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MacIntyre School

MacIntyre School and Children's Homes

Safeguarding of children and young people Policy and Procedures

Everyone has a duty to report concerns about a child's safety or well-being

Policy Written:
Reviewed: October 2016
Reviewed: October 2017

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Key Contacts

School and Children's Home contacts

- **Designated Safeguarding Lead:**
  Fiona Veitch (Principal) fiona.veitch@macintyrecharity.org Tel: 07825 620901

- Nominated Prevent Lead: **Fiona Veitch**

- **Principal Designated Safeguarding Officers:**
  Catherine Clifford catherine.clifford@macintyrecharity.org Tel: 07824 095910
  Catherine Warren catherine.warren@macintyrecharity.org Tel: 07795 337193
  Jennifer Marshall jennifer.marshall@macintyrecharity.org Tel: 07834168037

- **Designated Safeguarding Officers:**
  Sam Dutnall – Head of Service
  Rachel Guthrie-Smith – Head of Service – Waking Nights
  Duane Anstey – Head of Service
  Clint Dixon – Head of Service
  Fay Prattley – Head of Service
  Allyson Benson – Head of Service
  Sonya Cox – Behaviour Support Team Leader
  Lee Sharp – Head of Service

- **Local Advisory Board Member with Responsibility for Safeguarding & Prevent**:
  Sam Ram sam.ram@macintyrecharity.org Tel: 07917186786

Buckinghamshire County Council contacts

- Bucks First Response Team: 0845 460 0001
- Bucks Out of Hours Emergency Social Work Team: 0800 999 7677
- Bucks LADO: 01296 387663
- www.bucks-lscb.org.uk/bscb-procedures/

Central Bedfordshire Council contacts

- Central Bedfordshire Access and Referral Hub on 0300 300 8585 (during office hours *which are: 08.45am to 5.20pm Monday to Thursday and 08.45am to 4.20pm on a Friday*)
- Social Care Emergency Duty Team on 0300 300 8123 (outside office hours)
- LADO 0300 300 4833
- http://www.bedfordshirelscb.org.uk/lscb-website/professionals/professionals

Prevent Referrals

PreventReferrals@thamesvalley.pnn.police.uk
Or calls can be made through the Police non-emergency number 101, requesting the Preventing Terrorism Team.

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Introduction

At MacIntyre School we recognise the importance of keeping our children and young people safe and happy and promoting their sense of positive wellbeing at all times. We aim to create a culture of vigilance and promote the welfare of all our children and young people. We seek, at all times, to take timely and appropriate safeguarding action. Because of the range of our children's disabilities and special educational needs we know that they are particularly vulnerable. They are very likely to be unable to communicate or express themselves effectively and have a limited understanding of the world around them.

We recognise that all adults, including staff (*), families, any other visiting professional from MacIntyre or other bodies and students on placement have a full and active part to play in safeguarding the children from harm, and that the child's welfare is our paramount concern. All staff members believe that MacIntyre School should provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child. We understand that safeguarding incidents could happen anywhere in MacIntyre School, in the community and in children's homes and emphasise to staff that they should raise all concerns.
* Wherever the word "staff" is used, it covers ALL staff on site, including ancillary and agency/supply staff, and volunteers working with children and young people

2. Supporting Children and Young People

MacIntyre School will support all children/young people by:

- Encouraging the development of self-esteem and resilience in every aspect of MacIntyre life including through the curriculum.
- Developing self-awareness and self-advocacy so that our students can tell someone if they are not feeling safe.
- Listening and responding to our children and young people, always ensuring that their needs are our paramount concern.
- Promoting a caring, safe and positive environment within MacIntyre School.
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children and young people.
- Notifying the Bucks CC safeguarding team and the relevant local authority as soon as there is a significant concern.

3. This policy

This policy sets out the procedures governing the action to be taken to safeguard children and young people at MacIntyre School. Where this policy refers to MacIntyre School this includes the area of the School and on-site Children's Home and Hillside, the off-site Children's Home in Leighton Buzzard.
NB: A second version of this policy exists for Hillside in which the only differences are the deletion of the term 'student'

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It is written in accordance with:

- Children and Families Act 2014
- The Education Act 2002
- Working together to safeguard children (2016)
- 'What to do if you are worried a child is being abused – guide for Practitioners. DfE 2015
- Buckinghamshire LSCB Child protection and safeguarding procedures
- "Framework for the Assessment of Children in Need and their Families" 2000
- Children missing from Home or a Care placement 2010
- Buckinghamshire RMFHC protocols (Buckinghamshire LSCB website, June 2014)
- Keeping Children Safe in Education 2016
- Inspecting Safeguarding in Early Years, Education and Skills Settings (September 2016)
- The Prevent Duty Guidance 2015

Full guidance, ***Keeping Children Safe in Education 2016*** at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550511/Keeping_children_safe_in_education.pdf

Keeping Children Safe in Education 2016 – Part One for all staff
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550499/Keeping_children_safe_in_education_Part_1.pdf

4. Criteria for Success

- There is clear evidence that staff understand and act on the Safeguarding Policy. This will come from assessment of staff after training, review of Safeguarding Log, Annual Safeguarding Competency Questionnaires and Safeguarding Audits carried out by the named Local Advisory Board Member. It is the responsibility of the Safeguarding Local Advisory Board member and the Principal to evaluate it.
- Information on incidents show that they are being reported appropriately and that incidents are followed up appropriately.
- The policy is reviewed and revised according to the set timescales.
- The policy reflects all relevant legislation

5. What is meant by safeguarding?

This can be summarised as:

- **protecting children from maltreatment**
- **preventing impairment of children's health or development**
- **ensuring that children are growing up in circumstances consistent with the provision of safe and effective care**
- **taking action to enable all children to have the best outcomes.**

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Safeguarding is not just about protecting children from deliberate harm; it relates to aspects of school life including:

- **students' health and safety**
- **the use of reasonable force**
- **meeting the needs of students with medical conditions**
- **providing first aid**
- **educational visits**
- **intimate care**
- **internet or online safety**
- **ensuring that children and young people are safe from the risk of radicalisation and becoming involved in terrorism**
- **appropriate arrangements to ensure school security, taking into account the local context.**

Safeguarding can involve a range of potential issues such as:

- **bullying, including cyberbullying (by text message, on social networking sites, and so on) and prejudice-based bullying**
- **racist, disability, and homophobic or transphobic abuse**
- **radicalisation and extremist behaviour**
- **child sexual exploitation (CSE)**
- **child criminal exploitation (CME)**
- **'sexting'**
- **substance misuse**
- **issues that may be specific to a local area or population, for example gang activity and youth violence**
- **particular issues affecting children include domestic violence/abuse, sexual exploitation, female genital mutilation, breast ironing, 'so-called honour based violence, abuse linked to belief in spirit possession and forced marriage.**
- **Radicalisation**

6. Management of safeguarding at MacIntyre School

We will ensure that:

- All members of the Local Advisory Board and relevant Trustees understand and fulfil their safeguarding responsibilities with particular regard to Keeping Children Safe in Education 2016.
- We have a Designated Safeguarding Lead (DSL) along with nominated Principal Designated Safeguarding Officers, Designated Safeguarding Officers (DSOs) with whom staff should address any safeguarding concerns. The DSOs will act in the absence of the DSL.

