



**ST. PETER CATHOLIC  
ACADEMY TRUST**  
BY SERVICE, TOWARDS GOD



**ST ETHELBERT'S CATHOLIC**  
**PRIMARY SCHOOL AND NURSERY**

**Child Protection and Safeguarding Policy**

**2018/19**

**Date of Review: September 2018**  
**Date of Next Review: September 2019**

## CHILD PROTECTION AND SAFEGUARDING POLICY

**This Policy is applicable to all pupils, including those in the Early Years Foundation Stage. All staff are required to read this policy and sign to acknowledge that they have read it and will follow its principles and procedures.**

### 1. Purpose and Aims

St. Ethelbert's Catholic Primary School and Nursery is fully committed to safeguarding the welfare of all children and young people. **It recognises that all staff have a professional duty to take such steps as are reasonable to promote safe practice and to protect children from harm, abuse and exploitation.**

The school will ensure the safety and protection of all children involved in its activities through adherence to the Child Protection/Safeguarding guidelines it has adopted. The policy is based on statutory guidance produced by the Department for Education and Ofsted (September 2016). It also reflects local guidelines as required by the Local Safeguarding Board.

### SUMMARY OF WHAT OUR POLICY AIMS TO DO

Our policy applies to all staff, governors and volunteers working in the school. There are four main elements to our policy:

1. Ensuring we practise safe recruitment in checking the suitability of staff and volunteers to work with children.
2. Raising awareness of child protection issues and equipping children with the skills needed to keep them safe;
3. Developing and then implementing procedures for identifying and reporting cases, or suspected cases of abuse;
4. Establishing a safe environment in which children can learn and develop.

We recognise that because of the day-to-day contact with children, school staff are well placed to observe the outward signs of abuse. The school will therefore:

- Establish and maintain an environment where children feel safe and secure, are encouraged to talk and are listened to;
- Ensure children know that there are adults in school with whom they can talk if they are worried or concerned;
- Include opportunities in the curriculum for children to develop the skills they need to recognise and stay safe from abuse.

We will follow the procedures set out by the DfE 'Working Together to Safeguard Children' (March 2015) as well "Keeping Children Safe in Education" (September 2018) to:

- Ensure we have a designated senior person for child protection who has received appropriate training and support for this role;
- Ensure every member of staff (including temporary and supply staff and volunteers) and the governing body know the name of the designated senior person responsible for child protection and their role;
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility;
- Ensure that parents have an understanding of the responsibility placed on the school and staff for child protection;

- Notify Social Services if there is an unexplained absence of more than two days of a pupil who is on the child protection register;
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters including attendance at case conferences;
- Keep written records of concerns about children, even where there is no need to refer the matter immediately.
- Share information with other schools when children transfer. Request information about pupils from previous school/s when children transfer outside usual the admission period. E The school must inform the local authority within five days when a pupil's name is added to the admission register.
- School must inform the local authority when a pupil's name is to be deleted from the admission register under any of the fifteen grounds set out in the Education (Pupil Registration) (England) Regulations 2006 as soon as the ground for deletion is met and no later than the time at which the pupil's name is deleted from the register.
- Ensure all records are kept securely.
- Develop and then follow, procedures for dealing with an allegation made against a member of staff or volunteer;
- Ensure safe recruitment practices are always followed.

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. The school may be the only stable, secure and predictable element in the lives of children at risk. When at school their behaviour may be challenging and defiant or they may be withdrawn. The school will endeavour to support the pupil through:

- The Catholic School ethos, which promotes a positive, supportive and secure environment and gives pupils a sense of being valued;
- The school behaviour policy aimed at supporting vulnerable pupils in the school;
- The school's holistic curriculum which can be utilised to support our vulnerable or children 'in need'.

### **Key responsibilities**

- All members of staff are responsible for the safety and welfare of children and are required to follow the guidance and procedures outlined in this policy
- **Mrs Fiona Maynard (Headteacher) is the Designated Safeguarding Lead. Mrs Laura McAlpine (Safeguarding and Pupil Wellbeing Officer) has the DSL duties delegated to her, and Mrs Natasha Harison (Deputy Headteacher) is a deputy Designated Safeguarding Lead**
- Mrs Margaret Dickinson is the member of the Academy Committee responsible for safeguarding.

