safeguarding context.
"If Children's Social Care don't take the referral, there isn't a safeguarding concern."	**No.** A threshold decision does not remove safeguarding concerns. Schools should continue to support the child, monitor the situation, consider Family Help and re-refer if risks increase or new information emerges.
"Someone else will probably report it."	**No.** Every member of staff has an individual responsibility to report safeguarding concerns. Never assume that someone else has already done so.
"The child seems happy, so everything must be fine."	**No.** Children experiencing abuse or exploitation may appear settled, successful or cheerful. Presentation alone should never determine safeguarding decisions.
"Abuse always leaves physical injuries."	**No.** Emotional abuse, neglect, coercive control, online abuse and exploitation often leave no visible injuries but can have profound and lasting effects.
"Safeguarding is the DSL's job."	**No.** The Designated Safeguarding Lead provides leadership and expertise, but safeguarding is everyone's responsibility. Every adult in school has a duty to identify, record and report concerns promptly.
"Professional curiosity means being suspicious of families."	**No.** Professional curiosity means respectfully seeking to understand a child's lived experience, asking appropriate questions, avoiding assumptions and remaining open to new information.
"Good behaviour means a child is safe."	**No.** Children experiencing abuse may present as quiet, compliant or high-achieving. Safeguarding concerns should never be dismissed because a child appears well behaved.
"If we followed the procedure, we've done enough."	**Not always.** Following procedures is essential, but effective safeguarding also requires reflection, professional judgement and continual consideration of whether the child's needs have been fully understood and addressed.

Key Message
Safeguarding is rarely about certainty—it is about recognising concerns, remaining professionally curious, sharing information appropriately and taking timely action in the best interests of the child.

Appendix 11 - Resources

Further advice on child protection is available from:

NSPCC: http://www.nspcc.org.uk/

Childline: http://www.childline.org.uk/pages/home.aspx

Anti-Bullying Alliance: http://anti-bullyingalliance.org.uk/

Beat Bullying: http://www.beatbullying.org/

Childnet International –making the internet a great and safe place for children. Includes resources for professionals and parents http://www.childnet.com/

Thinkuknow (includes resources for professionals and parents) https://www.thinkuknow.co.uk/

Safer Internet Centre http://www.saferinternet.org.uk/

Transgender http://www.mermaidsuk.org.uk/

Schools transgender toolkit

Intercom trust transgender guidance

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Appendix 12

For Early Help, Consultation and Enquiries please contact:

Telephone: **0345 155 1071**

Email: mashsecure@devon.gov.uk

Fax: 01392 448951

Enquiry Form available at:

https://new.devon.gov.uk/making-a-mash-enquiry

Post: **Multi-Agency Safeguarding Hub, P.O. Box 723, Exeter EX1 9QS**

Emergency Duty Team out of hours **0845 6000 388**

Police non-emergency 101

For all LADO enquiries Exeter (01392) 384964

https://new.devon.gov.uk

Early Help Team

Senior Manager: Kate Stephens

Manager Exeter and South: Ashley Arkless 07794 523 389

Manager Mid & East: Ian Flett 07815 562 370

Manager South & West: Karen Hayes 07854 253424

Manager Northern: Sarah Simpson 07854 304 512

Locality Early Help Mailbox

North: earlyhelpnorthsecure-mailbox@devon.gov.uk

Mid & East: earlyhelpmideastsecure-mailbox@devon.gov.uk

South & West: earlyhelpsouthsecure-mailbox@devon.gov.uk

Exeter: earlyhelpexetersecure-mailbox@devon.gov.uk

For emergencies outside of office hours please call: 0345 600 0388

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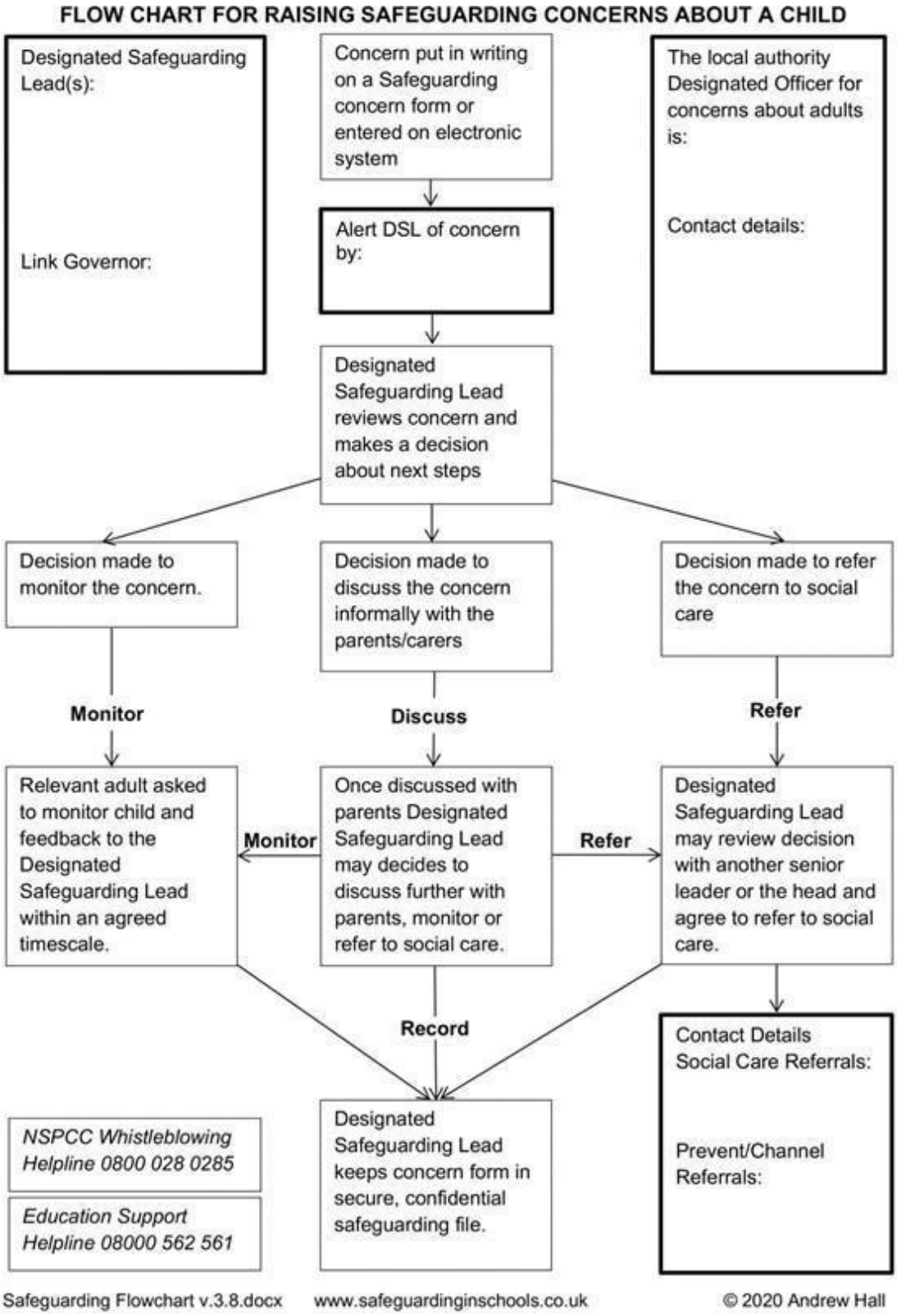
Appendix 13