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- Our DSL and DSOs undertake the initial designated safeguarding training and subsequent refresher courses every two years delivered by a suitably qualified professional/organisation.
- All members of staff are provided with initial 1 day safeguarding training at induction and a half day refresher every three years. Additionally staff receive regular safeguarding updates with regard to changes in national legislation, local and school procedures and any other relevant safeguarding information.
- The LAB receive an annual training session on their responsibilities.
- On arrival all new members of staff, agency staff, students on placements and volunteers are made aware of our safeguarding procedures and how to report a concern.
- All new members of staff will be given copies of: our Safeguarding policy, and of Keeping Children Safe in Education (DfE) 2016(Part One and Annex A) and direct training from a DSO that meets the standards required by Bucks CC Local Safeguarding Children's Board.
- During staff appraisal and supervision staff complete an Annual Safeguarding Competency Review. Where this review shows a lack of knowledge, staff are then required to complete the safeguarding training again.
- All staff are required to sign to acknowledge that they have read and understood the following:
    - Safeguarding Policy
    - Keeping children Safe in Education 2016: Part One and Annex A
    - Anti-Bullying Policy
    - Macintyre Positive Behaviour Support Policy.
    - MacIntyre School Staff Code of Conduct

A record of this is kept and updated annually and with all new members of staff.

- All members of staff, volunteers, and Local Advisory Board Members know:
    - The signs and symptoms of concern
    - How to respond to a child/young person who discloses abuse
    - What to do if they are concerned about a child/young person
- Any member of staff may raise concerns directly with Children's Social Care services
- All parents/carers are made aware of the responsibilities of staff members with regard to safeguarding procedures through publication of MacIntyre School's Safeguarding Policy, and reference to it in our handbook and on our website. '
- The Senior Leadership Team (SLT) discusses safeguarding issues and concerns at each SLT meeting (weekly).
- The DSL and DSOs meet half-termly to ensure effective communication across the school and children's homes.
- The DSL and principal DSOs meet monthly to audit responses to concerns and ensure all necessary actions are carried out.
- We will ensure that our selection and recruitment of staff meet the requirements as set down in the Safer Recruitment guidance and Keeping Children Safe in Education 2016.
- We will ensure that at least one appointing officer on every interview panel has completed a recognised safer recruitment course
- Our safeguarding procedures are reviewed and up-dated annually or as required in the light of updated legislation.
- The name of the DSL and DSOs are clearly advertised in the School and Children's Homes, with key external contact numbers.

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7. Responsibilities of the Director for Education, Children and Young People and the Designated Safeguarding Local Advisory Board member.

- To approve this policy, ensuring it meets requirements of statutory guidance and legislation
- To monitor the effectiveness of this policy and procedures
- To manage allegations against the Principal
- To understand their responsibilities with regard to safeguarding children as detailed in KCSIE 2016
- To ensure mechanisms are in place that enable staff to understand their responsibilities for safeguarding as described in KCSI 2016

8. Responsibilities of the Designated Safeguarding Lead

The DSL holds ultimate responsibility for all safeguarding and child protection within the school and can only delegate safeguarding activities to appropriately trained DSOs. The DSL is responsible for:

-
- Ensuring that the safeguarding policy and procedures are up to date, reflect current legislations and guidance and are implemented effectively.
- Managing reported concerns according to the procedures set out in Appendix 1
- Auditing the management of all reported concerns, in conjunction with the principal DSOs, ensuring all decisions are sound and identified actions are carried out
- Keeping written records of concerns about a child even if there is no need to make an immediate referral.
- Ensuring that all records are kept confidentially and securely and are separate from student records (Refer to Appendix 11 – Record Retention Schedules.
- Ensuring that an indication of further record-keeping of safeguarding alerts is marked on the student records.
- Ensuring that the safeguarding log is up to date and accurate.
- Making referrals to and liaising with other agencies and professionals.
- Ensuring that either she or another nominated member of the Senior Management Team attends Child Protection Conferences, strategy, meetings core groups or other multi-agency planning meetings, contributes to assessments and provides a report which has been shared with the parents/carers.
- Ensuring that any child/young person who is absent without explanation for two days or longer is referred to their allocated Social Worker
- Overseeing safeguarding training for all staff.
- Providing an annual report for MacIntyre Safeguarding Group and to the School Local Advisory Board, detailing: any changes and reviews of relevant policy and procedures; training undertaken by the DSL, and by all staff and governors; number and type of incidents/cases; and number of children subject to a child protection plan (anonymised).

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9. Responsibilities of the Principal Designated Safeguarding Officers

- To deputise for the DSL in all aspects of the role
- To work with the DSL to audit all reported concerns ensuring decisions taken are sound and all identified actions are carried out.

10. Responsibilities of the Designated Safeguarding Officers

- To manage reported concerns in an appropriate manner making referrals to all appropriate agencies as required and ensuring all identified actions are carried out.
- To discuss decisions taken with the DSL or principal DSOs

11. Responsibilities of staff, agency/supply staff, students on placement, volunteers and all visitors to the school.

- To report any concerns about a child or young person's safety or well-being to a designated officer.
- To report any concerns about the Principal of DSL to the Director for Education, Children and Young People
- In the event of not being able to contact a DSO to directly report concerns that a child is in immediate danger or at risk of significant harm to the police or the appropriate Local Authority safeguarding team

12. Complaints or concerns expressed by students

We recognise that listening to children and young people is an important and essential part of safeguarding them against abuse and neglect. Children and young people may disclose abuse or make an allegation. We will take these matters seriously and ensure that the appropriate next steps are taken and endeavour to keep the child/young person regularly informed as to the progress of his/her complaint.

Our students have severe communication difficulties and so most are unlikely to be able to verbalise any disclosures of abuse. We support our students with alternative methods of communication, however we acknowledge that recognising and disclosing abuse may be difficult for them.

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13. Confidentiality

We recognise that all matters relating to safeguarding are confidential. The DSL and DSOs will disclose any information about a child/young person to other members of staff on a need to know basis only. The DSL will share all relevant information with the DSO's.

However all staff are made aware that they have a professional responsibility to share information with other agencies in order to safeguard children and young people. All staff are aware that they cannot promise a child or a young person to keep secrets which might compromise the child or young person's safety or well-being or that of another.

We will always undertake to share our intention to refer a child to Social Care 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 consult with the Duty Manager at the Assessment Team on this point.

14. Transfer of risk

If a person who works in a position of trust with children is accused of abusing their own children, or of an offence that indicates that they may pose a risk of harm to children, the matter will be referred to the Local Authority Designated Officer (LADO).

The LADO will undertake a risk assessment with the person's manager to ensure that no children are placed at additional risk

Staff are required to inform their manager if they are being investigated by police or social care in such circumstances.

15. Supporting Staff

We recognise that staff working in MacIntyre 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 staff by providing an opportunity to talk through their anxieties with either the DSL or a DSO. We will also offer them the opportunity to talk to MacIntyre's Employee Assistance Programme, an external objective organisation.

Please also see the Whistleblowing Policy.

16. Appropriate behaviour by staff

All staff should take care not to place themselves in a vulnerable position with a child/young person. It is always advisable for work with individual children or parents to be conducted in view of other adults.

We understand that at times there may be confusion for staff about what is or is not appropriate. We seek to alleviate this confusion through clear guidelines, working practices and this policy. All staff must annually read and sign the school's Staff Code of Conduct

Staff will always check with the safeguarding lead or officers or a member of the leadership team if they are unsure of what would be appropriate.