## **2. What is child abuse?**

The NSPCC defines child abuse as:

“Child abuse is the term used when an adult harms a child or a young person under the age of 18. Child abuse can take four forms, all of which can cause long term damage to a child:

- *Physical abuse*
- *Emotional abuse*
- *Neglect*
- *Sexual abuse*

Further information on the types of abuse and neglect are contained in the appendix.

### **3. Transparency**

St. Ethelbert's Catholic Primary School and Nursery prides itself on respect and mutual tolerance for each individual. Parents/Carers have an important role in supporting St. Ethelbert's Catholic School. A copy of this policy is on our website and we hope that parents will always feel able to take up any issues or worries that they may have with the school. We will never ignore an allegation of child abuse and will always deal with any concerns appropriately. Open communication is essential.

### **4. Safer Employment Practices**

St Ethelbert's Catholic Primary School and Nursery follows the Government's recommendations for the safer recruitment and employment of staff who work with children. At least one member of the interview/recruitment panel must have completed the safer recruitment training.

All members of the teaching and non-teaching staff at the school, including part-time staff, temporary and supply staff and visiting staff, such as musicians and sports coaches, are subject to Enhanced Disclosure and Barring Service (DBS) Checks.

In addition, the school has a statutory duty to check that any teacher employed after April 2014 is not on the Department for Education's prohibited list.

For each member of staff the school's Single Central Register (SCR) records:

- The Enhanced DBS number
- Date of DBS issue
- Date of DBS expiry
- Evidence of eligibility to work in the UK
- Record that a teacher is not on the DfE prohibited list
- Verification of qualifications
- A record of safeguarding training undertaken

All Governors, regular volunteer helpers, and contractors working regularly during term-time are also vetted through the completion of an enhanced DBS clearance.

Policies relating to safeguarding are reviewed by Governors annually. The designated governor for Child Protection and Safeguarding reviews the school's SCR on a termly basis. The governors may at any time spot check the SCR to ensure that the school is meeting its statutory safeguarding requirements.

All staff members receive appropriate safeguarding and child protection training, at least annually to provide them with relevant skills and knowledge to safeguard children effectively.

### **5. Designated Safeguarding Lead - Person with responsibility for safeguarding children and vulnerable adults**

*The Headteacher (Fiona Maynard) is the Designated Safeguarding Lead trained to Safeguarding Level 3/4.*

*Safeguarding duties are delegated to Mrs Laura McAlpine (Safeguarding and Pupil Wellbeing Officer) trained to Safeguarding Level 3/4*

*Deputy Headteacher (Natasha Harrison) is the deputy Designated Safeguarding Lead*

They have been fully trained for the demands of this role in Child Protection and Inter-Agency working. They attend courses with child support agencies to ensure that they remain conversant with best practice. They undergo refresher training every two years. They maintain close links with the relevant bodies and report at least once a year to the Governors.

The school's records and incident logs on child protection related matters are kept securely and are separated from routine pupil records.

In the absence of any of the CPOs, any Child Protection concerns should be passed to Mrs Kathleen Finn (Assistant Headteacher, EYFS) or Miss Alyssa Mercer (Assistant Headteacher, Years 2 and 3). All members of staff who act as the DSL or deputy DSL are trained to Safeguarding Level 3/4.

## **6. What should a staff member do if they have concerns about a child?**

If a staff member has concerns regarding a child's safety, welfare or well-being they should raise these immediately with the Designated Safeguarding Lead/s (CPO). Advice on helping staff identify child abuse and neglect is contained as an appendix to this policy. Child Protection training given to all staff members also provides guidance on how to spot abuse and neglect. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality while at the same time liaising with the DSL and any outside agencies. Staff should never promise they will not tell anyone about an allegation, as this may ultimately not be in the best interests of the child.

**Concerns should be logged on the CPOMs system and the DSL notified verbally immediately that a concern has been logged.** If any member of staff is unable to access the CPOMs system or the system is down, then the concern should be recorded on a "BLUE" Child Protection Form and should be signed and dated by the staff member. It is essential that all concerns are recorded and passed on as they may form part of a "bigger picture" that the CP officers are aware of. **THE HEADTEACHER IS MADE AWARE OF ALL CP CONCERNS.**

The safeguarding lead will make a decision to make a referral to children's social care, but it is important to note that any staff member can refer their concerns to children's social care directly.