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Appendix 14 – Section 3 Statutory Framework for the Early Years Foundation Stage

Introduction

3.1 Children learn best when they are healthy, safe, secure, when their individual needs are met, and when they have positive relationships with the people caring for them.

3.2 This section of the framework sets out the safeguarding and welfare requirements providers must meet. They are designed to help providers create a high-quality, welcoming, and safe setting where children can enjoy learning and grow in confidence.

3.3 Providers must take all necessary steps to keep children safe and well. The requirements in this section explain what early years providers must do to:

• Safeguard children.

• Ensure the people who have contact with children are suitable.

• Promote good health.

• Support and understand behaviour.

• Maintain records, policies, and procedures.

Safeguarding policies and procedures

3.4 In every setting, a practitioner must be designated to take lead responsibility for safeguarding children. The designated safeguarding lead (DSL) is responsible for liaison with local statutory children's services agencies, and with the Local Safeguarding Partners. Every person looking after children must be alert to any issues of concern in the child's life at home or elsewhere.

3.5 Providers must have and implement policies and procedures to keep children safe and meet EYFS requirements. Schools are not required to have separate policies to cover EYFS requirements provided the requirements are already met through an existing policy. Where providers are required to have policies and procedures as specified below, these policies and procedures should be recorded in writing. Policies and procedures should be in line with the guidance and procedures of the relevant Local Safeguarding Partners.

3.6 Safeguarding policies must include:

• The action to be taken when there are safeguarding concerns about a child.

• The action to be taken in the event of an allegation being made against a member of staff.

• How mobile phones, cameras and other electronic devices with imaging and sharing capabilities are used in the setting.

• Procedures to follow to check the suitability of new recruits.

• Detail of how safeguarding training is delivered and how practitioners are supported to put this into practice.

Providers may find it helpful to read 'Safeguarding children and protecting professionals in early years settings: online safety considerations'.

Whistleblowing

3.7 Providers must put appropriate whistleblowing procedures in place for all staff (including students and volunteers) to raise concerns about poor or unsafe practice in the setting's provision. This must include when and how to report concerns and the process that will be followed after staff report concerns. Providers must ensure staff are aware of the setting's whistleblowing procedures and must ensure all staff feel able to raise concerns about poor or unsafe practice and know that such concerns will be taken seriously by the senior leadership team.

3.8 Where a staff member feels unable to raise an issue with their employer, or feels that their genuine concerns are not being addressed, they should use the other channels open to them:

• NSPCC whistleblowing advice line is available. Staff can call 0800 0280285 – 08:00 to 20:00, Monday to Friday and 09:00 to 18:00 at weekends. The email address is: help@nspcc.org.uk Alternatively, staff can write to: National Society for the Prevention of Cruelty to Children (NSPCC), Weston House, 42 Curtain Road, London EC2A 3NH.

• Ofsted provides guidance on how to make complaints about a provider:

https://www.gov.uk/government/organisations/ofsted/about/complaints-procedure.

• General guidance on whistleblowing can be found via: Whistleblowing for employees.

Concerns about children's safety and welfare

3.9 If providers have concerns about children's safety or welfare, they must immediately notify their local authority children's social care team, in line with local reporting procedures, and, in emergencies, the police. Providers must also take into account the government's statutory guidance 'Working Together to Safeguard Children' and 'Prevent duty guidance for England and Wales'. All schools are required to have regard to the government's statutory guidance 'Keeping Children Safe in Education', and other childcare providers may also find it helpful to read this guidance.

3.10 Registered providers must inform Ofsted, or the CMA with which a provider of CoDP is registered, of any allegations of harm or abuse by anyone living, working, or looking after children at the premises. This must happen whether the allegations of harm or abuse are alleged to have been committed on the premises or elsewhere, for example, on a visit. Registered providers must also notify Ofsted/their CMA of the action they have taken in response to the allegations. Ofsted/the CMA must be notified as soon as is reasonably practicable, but in any event within 14 days of the allegations being made. A registered provider who, without a reasonable excuse, fails to do this, commits an offence.