All Staff will be aware of MacIntyre School's guidance on behaviour issues and MacIntyre School's Positive Behaviour Support Policy.

17. Allegations against staff

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We understand that a child/young person may make an allegation against a member of staff. If such an allegation is made, the member of staff receiving the allegation will immediately inform the DSL or a DSO.

The DSL/DSO on all such occasions will discuss the content of the allegation with the LADO

If the allegation made to a member of staff concerns the DSL/DSO or Principal, the person receiving the allegation will immediately inform the Director, Children and Young People who will consult LADO as above, without notifying the DSL/DSO or Principal first.

Suspension of the member of staff, excluding the DSL/DSO/Principal, against whom an allegation has been made, needs careful consideration, and the Principal will seek the advice of the LADO and the Human Resources Advisor.

In the event of an allegation against the Principal, the decision to suspend will be made by the Director, Children and Young People.

In all cases the Director, Children and Young People will be made aware of any allegations.

18. Whistleblowing (see also MacIntyre's Whistleblowing Policy)

All staff are aware of their duty to raise concerns about the management of child protection, which may include the attitude or actions of colleagues. If necessary, they should speak in the first instance, to the DSL/DSO or other members of the Senior Management Team. If their concern is about the Principal or Designated Safeguarding Lead they should contact MacIntyre's Director for Education, Children and Young People or the Local Authority Designated Officer immediately. Actions to safeguard the child (ren) will be taken as per the above paragraph entitled Allegations Against Staff.

19. Physical Intervention

Our policy on physical intervention by staff is set out separately in our Positive Behaviour Support Policy and acknowledges 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.

Such events should always be recorded and also signed by a witness (whenever possible).

Staff who are likely to need to use physical intervention will be appropriately trained in the Positive Behaviour Response techniques.

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

20. Bullying and Online Safety

Our approach to bullying is set out in our Anti-Bullying Policy. This policy acknowledges that instances of bullying may be dealt with under child protection procedures. This includes homophobic and gender related bullying.

The policy on Online Safety is set out to acknowledge that young people are vulnerable to cyber-bullying, sexual abuse and radicalisation when using the internet and other forms of electronic communication. Wherever possible the students need to be equipped with the skills for disclosure and supported under child protection and safeguarding procedures. As our students have significant learning difficulties and cannot engage in appropriate online safety strategies we provide a high level of online safety for them through robust filtering and monitoring and supervision of internet use.

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21. Prevent Duty

MacIntyre School recognises its duty to "have due regard to the need to prevent young people from being drawn into terrorism." Prevent duty guidance - Publications - GOV.UK Our approach to this is set out in the Prevent Statement. We have a Prevent Risk Assessment that considers the specific risks our students face as a result of the additional vulnerabilities caused by their significant learning difficulties and the social and communication needs related to ASD. All staff complete awareness training in the Prevent Duty to safeguard vulnerable people from being radicalised to supporting terrorism or becoming involved in terrorism themselves.

22. Prevention

We recognise that MacIntyre School plays a significant part in the prevention of harm to the children/young people by providing them with good lines of communication with trusted adults, supportive friends and an ethos of protection.

MacIntyre School will therefore:

- Establish and maintain an ethos where children feel secure and are encouraged to express themselves and are always listened to.
- Ensure that all children/young people know they can approach an adult in the school if they are worried or in difficulty.
- Include across the curriculum, including PSHCE and SRE, opportunities which equip children/young people with the skills they need to stay safe from harm and to know to whom they should turn for help.

23. Early Help

"Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage" KCSIE 16

At MacIntyre School the majority of our children and young people attend on residential placements. For this reason it is likely that the support they or their families require is beyond those offered by early help strategies and early help agencies. This however does not mean that it is never the case; children and families' needs develop and change over time and staff are made aware of early help and what services are available both internally and externally. Any member of staff who feels that a referral.to a professional or agency providing early help is required will discuss this with their line manager or a Designated Officer as appropriate, Staff may be required to support other agencies and professionals in an early help assessment.

24. Health and Safety

MacIntyre School's Health & Safety Policy reflects the consideration we give to the protection of the children/young people both physically within the school environment and away from the school when undertaking trips and visits.

25. Female Genital Mutilation

Female Genital Mutilation (FGM) is a form of child abuse and as such is dealt with under MacIntyre School's Safeguarding Policy. MacIntyre School uses the World Health Organisation definition as written below:

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'Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.' (World Health Organisation, 2014)

From October 2015 there has been a mandatory duty to report FGM. Any member of staff who has reason to believe that a child has suffered FGM has a mandatory duty to report this to the police. If they believe a child is vulnerable to FGM they should report **immediately** to the Designated Safeguarding Lead or a DSO

26. Safeguarding people who are 18 years old and over (vulnerable adults)

At the age of eighteen the young people at MacIntyre School reach the age of 'adulthood' and as such move from children's services within their local authority to being supported by the adult team. This means that any safeguarding issues that may affect them are reported and dealt with by the adult safeguarding team. Our own internal reporting procedures and duty of care to these young people remains the same.

27 Recognition of abuse

Children and young people attending MacIntyre School have specific communication difficulties, and due to socialisation, communication and cognition difficulties may have problems understanding situations they are in, or when certain situations/actions by others are not appropriate. Therefore all staff at must be especially vigilant and aware of the indicators of abuse.

All staff should be familiar with **Appendix 8 'Safeguarding Children: Indicators of Abuse'.**

Abuse occurs in a range of circumstances. The child/young person may suffer abuse whilst away from MacIntyre School, for example at home or on visits to family members or friends' houses. Within the school environment it is possible a child/young person could be being abused by another child, or by staff, carers or visitors.

The assessment of harm or abuse should be multi-disciplinary and no individual professional should take or have the responsibility of determining whether harm has occurred or not.

28. Related Policies and Documents

This policy relates to and should be read in conjunction to the following:
- MacIntyre Whistleblowing Policy
- MacIntyre School Recruitment & Selection Policy
- MacIntyre School E-Safety Policy
- MacIntyre School Prevent Statement
- MacIntyre School Positive Behaviour Support Policy
- MacIntyre School Staff Code of Conduct
- MacIntyre School Anti-Bullying Policy

29. Useful Contacts numbers

Sources of Advice and Support

Education Safeguarding Advisory Service (Bucks)
Therese McAlorum
Telephone No: 01296 382732

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Local Authority Designated Officer (Bucks)
Telephone: 01296 382070/01296 382912
Out of Hours Telephone: 01494 675802

Safeguarding Adult Team (For people 18 and over) (Bucks)
Telephone: 01494 475028

Managing Director, Children's Social Care and Learning
Mr David Johnston
County Hall, Walton Street, Aylesbury, Buckinghamshire, HP20 1UA
Telephone: 01296 383104

Ann Craft Trust
Support for people with learning disabilities who have been abused.
Telephone: 0115 951 5400

Ofsted
National Business Unit
3rd Floor
Royal Exchange
St Ann's Square
Manchester
M2 9QX

Telephone: 0300 123 4666 - If you have a complaint or concern
0300 123 1231- About any aspect of children's services
There is also a whistle blowing hotline on 0300 123 3155
Email: enquires@ofsted.gov.uk

Public Concern at Work
Telephone: 020 7404 6609
(Initial enquiry can be made anonymously)

NSPCC- Help line
Telephone: 0808 800 5000

Early Help

Information on agencies providing Early Help services provided within Buckinghamshire can be found at https://www.**bucks**familyinfo.org/**earlyhelp**

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Appendix 1: Child Protection Procedures at MacIntyre School

Child protection reporting procedures

If you have any concerns whatsoever about a child's safety or well-being:

1. Complete the **Concerning Incident Reporting Form** as soon as possible, as a matter of high priority. These forms are kept in the incident folders in each classroom and in each House.