If at any point, there is a risk of immediate harm to a child a referral should be to children's social care immediately. Anybody can make a referral. If a child's situation does not appear to be improving the staff member with concerns should press for reconsideration. Concerns should always lead to help for the child at some point.

## **7. Induction and training**

Every new member of staff including part time members of staff, temporary, visiting and contract staff working in school and having regular contact with children, receive basic CP Level 1, on their responsibilities in being alert to the signs of abuse and/or bullying and on the procedures for recording and referring any concerns to the Child Protection Officer. Child protection training is also given to new Academy Committee members and volunteers. Everyone attends refresher training at least every three years. Training in child protection is an important part of the induction process.

Staff should at all times treat any information they have about a child and/or their family sensitively and confidentially, disclosing the information to the Designated Child Protection Officers (CPOs) only. When sharing information regarding a child, staff should always be

mindful of whether this information may be inadvertently overheard by others. It is the judgement of the Designated Child Protection Officers as to which members of school staff need to know sensitive and confidential information. Information will only be shared with regard to ensuring the safety and welfare of the child/ren concerned.

**Staff conduct should at all times reflect that they are working in a school. Staff should ensure they read the Staff Code of Conduct which provides clear guidelines on what constitutes professional behaviour. The Code of Conduct also includes clear guidelines on safe internet and social networking use including:**

- Not calling or texting pupils using personal mobile phones
- Not sharing messages or information using messaging apps such as Whats App, Viber or Instagram
- Not emailing pupils using personal email
- Not inviting pupils to be friends/followers on any social networking site
- Not “friending” or “following” pupils from the school on any social networking site.
- Ensuring that any social networking sites you use have appropriate “privacy” settings
- Discussion of St. Ethelbert’s or any pupils at St. Ethelbert’s either by direct reference or implication on any social media or networking sites is a breach of confidentiality and disciplinary procedures may be initiated.
- Only school cameras should be used to take photographs and/or film pupils. Staff must not take or store images on any personal device including phones, tablets and personal laptops.

The school has a policy for staff induction (approved by the Academy Committee in April 2016). A copy of this policy is included in the appendix.

## **8. Safeguarding and School Visitors**

Visitors to the school must be agreed in advance with the headteacher (a form is provided in the appendix) in order for the suitability and appropriateness of that visitor/s to be assessed and the school to fulfil all its safeguarding duties, including those stipulated in the PREVENT requirements. This authorisation form provides guidance about which visitors require authorization from the headteacher (generally one-off visitors) and which that do not (e.g. Visitors employed by or on behalf of Slough Borough Council such as the Educational Psychologist, music teachers)

Visitors will be asked to provide DBS clearance details and Photo ID.

- Anyone working in “regulated activity” has to provide an **Enhanced DBS with barred check list** before they can work unsupervised with pupils. These include all permanent employees of the school, and regular contracted individuals such as Speech and Language therapists, sports coaches and employees of the Slough Music Service/Cambridge Education/Slough Borough Council. For Slough BC staff who are not working in an unsupervised capacity, valid photo ID is sufficient (e.g. visiting teachers from other Slough schools)
- One-off visitors providing Standard DBS checks or Enhanced DBS checks should not be left unsupervised with pupils (e.g. theatre workshop presenters/ outdoor activity leaders)
- *Regardless of the outcome of these checks, staff should never leave pupils or their class alone with the visitor.*
- Regular “visitors” (e.g. Consultants providing services to the school/professionals from SEN or Health services/Specialist Sports or Music teachers) will be expected to provide DBS details and photo ID on their visit to the school. Their details will be added to the schools Single Central Record.

- Contractors carrying out maintenance work must report to the school office with a form of photo ID. The site manager or School Business Manager must be informed that they have arrived. Any maintenance work carried out where contractors could have access to pupils will be supervised by the site manager. The site manager may delegate this to another member of the premises team where appropriate
- Where a visitor does not have enhanced and valid DBS disclosure, then appropriate supervision must be put in a place and the supervision plan must be agreed (see Appendix 2)

All visitors must report to Reception on arrival and sign in. A member of office staff will check their photo ID and DBS clearance. They will be issued with a photo ID which they are required to wear at all times.

If staff see a visitor in school who is not wearing a Visitor ID badge, staff have a duty to ask them who they are visiting and whether they have signed in. Any concerns regarding a visitor must be reported immediately to the headteacher/member of the SLT.