Child absences

3.11 Providers must follow up on absences in a timely manner. If a child is absent for a prolonged period of time, or if a child is absent without notification from the parent and/or carer, attempts must be made to contact the child's parents and/or carers and alternative emergency contacts. Providers must consider patterns and trends in a child's absences and their personal circumstances and use their professional judgement when deciding if the child's absence should be considered as prolonged. Consideration must be given to the child's vulnerability, parent's and/or carer's vulnerability and their home life. Any concerns must be referred to local children's social care services and/or a police welfare check requested.

3.12 Providers must have an attendance policy that they share with parents and/or carers. This must include expectations for reporting child absences and the actions providers will take if a child is absent without notification or for a prolonged period of time, for example: implementing the setting's safeguarding procedures, following up with the parents and/or carers and contacting emergency contacts if parents and/or carers are not contactable.

Suitable people

3.13 Providers must ensure that people looking after children are suitable; they must have the relevant qualifications, training and have passed any required checks to fulfil their roles. Providers must take appropriate steps to verify qualifications, including in cases where physical evidence cannot be produced. Providers must also ensure that any person who may have regular contact with children (for example, someone living or working on the same premises the early years provision is provided), is suitable.

3.14 Ofsted, or the CMA with which a provider of CoDP is registered, is responsible for completing suitability checks of:

• The provider.

• Every other person looking after children on domestic premises for whom the care is being provided. This includes students, who cannot be counted in the ratios until they have been deemed suitable.

• Every other person living or working on any domestic premises from which the childcare is being provided, including requiring enhanced criminal records checks19 and barred list checks.

3.15 Registered group and school-based providers, except CoDP providers, must obtain an enhanced criminal records check and barred list check for every person aged 16 and over including all volunteers who:

• Works directly with children.

• Lives on the premises on which the childcare is provided (unless there is no access to the part of the premises when and where children are cared for) and/or

• Works on the premises on which the childcare is provided (unless they do not work on the part of the premises where the childcare takes place, or do not work there at times when children are present).

3.16 An additional criminal records check (or checks if more than one country) should also be made for anyone who has lived or worked abroad21.

3.17 Providers must tell staff and prospective staff that they must disclose any information which may affect their suitability to work with children including, but not limited to, arrests, charges, convictions, cautions, court orders, reprimands and warnings (whether received before or during their employment at the setting). Providers must not allow individuals to begin working or volunteering at the setting until they have received the applicant's enhanced criminal records and barred list check. Providers must not allow anyone whose suitability has not been checked, including through a criminal records and barred list check, to have unsupervised contact with children being cared for.

3.18 Providers must record information about staff qualifications and the identity checks, vetting processes and references that have been completed (including the criminal records check reference number, the date a check was obtained and details of who at the setting obtained it).

3.19 Providers are required to make a referral to the Disclosure and Barring Service if a member of staff is dismissed (or would have been, had they not left the setting first) because they have harmed a child or put a child at risk of harm.

References

3.20 Providers must obtain at least one written reference for any member of staff (including students and volunteers) before they are recruited. Providers should:

• Not accept open references e.g. to whom it may concern.

• Not rely on applicants to obtain their reference.

• Ensure any references are from the applicant's current employer, training provider or education setting and have been completed by a senior person with appropriate authority.

• Not accept references from a family member.

• Obtain verification of the individual's most recent relevant period of employment where the applicant is not currently employed.

• Secure a reference from the relevant employer from the last time the applicant worked with children (if not currently working with children). If the applicant has never worked with children, then ensure a reference is from their current employer, training provider or education setting.

• Ensure electronic references originate from a legitimate source.

• Contact referees to clarify content where information is vague or insufficient information is provided.

• Compare the information on the application form with that in the reference and take up any discrepancies with the applicant.

• Establish the reason for the applicant leaving their current or most recent post, and ensure any concerns are resolved satisfactorily before appointment is confirmed.

3.21 References should be provided for current and previous employees upon request in a timely manner. When asked to provide a reference, providers should ensure the information confirms whether they are satisfied with the applicant's suitability to work with children and provide the facts (not opinions) of any substantiated safeguarding concerns/allegations that meet the harm threshold. They should not include information about concerns/allegations which are unsubstantiated, unfounded, false, or malicious.

Disqualification

3.22 A person may be disqualified from registration. Providers may find guidance about disqualification under the Childcare Act 2006 helpful. If a person is disqualified, they must not continue as an early years provider or be directly involved in the management of any early years provision. When a person is disqualified, providers must not employ that person in connection with early years provision.

3.23 A registered provider must notify Ofsted, or the CMA with which a provider of CoDP is registered, of any significant event which is likely to affect the suitability of any person who is in regular contact with children on the premises where childcare is provided. The disqualification of an employee or a person living or working at domestic premises where childcare is provided is an example of a significant event.

3.24 A person working at provision in a domestic premises (CoDP) will also be disqualified if they live in the same household as another person who is disqualified, or because they live in the same household where a disqualified person is employed. If a person working in domestic premises becomes disqualified for this reason, they must apply to Ofsted to waive the disqualification if they wish to continue working in

domestic childcare provision, and may, in some circumstances, be able to obtain a 'waiver' from Ofsted.

3.25 The registered provider must give Ofsted, or the CMA with which a provider of CoDP is registered, the following information about themselves or about any person who lives or is employed in the same household as the registered provider:

• Details of any order, determination, conviction, caution, or other ground for disqualification from registration under regulations made under section 75 of the Childcare Act 2006.