You do not need to decide if this is a safeguarding issue, this is the responsibility of the Designated Officer

Do not talk to anyone else about your concern at this point. If for any reason you are unsure if you should complete a form speak to a Designated Safeguarding Officer IMMEDIATELY. If no DSO is on site discuss your concern with the Manager on Site or a Head of Service who will advise you of what action to take.

2. Be sure to complete the form as fully as possible. Include the child or young person's full name **and** date of birth, the date and time and your name.
3. When completing the form ensure that the information you give is clear, precise and factual. Refer to the Guidance for Completion form, which is kept in the incident folder, for further advice.
4. If the child or young person has marks or injuries that you have noticed during the normal course of your work complete a Body Map, remembering to complete name, date of birth, date, time and signature.
5. Give the form to the designated safeguarding officer. Do not hand the form to a third party to pass on.
6. . In the event that you are unable to contact a DSO if
    a. you have reason to believe that a child has suffered significant harm, is in immediate danger or is likely to suffer significant harm then you have a duty to report this directly and immediately to the police or to the relevant safeguarding team (numbers at the front of this policy.)
    b. you have a concern about a child then give the form to a Head of Service or the Manager on Site
7. Discuss the contents of your form with the DSO so you are clear that it has been received and understood; that you know what action will be taken and what, if anything, you need to do next. If you have any support needs as a result of what you have observed or experienced make these know to the DSO now or at any later stage.
8. Refer to Appendix 5 SAFEGUARDING ACTION FLOWCHART for further information on the likely outcomes of your report. Refer to Appendix 6 What Happens When You Make a Safeguarding Report if your concern about a child relates to the actions of a member of staff, student or volunteer.

Responding to disclosures/allegations of abuse

If a child or young person says or in some way indicates that abuse has taken place:

- Listen and take seriously what the child communicates
- Record exactly what and how the child communicates
- **Do not** promise to keep the information secret, make it clear who you need to tell.
- Allow a child who is freely recalling significant events to continue but do not press for detail beyond what is minimally necessary to be clear that some form of abuse is being described.

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- Be calm and reassuring
- Tell the child that there are people who will help, and will keep them safe.
- **Do not** express disbelief, however incredible the story appears
- **Do not** make suggestions about what has taken place or how it came about, or question the child except to clarify what he/she is saying.
- **Do not** ask a child to repeat what has been said to somebody else before referring
- **Do not** make assumptions of the child's feelings
- Avoid condemning the alleged abuser but do reassure the child that he/she is not responsible for anything that has happened despite what they may have been told.
- **Do not** assume the parents/carers are not involved with or a party to the abuse.
- Write down exactly what has been communicated immediately afterwards, describing specifically what was communicated and how and what you said in response.
- Always remember that responsibility for making enquiries and investigating allegations rests with children's social care and the police child protection team along with other relevant agencies, not with MacIntyre School
- Do not discuss any of the information with others within or outside of MacIntyre School (except those who have a duty to receive it). All information received from the child should remain confidential at all times

It is important in your report that you include the child's physical/emotional state and ensure the report is signed, dated and timed.

For any more information on what to detail in your report or on the procedures following your report please read the **Bucks CC Safeguarding Children Procedures** – this is available on the Bucks CC LSCB website http://www.bucks-lscb.org.uk/bscb-procedures/

Sharing information or the principle of **Need to Know**

- Every case is different and therefore it is impossible to write strict guidance on who needs to be informed about an incident.
- The general premise should be that the child or young person's well-being is paramount and this should be the primary consideration when deciding what information should be shared with whom.
- The discussion between the person reporting the incident and the DSO or DSO should leave the person who made the report feeling clear about what, if anything, they should share and with whom.
- Do not share information with anyone else **until** you have discussed the situation with a DSO or, if none is available, the Manager on Site or a Head of Service.

In addition to the above procedures, the following procedures apply when the alleged abuser is a member of staff at MacIntyre School:

- The DSL/DSO will discuss situation with the police and social services and where appropriate, take advice from MacIntyre HR
- Where the decision to ask a member of staff to refrain from work or suspend them is taken the DSL or a DSO will inform the member of staff of this. In an emergency situation the Manager on Site will take this decision having consulted with Second Line on Call.
- The DSL/DSO in consultation with social services will agree who is to inform parents/carers, how and when.

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- Decide if other staff might be implicated and what action should be taken
- Staff suspended from duty should be informed not to contact other staff members, parents or trustees at MacIntyre School.
- It is the responsibility of the Principal to ensure that the Disclosure and Barring Service are made aware if a member of staff or a volunteer is dismissed because they have harmed a child or vulnerable adult, or would have done so if they had not left.

Abuse by a member of staff of a child/young person who does not attend MacIntyre School

- If MacIntyre School becomes aware that a member of staff is involved in an external safeguarding investigation, in consultation with Human Resources, that member of staff will be suspended until such time as the enquiry is complete when a decision about their future employment will be made.

Abuse by a child/young person

- Where the alleged abuser is another child the DSL/DSO will agree any immediate action in respect of the alleged abuser, particularly where the child should reside, in order to maintain the safety of the other children.
- The DSL/DSO will decide how the alleged abuser's parents will be informed of the matter and be involved in discussions/decisions unless to do so would risk the safety of the alleged victim/abuser/other child and/or the conduct of the enquiry.
- A Multi-disciplinary response will be coordinated to ensure the best outcome for all children/young people involved.

DSL/DSO actions

The DSL/DSO must refer and discuss any disclosed concerns with the duty assessment team in the child's home local authority and inform Bucks CC First Response Team or Adult Safeguarding Team as appropriate of the referral. Any concern involving a member of staff will also be discussed with the LADO and advice taken on next steps.

Where possible the DSL/DSO will discuss concerns with the family and inform them of any referrals being made, unless this may place the child at risk of significant harm, lead to the risk of losing evidence or in cases where fabricated or induced illness is suspected.

The DSL/DSO will keep written evidence of:

- Discussions with the child/young person
- Discussions with staff
- Discussions with parent/carer
- Discussion with managers
- Information provided to children's social care team
- Decisions taken (clearly timed, dated and signed)
- A chronology of events

The timings of referrals must reflect the level of perceived risk, but should usually be within one working day of the recognition of the risk/disclosure.

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Appendix 2 Concerning Incident Reporting Form – Guidance for Completion

Concerning Incident Reporting Form – Guidance for Completion

Name of child/young person:	D.o.B:
Date & time of incident:	Location:
Person making report:	Date & time of writing report:
Report: Write down what happened as soon as possible. Record words used by the child and observable things such as noticeable non-verbal behaviour, rather than your interpretations or assumptions. If you do write your opinion make this very clear, e.g. "George said he had been punched but in my opinion the mark on his face looked like a slap as there were finger marks." Complete a separate body map diagram if there are observable marks on the child's body If the incident relates to an allegation against a member of staff include details around the person's mood and emotional state. Give as much information as possible including who else was in the room, where people were sitting etc.	
Signature of person making the report.	