The Academy Committee requires all volunteers (e.g. parent volunteers/volunteers from parish) who work in school on a regular basis (e.g. weekly, fortnightly, monthly) to have an enhanced DBS disclosure.

## **9. Raising awareness with pupils**

St. Ethelbert's Catholic School prides itself on its culture of open and effective communication between staff and pupils and on robust pastoral support structures. We prepare all of our pupils to make reasoned, informed choices, judgements and decisions.

As part of our curriculum, pupils are taught how to keep themselves safe both inside and outside of school. This includes guidance on how to keep themselves safe when using the internet and social media. Pupils are encouraged and reminded about what to do if they are worried about something and are able to articulate adults within school that they would turn to for advice or support.

## **10. Equal treatment**

St. Ethelbert's Catholic School is committed to equal treatment for all, regardless of race, ethnicity, religion, sexual orientation, social background or disability. We aim to create a friendly, caring and perceptive environment in which every individual is valued. We endeavour to contribute positively towards the growing autonomy, self-esteem and safety of each child.

## **11. Bullying**

Bullying, harassment, victimisation or discrimination will not be tolerated. We treat all our pupils and their parents fairly and with consideration and we expect them to reciprocate towards each other, the staff and the school. Any element of bullying is unacceptable. Copies of the School's Anti-Bullying Charter and the Behaviour for Learning Policy are available on the school website. Hard copies are available from the office on request.

## **12. Mental Health**

The school employs a full time Safeguarding and Pupil Wellbeing Officer (Laura McAlpine) within whose remit is the promotion of pupil wellbeing, nurture groups for vulnerable pupils and support and advice for teachers who have concerns about pupils' happiness, friendship groups, home life or any other aspect of wellbeing. The school's ethos and culture is explicit in its promotion of inclusion, love and support for all its stakeholders.

### **13. Peer on Peer allegations**

Peer on peer allegations will be dealt with in the same way as allegations made against an adult. As soon as a pupil makes a disclosure to a member of staff, the disclosure is recorded on CPOMs and the DSL informed. The DSL will investigate the allegation, and make contact with social care if she feels the child is in immediate danger.

### **14. Intimate Care**

At times it may be necessary to provide a child with a change of clothes following a toileting accident. In most cases, apart from the very youngest pupils, children would be expected to change their underwear and outer clothes independently. If staff assistance is required, for example to help a nursery child remove wet trousers or tights, this will always be witnessed by two members of staff, the incident will be recorded on CPOMs and parents informed. Nursery staff do not change nappies. If it were felt that a nappy change was urgent, the parent would be contacted and asked to collect the child.

### **15. Safeguarding pupils from extremism or radicalism**

The school recognises that it has a statutory 'duty to have due regard to the need to prevent people from being drawn into terrorism'. The school's approach to this duty is set out in its Prevent Strategy, which is reviewed and approved annually by the Academy Committee. The school's Prevent Strategy Policy provides clear guidance on action staff must take if they are concerned regarding the radicalisation of pupils/families. The Prevent Strategy policy is published on the school website, copies are displayed in the staff room and copies are available from the school office on request.

All members of staff receive Prevent training. The designated CPOs have all attended WRAP training and are responsible for ensuring that all staff members have received the training necessary to enable the school to fulfil its statutory duty.

As part of this, the school will:

- As a Catholic community, continue to provide an ethos and education permeated by the Gospel values of love, respect and tolerance of others. This is reflected in our mission statement: "Learning, achieving and growing together" with Jesus which recognises that Jesus is our greatest teacher and we should always try our best to be more like him.
- Promote British values (as outlined in the 2011 Prevent Strategy) through a broad and balanced curriculum. Refer to our British Values Statement on the website for further information.
- Assess the risk of children being drawn into terrorism through raising awareness of the issue in staff training and briefings
- Ensure children are safe from terrorist or extremist materials when accessing the internet in school.