• The date of the order, determination or conviction, or the date when the other ground for disqualification arose.

• The body or court which made the order, determination or conviction, and the sentence (if any) imposed.

• A certified copy of the relevant order (in relation to an order or conviction).

3.26 The registered provider must provide this information to Ofsted/the CMA as soon as reasonably practicable, but, in any event within 14 days of the date the provider became aware of the information or should have reasonably become aware of it if they had made reasonable enquiries.

3.27 If a provider becomes aware of relevant information that may lead to an employee or a person living or working at domestic premises where childcare is provided being disqualified, the provider must take appropriate action to ensure the safety of children.

Staff taking medication/other substances

3.28 Staff members must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If a practitioner is taking medication which may affect their ability to care for children, they should seek medical advice. Practitioners must only work directly with children if the medical advice received confirms that the medication is unlikely to impair that person's ability to look after children properly. All medication on the premises must be stored securely, and out of reach of children, at all times.

Smoking and vaping

3.29 Providers must not allow smoking in or on the premises when children are present or about to be present. Practitioners should not vape or use e-cigarettes when children are present or about to be present, and providers should consider Public Health England advice on their use.

Qualifications, training, support and skills

3.30 Providers must follow their legal responsibilities under the Equality Act 2010 including the fair and equal treatment of practitioners regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Safeguarding training

3.31 Providers must ensure that all practitioners are trained in line with the criteria set out in Annex C. Providers must ensure that practitioners are supported and confident to implement the setting's safeguarding policy and procedures on an ongoing basis. Providers should read 'What to do if you're worried a child is being abused: Advice for practitioners'.

3.32 The DSL must provide support, advice and guidance to all practitioners on an ongoing basis, and on any specific safeguarding issue as required. The DSL must attend a training course consistent with the criteria set out in Annex C.

3.33 Training must be renewed every two years. Providers may consider whether any staff need to undertake annual refresher training during any two-year period, to help maintain basic skills, keep up to date with any changes to safeguarding procedures or as a result of any safeguarding concerns that occur in the setting.

Training and skills

3.34 What practitioners know, plan for, and do matters for children's learning, development, safety, and happiness in settings. Providers must ensure that all staff receive induction training to help them understand their roles and responsibilities. Induction training must include information about emergency evacuation procedures, safeguarding, child protection, and health and safety issues. Providers must support staff to undertake appropriate training and professional development opportunities to ensure

they offer quality learning and development experiences for children that continually improves.

Supervision of staff

3.35 Providers must put appropriate arrangements in place for the supervision of staff who have contact with children and families. Effective supervision provides support, coaching, and training for the practitioner and promotes the interests of children. Supervision should foster a culture of mutual support, teamwork, and continuous improvement, which encourages the confidential discussion of sensitive issues.

3.36 Supervision should provide opportunities for staff to:

• Discuss any issues – particularly concerning children's development or well-being, including child protection concerns.

• Identify solutions to address issues as they arise.

• Receive coaching to improve their personal effectiveness.

Paediatric First Aid

3.37 At least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present and must accompany children on outings. The certificate must be for a full course consistent with the criteria set out in Annex A. PFA training must be renewed every three years and be relevant for people caring for young children and babies.

3.38 Providers should take into account the number of children, staff, and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly.

3.39 All staff who obtained a level 2 and/or level 3 qualification since 30 June 2016 must obtain a PFA qualification within three months of starting work in order to be included in the required staff:child ratios at level 2 or level 3 in an early years setting33. All staff who have completed the experience-based route must obtain a PFA qualification before they can be included in the staff:child ratios at level 3. To continue to be included in the ratio requirement the certificate must be renewed every 3 years.

3.40 Providers should display (or make available to parents and/or carers) staff PFA certificates or a list of staff who have a current PFA certificate.

English language skills

3.41 Providers must ensure that staff have sufficient understanding and use of English to ensure the well-being of children in their care. For example, settings must be able to:

• Keep records in English.

• Liaise with other agencies in English.

• Summon emergency help.

• Understand instructions. For example, about the safety of medicines or food hygiene.

Key person

3.42 Each child must be assigned a key person. Their role is to help ensure that every child's care is tailored to meet their individual needs, to help the child become familiar with the setting, offer a settled relationship for the child and build a relationship with their parents and/or carers. They should also help families engage with more specialist support if appropriate.

Staff:child ratios

3.43 Staffing arrangements must meet the needs of all children and ensure their safety. Providers must ensure that children are adequately supervised, especially whilst eating, and decide how to use staff to ensure children's needs are met. Providers must inform parents and/or carers about how staff are organised, and, when relevant and practical, aim to involve them in these decisions.

3.44 Children must usually be within sight and hearing of staff and always within sight or hearing. See paragraph 3.70 which applies when children are eating.

3.45 In settings on the early years register, the manager of the setting must hold an approved qualification at level 3 or above and at least half of all other staff must hold at least an approved level 2 qualification. An approved qualification is defined by the Department for Education as meeting the criteria set out in the Early Years Qualification Requirements and Standards document. Approved

qualifications are published on the Early Years Qualifications List ('EYQL') on GOV.UK except, as outlined in paragraphs 1.11 and 1.16 of the Early Years Qualification Requirements and Standards document, those which are not individually listed on the EYQL but count as approved qualifications if they meet certain criteria. Managers appointed on or after 4 January 2024 must have already achieved a suitable level 2 qualification in maths or must do so within two years of starting in the position. This also applies to existing managers moving to a new managerial role. Managers are responsible for ensuring staff have the right level of maths knowledge to effectively deliver the EYFS curriculum. Managers should have at least two years' experience of working in an early years setting or have at least two years' other suitable experience. The provider must ensure there is a named deputy who, in their judgement, is capable and qualified to take charge in the manager's absence.