To be completed by the person receiving the report	
Incident reported to: this may be one of the Designated Safeguarding Officers or Manager on site if DSO not available	Time and date received: reports must be passed on as quickly as possible:
Do you need to report this incident immediately to the DSO/Second Line on Call? Yes No	
If not when and to whom are you reporting it? This section must be completed.	
Justification for the above decision: If you do not consider it to be a safeguarding incident you must clearly state why. All decisions will be reviewed by the DSL and senior DSOs. If you are not sure contact Second Line on Call 07771764350	

To be completed by the person report is passed on to:	
Incident reported to: Unless you are the DSL or a Senior DSO you must discuss the report and your decision with the DSL or a SDSO at the earliest opportunity	Time & Date Report Received
Advice given: Person receiving the report to detail here all advice given to the person who made the report.	

Appendix 3: Concerning Incident Report Form

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Concerning Incident Reporting Form

Name of child/young person:	D.o.B:
Date & time of incident:	Location:
Person making report:	Date & time of writing report:
Report:	
Signature of person making the report.	
To be completed by the person receiving the report	
Incident reported to:	Time and date received:
Do you need to report this incident immediately to the DSO/Second Line on Call? Yes No	
If not when and to whom are you reporting it?	
Justification for the above decision:	
To be completed by the person report is passed on to:	
Incident reported to:	Time & Date Report Received
Advice given:	

Appendix 4 – Body Map Form

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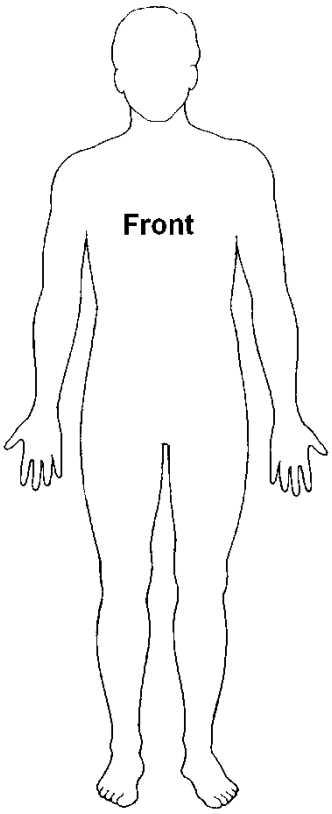
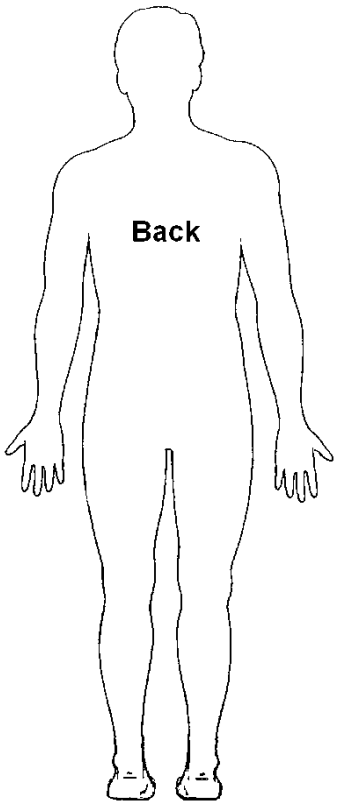
Body Map Form
You will need to fill this out if it is difficult to describe the location of the injury

Forename SURNAME

Date of Birth ***Date of Observation***

Illustrate any concern regarding physical injury on this sheet. Indicate the position of any bruising or abrasions and approximate age where possible. Describe size, shape and colour of marks observed, e.g. bruising fades from pink-purple-blue-brown-yellow. Do not remove clothing for the purpose of the examination. Record accurately as this may be a legal document. Give to the *Designated Person* on completion with the Incident Report Form.





Description of injury:

Signature of Person Completing: Date:

PRINTED Name: Time:

When you have completed this form, please attach it to the Safeguarding Incident Reporting form.

Appendix 5: DSO Response Forms

SAFEGUARDING CONCERN FORM		
Details of decision to manage as a safeguarding concern:		
DSO Incident reported to:		
Date and time received by DSO:		
Summary of intended action:		Completed
Signed: (Designated Safeguarding Officer)		Date & time:
Informed	**Date/Time/By Whom:**	
Parent(s)		
Social Worker		
LADO		
OfSTED		
Bucks Commissioner Informed		
Other Agencies (give details)		
CYP Director		
Assessnet Reference Number:		

INCIDENT BETWEEN CHILDREN AND/OR YOUNG PEOPLE THAT IS NOT DEEMED SAFEGUARDING	
This incident is being managed in this way because:	
Have there ever been any other incidents between these CYP ?(give number and any relevant details)	
Have any previous actions been taken to reduce the likelihood of these incidents? (details)	
Summary of intended action (including informing others):	
Action	Date completed
Assessnet Reference Number:	
Name and signature of manager:	Date:
Name and signature of DSO	Date:
Form to be photocopied and stored for each CYP	