### **16. Safeguarding pupils from Female Genital Mutilation**

**Definition:** The World Health Organisation (WHO) defines female genital mutilation as: "all procedures which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons" (*WHO, 1996*)



- It is illegal in the UK to subject a child to female genital mutilation (FGM) or to take a child abroad to undergo FGM.
- FGM is violence against female children and women, a serious public health hazard and a human rights issue. Protecting children and mothers from FGM is everybody's business.
- FGM constitutes child abuse and causes physical, psychological and sexual harm which can be severely disabling.
- Recent studies have found that approximately 80,000 women and girls in the UK have undergone genital mutilation and a further 7,000 girls under 17 are at risk<sup>1</sup>.
- Girls and women in the UK who have undergone FGM may be British citizens born to parents from FGM practicing communities or they may be women living in Britain who are originally from those communities e.g. women who are refugees, asylum seekers, overseas students or the wives of overseas students.
- London and the Thames Valley area have substantial populations from FGM practicing countries.

School staff have a key role in protecting girls from FGM in terms of identifying those at risk and reporting concerns where a child is believed to have been the victim of FGM.

***What are the signs and indicators that a child is at risk or FGM has occurred?***

Please refer to information in the appendix regarding key risk factors and indicators. If you are in any doubt always speak to the CPO.

***How should I report a concern?***

Any concerns should be raised using our normal safeguarding protocols – i.e. log the concern on CPOMs and verbally inform the CPO of the concern immediately.

The CPO will then make a referral to Children's Social Care. In urgent cases, where the child is at immediate risk of harm the police should be contacted on 101 or 999. Parents should NOT be informed before a referral is made or the police contacted.

**From 31<sup>st</sup> October 2015, all teachers in school have a statutory duty to report known cases to the police.** Unless the teacher has good reason not to, they should still consider and discuss any such case with the school's DSL and involve children's social care as appropriate. Known cases are where a child (under the age of 18) informs them that an act of FGM (however described) has been carried out on them or a professional observes signs of FGM. UNDER NO CIRCUMSTANCES SHOULD STAFF SEEK TO PHYSICALLY EXAMINE A CHILD.

This responsibility is a personal duty and cannot be transferred. This means that the individual who first becomes aware of the case must report it to the police. In all cases, the CPO should be informed to support that school's wider safeguarding policies and duties. **Guidance on the FSM mandatory reporting process is contained in the appendix.**

***17. Specific Safeguarding issues.***

**All staff** should have an awareness of the safeguarding issues listed below. Staff should be aware that behaviours linked to the likes of drug taking, alcohol abuse and domestic violence by adults known to them can put children in danger. Staff should be vigilant for truanting and any incidents of 'sexting' or cyber-bullying.

Expert and professional organisations are best-placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example, information can be found on the TES, MIndEd an NSPCC websites. Staff can access government advice via GOV.UK and other government websites. As a school, we recognise that our pupils may have been exposed to any of the following through an older sibling, relative or family friend. If staff are concerned about a pupil they must report concerns to one of the safeguarding leads.

- **Domestic violence**
- **Drugs**
- **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**
- **Sexting**
- **Trafficking**
- **Child sexual exploitation (CSE)**

## **Statutory definition of Child Sexual Exploitation**

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

## **18. Complaints**

We hope that you and your child do not have any complaints about our school; however a copy of the school's complaints policy is available on our website or hard copies are available from the school office.

## **19. Allegations against staff**

These are taken very seriously. If a child discloses that a member of staff has behaved in a way which is on the available evidence deemed to be prima facie 'abusive', then this information should go straight to the Headteacher, not reported to the CPO. If the allegation is about the Headteacher then the Chair of the Academy Committee must be informed directly. In all cases, the Headteacher (or the Chair of the Academy Committee) will contact the LADO. Allegations will be referred immediately, on the same working day or within one working day of the allegation being made.

For concerns and allegations against members of staff at St. Ethelbert's Catholic Primary School and Nursery contact details are provided below. If there is no response then please contact Slough Children's Services.

### **Contact Details:**

Designated Officer Administration Team  
Slough Borough Council, St Martins Place, 51 Bath Road, Slough. SL1 3UF

T: 01753 690 904

E: [lado@slough.gcsx.gov.uk](mailto:lado@slough.gcsx.gov.uk)

<http://www.slough.gov.uk/council/strategies-plans-and-policies/slough-local-safeguarding-children-s-board.aspx>

Allegations against a teacher who is no longer teaching (either at St. Ethelbert's or another school) will be referred to the police. Historical allegations of abuse will also be referred to the police.

The school will endeavour to deal with any allegation quickly, fairly and consistently to ensure that effective protection is provided for the child and at the same time supports the person who is subject of the allegation.

The Chair of the Academy Committee and Lead Academy representative for Safeguarding will be informed of any allegations made against members of staff.