3.46 To count within the ratios at level 3, staff holding an Early Years Educator qualification, and those who have received approval to be included in the ratios at level 3 after attaining experience-based route status, must also have achieved a suitable level 2 qualification in English.

3.47 The ratio requirements below apply to the total number of staff available to work directly with children, across the whole provision, not just each room. Exceptionally, and where the quality of care and safety and security of children is maintained, changes to the ratios may be made. For settings providing overnight care, the relevant ratios continue to apply and at least one member of staff must be awake at all times.

3.48 For children aged under two:

• There must be at least one member of staff for every three children.

• At least one member of staff must hold an approved level 3 qualification or have received approval to be included in the ratios at level 3 after attaining experience-based route status43 and be suitably experienced in working with children under two.

• At least half of all other staff must hold an approved level 2 qualification.

• At least half of all staff must have received training that specifically addresses the care of babies.

• Where there is a room for under two-year-olds, the member of staff in charge of that room must, in the judgement of the provider, have suitable experience of working with under twos.

3.49 For children aged two:

• There must be at least one member of staff for every five children.

• At least one member of staff must hold an approved level 3 qualification or have received approval to be included in the ratios at level 3 after attaining experience-based route status.

• At least half of all other staff must hold an approved level 2 qualification.

3.50 For children aged three and over in registered early years provision, at any time where a person with Qualified Teacher Status, Early Years Professional Status, Early Years Teacher Status is working directly with children:

• There must be at least one member of staff for every 13 children.

• At least one other member of staff must hold an approved level 3 qualification or have received approval to be included in the ratios at level 3 after attaining experience-based route status.

3.51 For children aged three and over in registered early years provision where a person with Qualified Teacher Status, Early Years Professional Status, or Early Years Teacher Status is not working directly with children:

• There must be at least one member of staff for every eight children.

• At least one other member of staff must hold an approved level 3 qualification or have received approval to be included in the ratios at level 3 after attaining experience-based route status.

• At least half of all other staff must hold an approved level 2 qualification.

3.52 For children aged three and over in independent schools (including in nursery classes in free schools and academies) where a person with Qualified Teacher Status, Early Years Professional Status, Early Years Teacher Status, an instructor, or another suitably qualified overseas trained teacher, is working directly with children:

• For classes where the majority of children will reach the age of five or older within the school year, there must be at least one member of staff for every 30 children.

• For all other classes there must be at least one other member of staff for every 13 children.

• At least one other member of staff must hold an approved level 3 qualification or have received approval to be included in the ratios at level 3 after attaining experience-based route status.

3.53 For children aged three and over in independent schools (including in nursery classes in free schools and academies) where there is no person with Qualified Teacher Status, Early Years Professional Status, Early Years Teacher Status no instructor, and no suitably qualified overseas trained teacher, working directly with children:

• There must be at least one member of staff for every eight children.

• At least one member of staff must hold an approved level 3 qualification or have received approval to be included in the ratios at level 3 after attaining experience-based route status.

• At least half of all other staff must hold an approved level 2 qualification.

3.54 For children aged three and over in maintained nursery schools and nursery classes in maintained schools:

• There must be at least one member of staff for every 13 children.

• At least one member of staff must be a school teacher as defined by section 122 of the Education Act 2002.

• At least one other member of staff must hold an approved level 3 qualification, or have received approval to be included in the ratios at level 3 after attaining experience-based route status.

3.55 Reception classes in maintained schools and academies are subject to infant class size legislation, which is limited to 30 pupils per school teacher (subject to permitted exceptions) while an ordinary teaching session is conducted. 'School teachers' do not include teaching assistants, higher level teaching assistants, or other support staff. Consequently, in an ordinary teaching session, a school must employ sufficient school teachers to enable it to teach its infant classes in groups of no more than 30 per school teacher.

3.56 Schools may choose to mix their reception classes with groups of younger children (for example, nursery pupils, non-pupils, or younger children from a registered provider). In such cases they must determine ratios within mixed groups, guided by all relevant ratio requirements and by the needs of individual children within the group. In exercising this discretion, the school must comply with the statutory requirements relating to the education of children of compulsory school age and infant class sizes. Schools' partner providers must meet the relevant ratio requirements for their provision.

3.57 Providers must not include anyone aged under 17 in ratios, except apprentices who may be included in ratios from the age of 16. Providers must not allow anyone aged under 17 to care for children unsupervised at any time. Providers may count students and long-term volunteers (aged 17 or over) and apprentices (aged 16 or over) in ratios at the level below their level of study but only if the provider is satisfied they are suitable (as in paragraphs 3.13 to 3.16) competent and responsible, and they hold a valid and current paediatric first aid qualification.

Before/after school care and holiday provision

3.58 Where the provision is solely before/after school care or holiday provision for children who normally attend reception class (or older) during the school day, there must be sufficient staff as for a class of 30 children. It is for providers to determine how many staff are needed to ensure the safety and welfare of children, bearing in mind the type(s) of activity and the age and needs of the children. It is also for providers to determine what qualifications, if any, the manager and/or staff should have. See details on page 6 for the learning and development requirements for providers offering care exclusively before/after school or during the school holidays.

Health

Medicines

3.59 Providers must promote the good health, including oral health, of the children they look after.

3.60 They must have a procedure, which must be discussed with parents and/or carers, for taking appropriate action if children are ill or infectious. This procedure must also cover the necessary steps to prevent the spread of infection.