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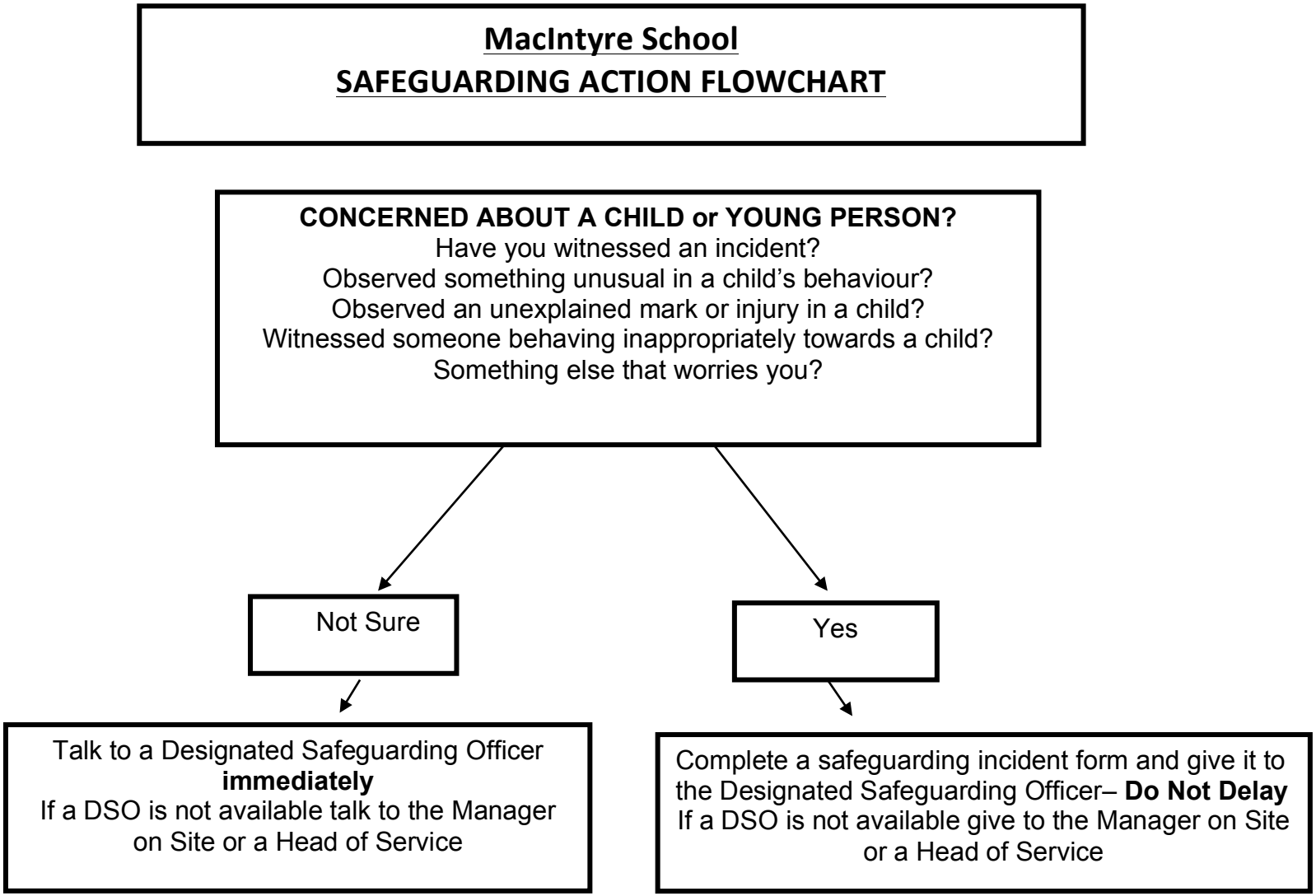
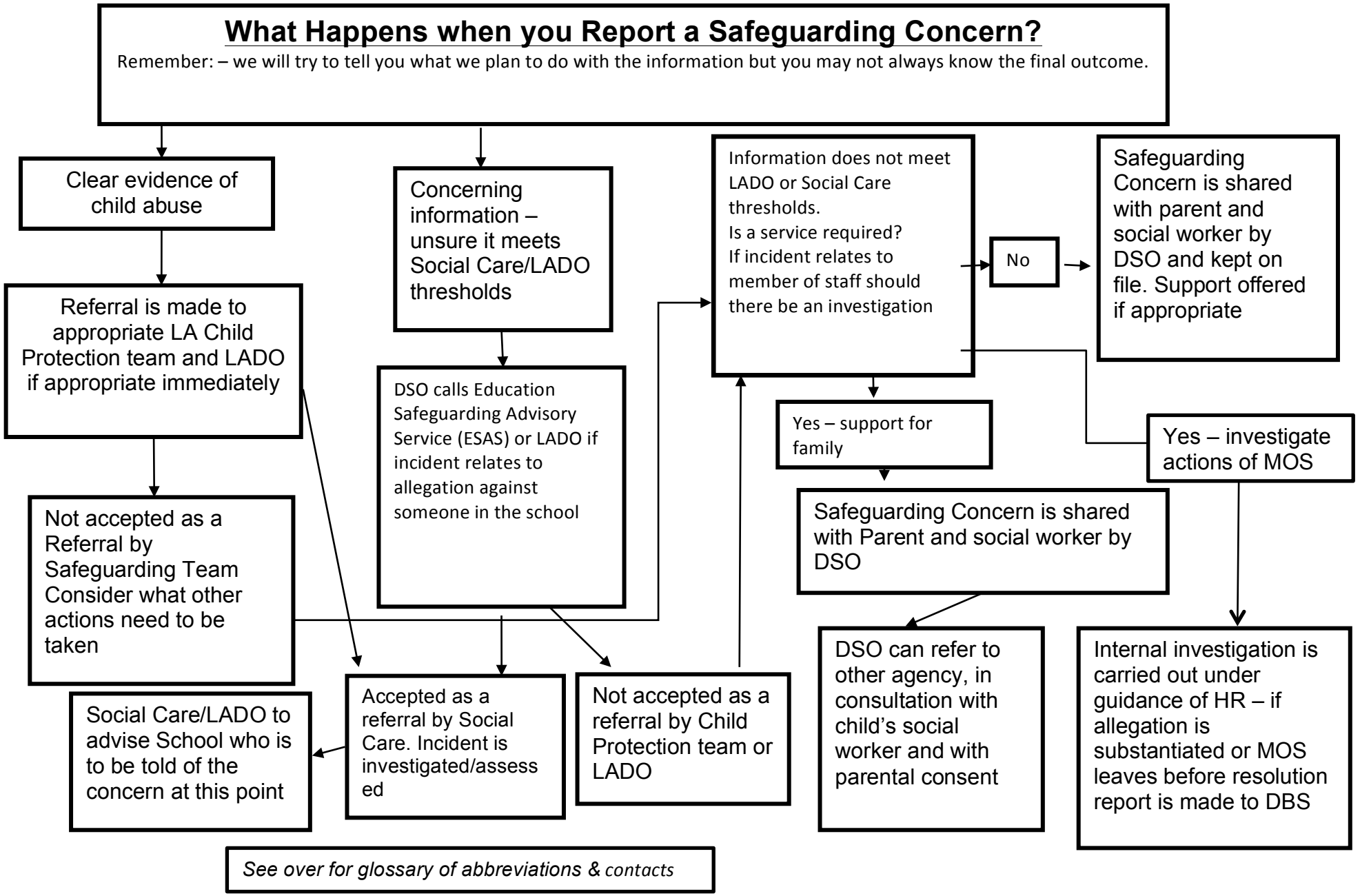
CONCERNING INCIDENT INVOLVING A MEMBER OF STAFF DEEMED TO BE POOR PRACTICE.	
This incident is being managed in this way because:	
Incident discussed with LADO? Give details. If not explain why.	
Have there ever been any previous concerning incidents involving this member of staff ?(give number and what actions were taken)	
Summary of intended action (including informing others):	
Action	Date completed
Name and signature of manager:	Date:
Name and signature of DSO	Date:
Form to be stored in Safeguarding cabinet. Incident to be recorded on Staff Safeguarding Spreadsheet? Yes No (if no detail why not):	

INCIDENT NOT DEEMED SAFEGUARDING	
This incident is being managed in this way because:	
Does this report raise any concerns?	
Have there been any previous concerning incidents involving this/these members of staff? (Give number and what actions were taken).	
Summary of intended action (including informing others)	
Action:	Date completed
Name & Signature of DSO:	Date:

Appendix 6: Safeguarding Children Flowchart



Appendix 7: What Happens when you Report a Safeguarding Concern?



Appendix 8: Glossary of terms

Glossary of Abbreviations & Terminology

Children's Social Care - Receive referrals, make decisions about what to do and carry out initial assessments and Section 47 Child Protection investigations. Teams from different local authorities have different names, e.g. Access & Assessment, First Response. As a rule the child's personal social worker would be informed of any concerns and the safeguarding team in their local authority.
DSO - Designated Safeguarding Officer – identified member of staff who has been trained and has a responsibility for child protection and safeguarding in the school
ESAS – Education Safeguarding Advisory Team: Bucks CC team who will advise schools on what to do with safeguarding concerns.
HR - Human Resources, deal with staffing issues.
LADO – Local Authority Designated Officer: has a responsibility for managing allegations against anyone in the children's workforce.

Failure to report actual or suspected physical, sexual or emotional abuse or neglect of a child is a disciplinary offence.