Initial considerations:

- *The DfE advises that the "procedure for dealing with allegations needs to be applied with common sense and judgement" (para 148, Keeping Children Safe in Education September 2016).*
- *"Many cases may well either not meet the criteria set out above, or may do so without warranting consideration of either a police investigation or enquiries by local authority children's social care services. In these cases, local arrangements should be followed to resolve cases without delay" (para 148, KCSE 2016)*
- *Some rare allegations will be so serious they require immediate intervention by children's social care services and/or police. The designated officer(s) should be informed of all allegations that come to a school or college's attention and appear to meet the criteria so they can consult police and children's social care services as appropriate (para 149, KCSE, 2016)*

Where an allegation against a member of staff has been made, the following definitions should be used when determining the outcome of allegation investigations:

- **Substantiated:** there is sufficient evidence to prove the allegation;
- **Malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive;
- **False:** there is sufficient evidence to disprove the allegation;
- **Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.
- **Unfounded:** There is no evidence or proper basis which supports the allegation being made. It might also indicate that the person making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively they may not have been aware of all the circumstances.

In the first instance, the Headteacher (or where the Headteacher is the subject of an allegation, the Chair of the Academy Committee) should immediately discuss the allegation with the designated officer(s). The purpose of an initial discussion is for the designated officer(s) and the case manager to consider the nature, content and context of the allegation and agree a course of action.

The initial sharing of information and evaluation may lead to a decision that no further action is to be taken in regard to the individual facing the allegation or concern; in which case this decision and a justification for it should be recorded by both the Headteacher and the designated officer(s), and agreement reached on what information should be put in writing to the individual concerned and by whom. The Headteacher should then consider with the

designated officer (s) what action should follow both in respect of the individual and those who made the initial allegation.

### **13.1 Informing a member of staff that an allegation has been made**

The headteacher will inform the accused person about the allegation as soon as possible after consulting the designated officer(s) providing them with as much information as possible at that time. However, where a strategy discussion is needed, or police or children's social care services need to be involved, the Headteacher will not do that until those agencies have been consulted, and have agreed what information can be disclosed to the accused.

The school will consider carefully whether the circumstances of a case warrant a person being suspended from contact with children at the school or college or whether alternative arrangements can be put in place until the allegation or concern is resolved. Advice from the school's HR provider and the LADO will be sought before a decision is reached on suspension. Further guidance on suspension is available in the 2016 document "Keeping Children Safe in Education".

If there is cause to suspect a child is suffering or is likely to suffer significant harm, a strategy discussion will be convened in accordance with the statutory guidance Working Together to Safeguard Children 2015. If the allegation is about physical contact, the strategy discussion or initial evaluation with the police should take into account that teachers and other school and college staff are entitled to use reasonable force to control or restrain children in certain circumstances, including dealing with disruptive behaviour. The strategy meeting will make a decision regarding the action the school (and other agencies) need to take. The school will in all cases seek advice from its HR provider to ensure that all due processes are followed, including proper regard to employment law.

In some cases, further enquiries will be needed to enable a decision to be made about how to proceed. If so, the designated officer(s) should discuss with the case manager how and by whom the investigation will be undertaken. In straightforward cases, the investigation should normally be undertaken by a senior member of the school staff. However, the Academy Committee will appoint an independent investigator if it deems this necessary.

### **13.2 Supporting those involved**

The Academy Committee of the school, as employers, have a duty of care to their employees and will therefore act to manage and minimise the stress inherent in the allegations process. Individuals will be informed of concerns or allegations as soon as possible and given an explanation of the likely course of action, unless there is an objection by the children's social care services or the police. The individual will be advised to contact their trade union representative, if they have one, or a colleague for support. They should also be given access to welfare counselling or medical advice

The Headteacher will appoint a named representative to keep the person who is the subject of the allegation informed of the progress of the case and consider what other support is appropriate for the individual. This may include support via the school's occupational health arrangements. Particular care will be taken when employees are suspended to ensure that they are kept informed of both the progress of their case and current work-related issues. Social contact with colleagues and friends will not be prevented unless there is evidence to suggest that such contact is likely to be prejudicial to the gathering and presentation of evidence.