3.61 Providers must have and implement a policy, and procedures, for administering medicines to children. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up to date. Staff must have training if the administration of medicine requires medical or technical knowledge. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse, or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

3.62 Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child and inform the child's parents and/or carers on the same day the medicine has been taken, or as soon as reasonably practicable.

Food and drink

3.63 Where children are provided with meals, snacks, and drinks, these must be healthy, balanced and nutritious. To understand how to meet this requirement, providers must have regard to the Early Years Foundation Stage nutrition guidance. Fresh drinking water must always be available and accessible to children.

Safer eating

3.64 Whilst children are eating there should always be a member of staff in the room with a valid paediatric first aid certificate for a full course consistent with the criteria set out in Annex A.

3.65 Before a child is admitted to the setting the provider must obtain information about any special dietary requirements, preferences, food allergies and intolerances that the child has, and any special health requirements. This information must be shared by the provider with all staff involved in the preparing and handling of food. At each mealtime and snack time providers must be clear about who is responsible for checking that the food and drink being provided meets all the requirements for each child.

3.66 Providers must have ongoing discussions with parents and/or carers and, where appropriate, health professionals to develop allergy action plans for managing any known allergies and intolerances. This information must be kept up to date by the provider and shared with all staff. Providers should refer to the British Society for Allergy and Clinical Immunology (BSACI) allergy action plan. Providers must ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time, especially during the introduction of solid foods which is sometimes called complementary feeding or weaning. Providers should refer to the NHS advice on food allergies: Food allergy - NHS (www.nhs.uk) and treatment of anaphylaxis: Anaphylaxis - NHS (www.nhs.uk).

3.67 Providers must have ongoing discussions with parents and/or carers about the stage their child is at in regard to introducing solid foods, including to understand the textures the child is familiar with. Assumptions must not be made based on age. Providers must prepare food in a suitable way for each child's individual developmental needs, working with parents and/or carers to help children move on to the next stage at a pace right for the child. The NHS has some advice providers should refer to: Weaning - Best Start in Life - NHS.

3.68 Providers must prepare food in a way to prevent choking. This guidance on food safety for young children: Food safety - Help for early years providers - GOV.UK (education.gov.uk) includes advice on food and drink to avoid, how to reduce the risk of choking and links to other useful resources for early years providers.

3.69 Babies and young children should be seated safely in a highchair or appropriately sized low chair while eating. Where possible there should be a designated eating space where distractions are minimised.

3.70 Children must always be within sight and hearing of a member of staff whilst eating. Choking can be completely silent, therefore, it is important for providers to be alert to when a child may be starting to choke. Where possible, providers should sit facing children whilst they eat, so they can make sure children are eating in a way to prevent choking and so they can prevent food sharing and be aware of any unexpected allergic reactions.

3.71 When a child experiences a choking incident that requires intervention, providers should record details of where and how the child choked and ensure parents and/or carers are made aware. The records should be reviewed periodically to identify if there are trends or common features of incidents that could be addressed to reduce the risk of choking. Appropriate action should be taken to address any identified concerns.

Food and drink facilities

3.72 There must be an area adequately equipped to provide healthy meals, snacks and drinks for

children as necessary. There must be suitable facilities for the hygienic preparation of food for children, if necessary, including suitable sterilisation equipment for babies' food. Providers must be confident that those responsible for preparing and handling food are competent to do so. All staff involved in preparing and handling food must receive training in food hygiene. CoDP providers may wish to refer to the guidance issued by the Food Standards Agency.

Food poisoning

3.73 Registered providers must notify Ofsted, or the CMA with which a provider of CoDP is registered, of any food poisoning affecting two or more children cared for on the premises. This must be done as soon as is reasonably practicable, but, in any event, within 14 days of the incident. A registered provider who, without reasonable excuse, does not meet this requirement commits an offence.

Supporting and understanding children's behaviour

3.74 Providers are responsible for supporting, understanding, and managing children's behaviour in an appropriate way.

3.75 Providers must not give or threaten corporal punishment or any punishment which could negatively affect a child's well-being. Providers must take reasonable steps to ensure that corporal punishment is not given by anyone who is caring for or is in regular contact with a child, or by anyone living or working in the premises where care is provided. Any early years provider who does not meet these requirements commits an offence. A person will not be considered to have used corporal punishment (and therefore will not have committed an offence) if physical intervention was taken to avert immediate danger of personal injury to any person (including the child) or to manage a child's behaviour if absolutely necessary.

3.76 Providers must keep a record of any occasion where physical intervention is used, and parents and/or carers must be informed on the same day, or as soon as reasonably practicable.

Special educational needs

3.77 Early years providers must have arrangements in place to support children with Special Educational Needs and Disabilities (SEND). Maintained schools, academies and maintained nursery schools are required to identify a member of staff to act as Special Educational Needs Co-ordinator (SENCO) and other providers (in group provision) are expected to identify a SENCO. Maintained schools, academies and maintained nursery schools and all providers who are funded by the local authority to deliver early education places are required to have regard to the SEND code of practice: 0 to 25 years. Other providers may find it helpful to familiarise themselves with the early years section of the 0-25 SEND Code of Practice.

Safety and suitability of premises, environment and equipment

Accident or injury

3.78 Providers must ensure a first aid box with appropriate items for use on children is always accessible. Providers must keep a written record of accidents or injuries and first aid treatment. Providers must inform parents and/or carers of any accident or injury sustained by the child on the same day as, or as soon as reasonably practicable after, and of any first aid treatment given.