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Appendix 9:
Safeguarding Children and Young People: Types and Indicators of Abuse

Adults working with our students must know and understand the indicators that may suggest a child or young person is suffering or at risk of suffering harm.

Definition of abuse

The DfE guide '**Keeping Children Safe in Education'** defines abuse as 'a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or by another child or children.'

Section 120 of the Adoption and Children Act broadens the definition of harm to 'including for example impairment suffered from seeing or hearing ill-treatment of another'.

Types of abuse

Abuse can take many forms. This Policy recognises the following types of abuse:

- Physical abuse
- Neglect by others
- Sexual abuse
- Emotional/Psychological abuse
- Child Sexual Exploitation
- Institutional abuse
- Self-Neglect
- Financial abuse

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

Neglect by others

Neglect is the persistent failure to meet a child's or young person's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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

Child Sexual Exploitation (CSE)

Child sexual exploitation (CSE) is a form of sexual abuse that involves the manipulation and/or coercion of young people under the age of 18 into sexual activity in exchange for things such as money, gifts, accommodation, affection or status. The manipulation or 'grooming' process involves befriending children, gaining their trust, and often providing them with drugs and alcohol, sometimes over a long period of time, before the abuse begins. The abusive relationship between victim and perpetrator involves an imbalance of power which limits the victim's options. It is a form of abuse which is often misunderstood by victims and outsiders as consensual. Although it is true that the victim can be tricked into believing they are in a loving relationship, no child under the age of 18 can ever consent to being abused or exploited. (Barnardo's, 2012).

Please also refer to Bucks CC screening tool for CSE.

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

Child Criminal Exploitation (CCE)
Is where children are exploited by others to take part in criminal activity. Frequently children are groomed and then used by gangs to courier drugs across county lines.

Abuse linked to spirit possession
The term 'belief in spirit possession' is defined for the purposes of this guidance as the belief that an evil force has entered a child and is controlling him or her. Sometimes the term 'witch' is used and is defined here as the belief that a child is able to use an evil force to harm others. There is also a range of other language that is connected to such abuse. This includes black magic, kindoki, ndoki, the evil eye, djinns, voodoo, obeah, demons, and child sorcerers.
Children with autism, learning difficulties and epilepsy are particularly at risk of being thought of as possessed and potentially being subjected to physical, sexual and emotional abuse and neglect as a result. Belief in spirit possession has been a factor in a number of cases where children have died as a result of belief in spirit possession.

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Institutional abuse
Institutional abuse occurs when the lifestyles of children and young people are sacrificed in favour of the rituals, routines and/or restrictive practices of the home or care setting.

Institutional abuse is the repeatedly poor care of children or a group of children by those working in the care establishment.

Children and young people living within an institution, for example a children's home or a residential special school, are potentially vulnerable to institutional abuse

Self-neglect
Self-neglect is where a child or young person constantly fails to respond to their own needs and this has a detrimental effect on their health and well-being; where a person is unable to understand the consequences of his or her actions or inaction and this inability leads to or may lead to harm.

Financial abuse
Financial abuse occurs when individual resources are being inappropriately used to the advantage of another person

Signs and symptoms of abuse
The following is a list of signs and symptoms that may be consistent with abuse; some children/young people can exhibit one or more of these signs for other reasons.

If there are concerns about a child displaying any of these indicators the concern should be shared with the DSL/DSO and/or a senior member of staff.

Physical abuse

Physical indicators

Unexpected or unexplained bruises/welts/lacerations/abrasions:

- On face, lips, mouth
- On torso, back, buttocks, thighs
- In various stages of healing
- Clustering forming regular patterns
- Reflecting shape of article used, e.g. belt, buckle, electrical flex
- On several different surface areas
- Regularly appear after absence, weekend, or holiday
- Bite marks or fingernail marks.

Unexplained burns:

- Cigar or cigarette burns e.g. on soles, buttocks, palms or back
- Immersion' burns, where hands, feet or body have been forcibly immersed in very hot water
- Patterns like electrical burner, iron etc.
- Rope burns on arms, legs, neck or torso

Unexplained fractures:

- To skull, nose, facial structure and others
- In various stages of healing
- Multiple or spiral fractures

Behavioural indicators

- Flinching when approached or touched
- Reluctance to change clothes for PE lessons

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- Wary of adult contacts
- Difficult to comfort
- Apprehension when other children cry
- Crying, irritability
- Frightened of parents/staff member/particular individual
- Afraid to go home/to an activity etc.
- Rebelliousness in adolescence
- Reported injury
- Behavioural extremes - aggressiveness, withdrawal, impulsiveness
- Regression or child-like behaviour
- Apathy
- Depression
- Poor peer relationships
- Panic in response to pain

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Neglect by others

Physical indicators

- Consistent hunger
- Poor hygiene
- Inappropriate and inadequate dress
- Consistent lack of supervision, especially in dangerous activities or for long periods
- Unattended physical problems or medical needs
- Abandonment

Behavioural indicators

- Begging
- Stealing food
- Constant fatigue, listlessness
- Poor relationships with care-giver
- Deterioration in health
- Unexplained accidents

Sexual Abuse

Physical indicators

- Difficulty in walking, sitting down
- Stained or bloody underclothing
- Pain or itching in genital area
- Bruising, bleeding, injury to external genitalia, vaginal and/or anal areas
- Vaginal discharge
- Bed-wetting
- Excessive crying
- Sickness

Behavioural indicators

- Inappropriate sexual behaviour or knowledge for the child's age
- Promiscuity
- Sudden change in behaviour
- Running away from home
- Wary of adults
- Feeling different from other children
- Unusual avoidance of touch
- Reporting of assault
- Substance abuse (e.g. glue sniffing)
- Emotional withdrawal through lack of trust in adults
- Over-compliance with requests of others
- Frequent complaints of unexplained abdominal pains
- Eating problems
- Sleep disturbances
- Poor peer relationships
- Possessing money or 'gifts' that cannot be adequately accounted for
- Inappropriate sexually explicit drawings or stories
- Soiling

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Emotional/psychological abuse

Physical indicators

- Failure to thrive
- Delays in physical development or progress

Behavioural indicators

- Sucking, biting, rocking
- Anti-social or destructive behaviour
- Sleep disorders, inhibition of play
- Overly compliant, passive, agressive, demanding
- Impairment of intellectual, emotional, social or behavioural development
- Reduced levels of personal hygiene
- Eating too much or too little
- Unable to sleep
- Withdrawn or shunning company
- Seeking reassurance

Institutional abuse

Physical indicators

- Shared clothing and possessions
- Inappropriate use of medication
- Failure to thrive

Behavioural indicators

- Low self esteem
- Individual becoming compliant
- No recognition of cultural or religious choices
- No support plans or complaints

Self-Neglect

Physical indicators

- Not eating or over eating
- Not drinking sufficient fluids
- Poor personnel hygiene
- Not taking prescribed medication
- General deterioration in health/hygiene
- An unkempt look
- Weight loss
- Unexplained accidents

Behavioural indicators

- Low self esteem
- Lack of any self confidence
- Not wanting to engage with others

Financial abuse

Physical indicators

- Individual with a decreased amount of money available
- Possessions going missing
- Money disappearing without explanation
- Accounts and receipts not adding up

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- Individuals only having a small amount of money available when they use to have more
- Clothing/ possessions of poor quality

Behaviour indicators

- Low self esteem
- Appears compliant

Indicators

Grooming and sexual exploitation can be very difficult to identify. Warning signs can easily be mistaken for 'normal' teenage behaviour and/or development. However, parents, carers, school teachers and practitioners are advised to be alert to the following signs and symptoms:

- inappropriate sexual or sexualised behaviour
- repeat sexually transmitted infections; in girls repeat pregnancy, abortions, miscarriage
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- going to hotels or other unusual locations to meet friends
- getting in/out of different cars driven by unknown adults
- going missing from home or care
- having older boyfriends or girlfriends
- associating with other young people involved in sexual exploitation
- truancy, exclusion, disengagement with MacIntyre School, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- drug or alcohol misuse
- getting involved in crime
- injuries from physical assault, physical restraint, sexual assault
  (Please also see Bucks CC Children's Board screening tool for CSE).