Parents or carers of a child or children involved will be told about the allegation as soon as possible if they do not already know of it. However, where a strategy discussion is required, or police or children's social care services need to be involved, the case manager should not

do so until those agencies have been consulted and have agreed what information can be disclosed to the parents or carers. Parents or carers should also be kept informed about the progress of the case, and told the outcome where there is not a criminal prosecution, including the outcome of any disciplinary process. The deliberations of a disciplinary hearing, and the information taken into account in reaching a decision, cannot normally be disclosed, but the parents or carers of the child should be told the outcome in confidence.

Parents and carers will also be made aware of the requirement to maintain confidentiality about any allegations made against teachers whilst investigations are ongoing as set out in section 141F of the Education Act 2002 (see paragraph 125). The Headteacher will advise parents/carers that they may apply to the court to have reporting restrictions removed and that they should seek legal advice.

### **13.3 Confidentiality regarding allegations**

The school will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered following all relevant statutory guidance. The Headteacher and/or Chair of the Academy Committee will take advice from the designated officer(s), police and children's social care services to agree the following:

- who needs to know and, importantly, exactly what information can be shared;
- how to manage speculation, leaks and gossip;
- what, if any information can be reasonably given to the wider community to reduce speculation; and
- how to manage press interest

### **19.4 Managing the situation and exit arrangements**

If the accused person resigns or ceases to work at the school, the school will still follow up on an allegation in accordance with the guidelines. A referral to the DBS will be made in accordance with statutory guidelines. ***The Academy Committee is legally required to make a referral to the DBS where they think an individual has engaged in conduct that harmed (or is likely to harm) a child or if a person otherwise poses a risk of harm to the child.***

The school will make every effort to reach a conclusion in all cases of allegations, including any in which the person concerned refuses to cooperate with the process. The school will in all cases record the allegation and any supporting evidence and follow all due processes so that on the basis of information available, a judgement may be reached on whether the allegation can be substantiated.

Details of allegations that have been found to be malicious should be removed from personnel records. For all allegations, a clear and comprehensive summary will be kept including how the allegation was followed up as well as a record of the action taken. This will be kept in the staff member's confidential personnel file.

Where an allegation has proved to be false, unsubstantiated or malicious it will not be included on references. A history of repeated concerns or allegations which have all been found to be false, unsubstantiated or malicious will also not be included on any reference.

### **20. What to do if there is a concern regarding safeguarding policies or practices within the school**

Staff and volunteers should raise any concerns about poor or unsafe practice and/or potential safeguarding failures in the school. Staff should follow the procedures outlined in the school's whistleblowing policy which is available on the school website. All staff are required to read this policy and sign to say they have read this policy.

***The following policies should be read in conjunction with this policy:***

- Behaviour for Learning Policy
- Health and Safety Policy
- Staff Code of Conduct
- Prevent Strategy
- British Values Statement
- Complaints Policy and Procedure
- Whistleblowing Policy

**FURTHER INFORMATION**

Slough Children's Services Trust: <http://www.scstrust.co.uk/what-we-do/4590479242>