3.79 Registered providers must notify Ofsted, or the CMA with which a provider of CoDP is registered, of any serious accident, illness, or injury to, or death of, any child while in their care, and of the action taken. This must be done as soon as is reasonably practicable, but in any event, within 14 days of the incident occurring. A registered provider who, without reasonable excuse, does not meet this requirement commits an offence. Providers must notify local child protection agencies of any serious accident or injury to, or the death of, any child while in their care, and must act on any advice from those agencies.

Safety of premises

3.80 Providers must ensure that their premises, including overall floor space and outdoor spaces, are fit for purpose and suitable for the age of children cared for and the activities provided on the premises. Providers must comply with requirements of health and safety legislation, including fire safety and hygiene requirements.

3.81 Providers must take reasonable steps to ensure the safety of children, staff, and others on the premises in the case of fire or any other emergency. Providers must have:

• An emergency evacuation procedure.

• Appropriate fire detection and control equipment (for example, fire alarms, smoke detectors, fire blankets and/or fire extinguishers) which is in working order.

• Fire exits must be clearly identifiable, and fire doors free of obstruction and easily opened from the inside.

Banned dog breeds

3.82 Banned dog breeds (meaning dogs to which section 1 of the Dangerous Dogs Act 1991 applies including the XL Bully type), must not be kept or present on the premises at any time.

Indoor space requirements

3.83 The premises and equipment must be organised in a way that meets the needs of children. Providers must meet the following indoor space requirements where indoor activity in a building(s) forms the main part of (or is integral) to the provision:

• Children under two years: 3.5m2 per child.

• Two-year-olds: 2.5m2 per child.

• Children aged three to five years: 2.3m2 per child.

3.84 Where the space standards are applied, providers cannot increase the number of children on roll because they additionally use an outside area. Forest and other exclusively outdoor provision (where children are outside all of or almost all of the time) is not required to meet the space standards above, as long as children's needs can be met. For this kind of provision, indoor space requirements can be used as a guide for the minimum area needed.

Outdoor access

3.85 Providers must provide all children with daily access to an outdoor play area. If that is not possible, they must ensure that outdoor activities are planned and taken for all children on a daily basis (unless circumstances make this inappropriate, for example unsafe weather conditions). Providers must follow their legal responsibilities under the Equality Act 2010 (for example, the provisions on reasonable adjustments).

Sleeping arrangements

3.86 Babies and children must be placed down to sleep safely. For children under 2 years old, the following requirements apply:

• Children must be placed down on their back in their own separate sleep space on a firm flat surface such as a cot, bed or mattress on the floor. Babies aged 12 months and under must only be placed to sleep in a cot.

• Sleep spaces must only contain a firm, flat, waterproof mattress and lightweight bedding which is firmly tucked in around the child below their shoulders to prevent head covering. Alternatively, a well fitted baby sleep bag may be used. Check the manufacturer recommendations before using a baby sleep bag.

• Where blankets are used, the child must be placed feet-to-foot at the bottom of the cot, with blankets tucked in.

• Cots must not contain extra items such as toys, pillows, extra blankets, bumpers, wedges or straps.

• Children should not get too hot or cold. The recommended room temperature for babies is 16 – 20˚C.

• Children's heads must not be covered.

• Babies under six months of age must always have an adult with them in the same room for every sleep. All children must be frequently checked when sleeping.

• Children must always be within sight and hearing of staff when sleeping.

Practitioners must read NHS advice on Sudden infant death syndrome (SIDS) – NHS. More information on safer sleep guidance is available from The Lullaby Trust.

Baby room

3.87 There should be a separate baby room for children under the age of two. However, providers must ensure that children in a baby room have contact with older children and are moved into the older age group when appropriate.

Toilets and intimate hygiene

3.88 Providers must ensure:

• There is an adequate number of toilets and hand basins available - there should usually be separate toilet facilities for adults.

• There are suitable hygienic changing facilities for changing any children who are in nappies.

• Children's privacy is considered and balanced with safeguarding and support needs when changing nappies and toileting.

• There is an adequate supply of clean bedding, towels, spare clothes, and any other necessary items.

Organising premises for confidentiality and safeguarding

3.89 Providers must ensure:

• There is an area where staff may talk to parents and/or carers confidentially.

• There is an area for staff to take breaks away from areas being used by children.

• Children are only released into the care of individuals of whom the parent and/or carer has explicitly notified the provider.

• Children do not leave the premises unsupervised.

• They take all reasonable steps to prevent unauthorised persons entering the premises and have an agreed procedure for checking the identity of visitors.

• They consider what additional measures are necessary when children stay overnight.

Insurance

3.90 Providers must carry the appropriate insurance (e.g. public liability insurance) to cover all premises from which they provide childcare.

Safety on outings

3.91 Children must be kept safe while on outings. Providers must assess potential risks or hazards for the children and must identify the steps to be taken to remove, minimise and manage those risks and hazards. The assessment must include consideration of staff to child ratios. The risk assessment does not necessarily need to be in writing; this is up to providers. Providers should also have regard for the paediatric first aid requirements set out in sections 3.37 - 3.39 while on outings with children.

3.92 Vehicles transporting children, and the driver of those vehicles, must be adequately insured.

Risk assessment

3.93 Providers must ensure that they take all reasonable steps to ensure staff and children in their care are not exposed to risks and must be able to demonstrate how they are managing risks. Providers must determine where it is helpful to make some written risk assessments in relation to specific issues, to inform staff practice, and to demonstrate how they are managing risks if asked by parents and/or carers or inspectors. Risk assessments should identify aspects of the environment that need to be checked on a regular basis, when and by whom those aspects will be checked, and how the risk will be removed or minimised.

Children's screen use

3.94 Providers must have regard to the following guidance on children's screen use in early years settings: Help for early years providers: Screen use.