Indications of abuse in children who have disabilities or medical needs

Whilst any of the above indicators may identify that abuse is occurring or has occurred, some of them may have other causes. This is particularly important when students have social and communication problems associated with autism or specific medical problems. Research also tells us that children with special needs are at an increased risk of abuse.

Some children and young people display these specific indicators at all times, and where these have been shown not to be a result of abuse it is important to monitor any changes in a child's behaviour, physical condition, emotional state and sociability. Such changes may themselves indicate that abuse is taking place.

Staff should read individual student files to familiarise themselves with medical conditions that can present with the same symptoms as abuse - but should never assume that the indicator is not the result of abuse.

Because such judgements often require sophisticated knowledge and understanding, all staff must err on the side of caution. It is better to report cases where no abuse is occurring than to miss one case because a wrong assumption has been made. If there is any worry or concern about a child it must be reported.

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We recognise other specific safeguarding issues which may or may not be an area for close vigilance, depending on the residential arrangements. These are:

bullying including cyberbullying

children missing from education

children missing from home or care

child sexual exploitation

domestic violence

drugs

female genital mutilation

fabricated or induced illness

faith abuse

forced marriage

gangs and youth violence

gender-based violence/violence against women and girls (VAWG)

mental health

private fostering

radicalisation

sexting

teenage relationship abuse

trafficking

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Appendix 10:
Additional Vulnerabilities of Disabled Children

– taken from Bucks Safeguarding Children Board Guidance and Procedures on Abuse of Disabled Children 2015

1.9 Disabled children may be particularly vulnerable for a number of reasons including the following:

· It is known that families of disabled children often experience high levels of unmet need, isolation and stress as a result of a range of social, economic and environmental factors (Institute of Education, 2013).

· Evidence suggests that disabled children are more likely to be neglected than other children but that this is less likely to be recognised or acted upon (Spencer *et al,* 2005 and Sullivan and Knutson, 2000).

· There can be a tendency to allow a standard of care that would not be acceptable for a child without a disability

· As disabled children are more dependent on their parents/carers than other children for every aspect of day to day care, they are even less likely than other children to understand or reveal that their parents/carers are harming them

· A parent/carer's 'explanation' for a child's symptoms may be less likely to be explored, e.g., a child's developmental delay may be explained as part of their impairment whereas it may be due to neglect or poor parenting. Poor growth or thinness may be an aspect of the child's impairment but could also mean that the child is kept light for carrying purposes.

· Personal care may be undertaken in isolation, possibly provided by a number of carers. This may increase the opportunity for abusive behaviour and also make it more difficult to set appropriate boundaries for safe caring

· Sometimes, the practical care may be adequate but there is an emotional rejection of the child which is either not recognised or 'excused' because of the additional pressure on the parents/carers

· Impaired capacity as a result of physical or learning disability to understand what is happening or resist/avoid abuse

· Difficulty in communicating what is happening

· Increased vulnerability to bullying and intimidation

· Being more vulnerable than other children to abuse by their peers

· Inadequate training in safe care provided for those caring for disabled children

· Reluctance to believe that abuse of disabled children is possible

1.10 In addition to the universal indicators of abuse/neglect it is important to consider other indicators for disabled children which may include:

· Excessive physical interventions or restraint

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· Extreme behaviour modification including deprivation of food, drink, medication or property

· Misuse of medication including sedation

· Deliberate failure to follow medically recommended regimes

· Ill-fitting equipment, e.g., callipers which may cause injury or pain, inappropriate splinting

1.11 Safeguards for disabled children are essentially the same as for non- disabled

· Identify the capacity of disabled children and their families to help themselves wherever possible

· Ensure that those caring for and working with disabled children understand how to provide safe care to a high standard and are aware of the particular risks of harm for individual children

· Enable disabled children to participate in decisions about their care and treatment

· Ensure that disabled children receive appropriate personal, health and social education including sex education

· Provide effective opportunities and communications systems for disabled children to help them raise their concerns

· Service providers to work in partnership with parents/carers in an open and honest way

· Children who are living away from home may be particularly vulnerable, e.g., those in residential care homes, residential schools and health care settings

· When children are placed in an emergency situation ensure that all medical consents/needs and method of communication are clearly documented and provided to the setting

· Ensure that children are engaged in therapeutic support appropriate to their understanding following abuse

· Multi-agency protocols for times of transition must include a communication strategy and young people must be supported to participate in the development of the transition plans, particularly in their transition to adulthood1.

1.12 Attitudes in society and amongst professionals working with children can lead to a view that abuse of disabled children does not happen or that disabled children are in some way less harmed by abuse, this in turn undermines the safeguarding of disabled children. Negative approaches can lead to discrimination and in turn may guide professionals to be less likely to act on their concerns. Reasons include:

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· Over identifying with the child's parents/carers and being reluctant to accept that abuse or neglect is taking or has taken place, or seeing it as being attributable to the stress and difficulties of caring for a disabled child.

· A lack of knowledge about the impact of disability on the child

· A lack of knowledge about the child, e.g. not knowing the child's usual behaviour

· Not being able to understand the child's method of communication

· Confusing behaviours that may indicate the child is being abused with those associated with the child's disability

· Denial of the child's sexuality

· Behaviour, including sexually harmful behaviour or self-injury, may be indicative of abuse

· Being aware that certain health/medical complications may influence the way symptoms present or are interpreted. For example some particular conditions cause spontaneous bruising or fragile bones, causing fractures to be more frequent.

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Appendix 11:
Record Retention Schedules

Child leaves school and does not transfer to a new school/FE setting	
Concerns were at a low level/threshold for referral to social care not met/no inter-agency involvement	**CP file should be retained until child's 25th birthday (or the end of that school year)**
A referral was made/social care involved/other agencies involved	**35 years from the date the child left the school.**
Child leaves school and moves to another school/FE setting	
Chronology	**Should be kept for at least the periods stated above. They may be archived for longer if this is stated in your policy**
CP file has been posted to a new setting	**A copy of the entire file should be kept until the new setting confirms safe receipt. The copy should then be shredded.**
All	
Looked After Child	**75 years from date child left school**
Records relating to allegation against staff/harm to a pupil by staff/visitor/volunteer	**Usually retirement age or 10 years whichever is longer BUT for duration of IICSA. It is a criminal offence to destroy any records that could be called as evidence so retain everything.**

It is important to note that the retention requirements are two-fold: records must be retained as specified above, but should not be retained any longer unless there is a good reason to do so (for example: because legal action is pending)

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