Information and record keeping

3.95 Providers must maintain records, obtain and share relevant and accurate information (with parents and/or carers, other professionals working with the child, the police, social services and Ofsted or their

CMA, as appropriate). This is to ensure their setting is safe and efficiently managed, and the needs of all children are met. Providers must enable a regular two-way flow of information with parents and/or carers (and between other providers, if a child is attending more than one setting). If requested, providers should incorporate parents' and/or carers' comments into children's records.

3.96 Records must be easily accessible and available (these may be kept securely off the premises). Confidential information and records about staff and children must be held securely and only accessible and available to those who have a right or professional need to see them. Providers must be aware of their responsibilities under the Data Protection legislation and, where relevant, the Freedom of Information Act 2000.

3.97 Providers must ensure that all staff understand the need to protect the privacy of the children in their care, as well as the legal requirements that exist to ensure that information relating to the child is handled in a way that ensures confidentiality. Parents and/or carers must be given access to all records about their child, provided that no relevant exemptions apply to their disclosure under the Data Protection Act.

3.98 Records relating to individual children must be retained for a reasonable period of time after they have left the provision.

Information about the child

3.99 Providers must record the following information for each child in their care:

• Full name.

• Date of birth.

• Name and address of every parent and/or carer who is known to the provider.

• Information about any other person who has parental responsibility for the child.

• Which parent(s) and/or carer(s) the child normally lives with.

• Emergency contact details for parents and/or carers. Where possible, settings should hold more than two emergency contact numbers for each child.

Information for parents and carers

3.100 Providers must share the following information with parents and/or carers:

• How the EYFS is being delivered in the setting, and how parents and/or carers can access more information.

• The range and type of activities and experiences provided for children, the daily routines of the setting, and how parents and/or carers can share learning at home.

• How the setting supports children with special educational needs and disabilities.

• Food and drinks provided for children.

• Details of the provider's policies and procedures - making copies available on request. This includes the procedure to be followed in the event of a parent and/or carer failing to collect a child at the appointed time, or in the event of a child going missing at, or away from, the setting.

• How staffing in the setting is organised.

• The name of their child's key person and their role.

• A telephone number for parents and/or carers to contact the provider in an emergency.

Complaints

3.101 Providers must put in place a written procedure for dealing with concerns and complaints from parents and/or carers, and must keep a written record of any complaints, and their outcome. All providers must:

• Investigate written complaints relating to how they are fulfilling the EYFS requirements.

• Notify the person who made the complaint of the outcome of the investigation within 28 days of having received the complaint.

• Make a record of complaints available to Ofsted, or the CMA with which a provider of CoDP is registered, on request.

3.102 Providers must make available to parents and/or carers the details about how to contact Ofsted, or the CMA with which a provider of CoDP is registered, if they believe the provider is not meeting the EYFS requirements.

Inspections and quality assurance visits

3.103 If providers become aware that they are to be inspected by Ofsted or have a quality assurance visit by the CMA, they must notify parents and/or carers. After an inspection by Ofsted or a quality assurance visit by their CMA, providers must supply a copy of the report to parents and/or carers of children attending on a regular basis.

Information about the provider

3.104 Providers must hold the following documentation:

• Name, home address and telephone number of the provider and any other person living or employed on the premises.

• Name, home address and telephone number of anyone else who will regularly be in unsupervised contact with the children attending the early years provision.

• A daily record of the names of the children being cared for on the premises, their hours of attendance and the names of each child's key person.

• Their certificate of registration (which must be displayed at the setting and shown to parents and/or carers on request).

Changes that must be notified to Ofsted

3.105 All registered early years providers must notify Ofsted (but see paragraph 3.107) of:

• Any change to the address of the premises (and must obtain prior approval to operate from those premises where appropriate).

• Any change to the premises which may affect the space available to children and the quality of childcare available to them.

• Any change to the name or address of the provider, or the provider's other contact information.

• Any change to the persons aged 16 years or older living or working on any domestic premises from which childcare is provided76.

• Any change to the person who is managing the early years provision.

• Any proposal to change the hours during which childcare is to be provided which will entail the provision of overnight care.

• Any significant event which is likely to affect the suitability of the early years provider to look after children.

• Any significant event which is likely to affect the suitability of any person who cares for/is in regular contact with children on the premises.

• Where the early years provision is provided by a company, any change in the name or registered number of the company.

• Where the early years provision is provided by a charity, any change in the name or registration number of the charity.

• Where the childcare is provided by a partnership, body corporate or unincorporated association, any change to the "nominated individual".

• Where the childcare is provided by a partnership, body corporate or unincorporated association whose sole or main purpose is the provision of childcare, any change to the individuals who are partners in, or a director, secretary or other officer or members of its governing body.

3.106 Where providers are required to notify Ofsted about a change of person except for managers, as specified in paragraph 3.105 above, providers must give Ofsted the new person's name, any former names or aliases, date of birth, and home address. If there is a change of manager, providers must notify Ofsted that a new manager has been appointed. Where it is reasonably practical to do so, this must be done in advance of the change happening. In other cases, this must be done as soon as is reasonably practical but, in any event, within 14 days. A registered provider who, without reasonable excuse, fails to comply with these requirements commits an offence.

3.107 Please note that where providers of CoDP are registered with a CMA the above notifications should be given to their CMA, not Ofsted.

Other Legal Duties

3.108 The EYFS requirements sit alongside other legal obligations and do not supersede or replace any other legislation which providers must still meet. For example, where provision is taking place in maintained schools there is other legislation in place with which headteachers, teachers and other practitioners must comply with. Other duties on providers include:

- Employment laws.
- Anti-discriminatory legislation.
- Health and safety legislation.
- Data collection regulations.
- Duty of care.