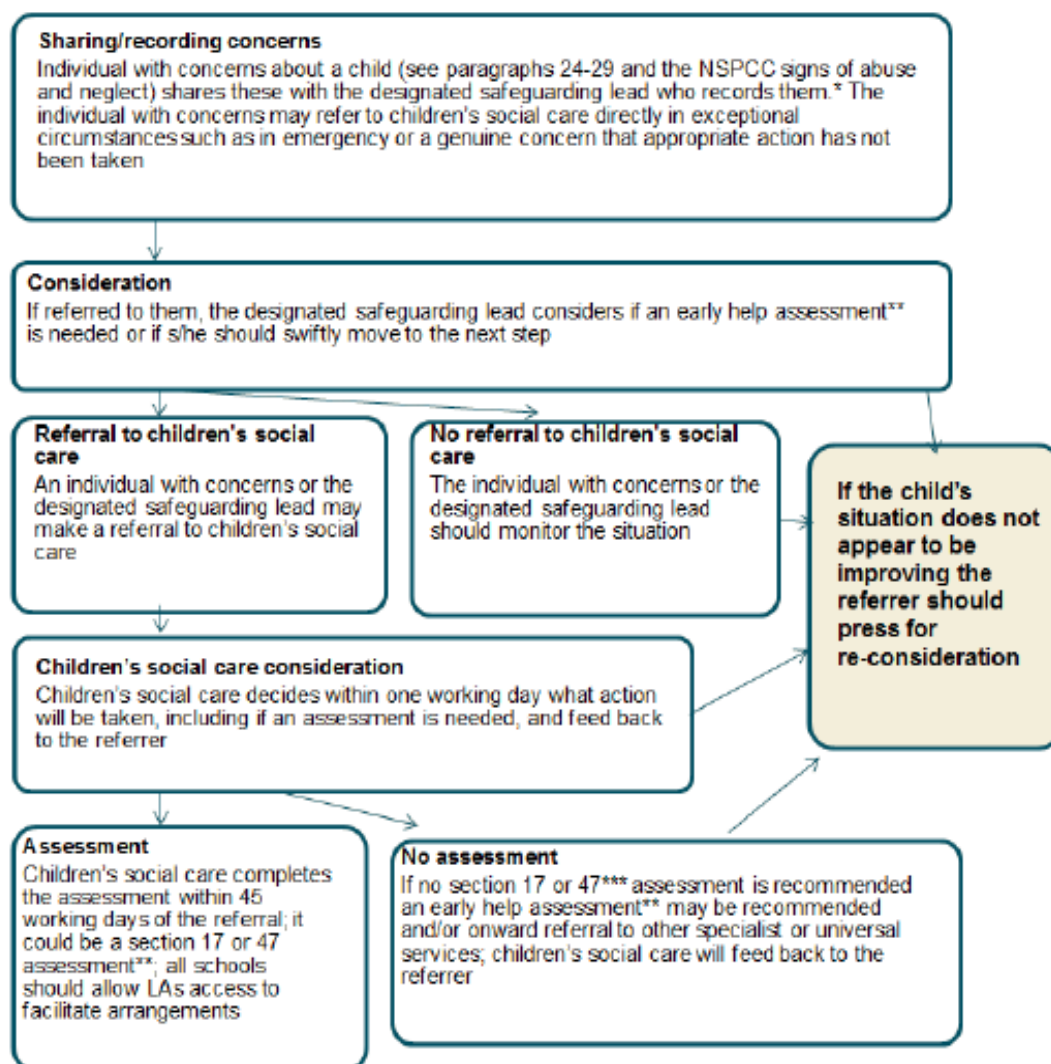
Ground Floor West, St Martins Place, 51 Bath Road, Slough, Berkshire

tel: 01753 475 111 • email: [emailus@scstrust.co.uk](mailto:emailus@scstrust.co.uk)

**Where there are changes to legislation or statutory guidance the policy will be amended to reflect this.**

## Action when a child has suffered or is likely to suffer harm

This diagram illustrates what action should be taken and who should take it where there are concerns about a child. If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. **Anybody can make a referral.**



## APPENDIX: FURTHER GUIDANCE FOR STAFF

## **1. Definition and Recognition of Child Abuse**

The needs and rights of children fall into the following main categories;

The need for physical care and protection from preventable harm;

The opportunity for physical and mental growth;

The need for love and security and the opportunity to relate positively to others;

The need for new experiences and help in relating to their environment by way of organising and mastering age-appropriate levels of responsibility and skills;

The need for intellectual development.

A parent must be able to meet those needs or to help their child by ensuring they are otherwise met.

A child may be considered to be abused, or at risk of abuse, by its parents/carers when those basic needs are not being met. Careful professional and legal assessments are essential when determining whether a child's needs are not being met to such an extent that it contributes abuse.

### **Categories of Child Abuse and Their Definition:**

#### **Physical Abuse**

This is an injury to a child where there is a definite knowledge or a reasonable suspicion that the injury was inflicted or knowingly not prevented.

#### **Sexual Abuse**

*This is defined as the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent, or that violate the social taboos of the family rules Kempe and Kempe 198.*

This includes for example, incest, sexual relationships with other children in one's care (adoption/step or fostering situation) and all other forms of sexual exploitation including pornography.

#### **Neglect**

The persistent or severe failure to meet the needs of a child resulting in the significant impairment of that child's health, development or well-being.

This may be the exposure to danger or by repeated failure to attend to the physical and developmental needs of the child.

#### **Emotional Abuse**

The persistent or intended emotional ill treatment of a child, which has a severe adverse effect on the behaviour and emotional development of the child.

There is an element of emotional abuse in all forms of abuse. Emotional ill treatment may be coldness, hostility, constant criticism or ridicule or extreme inconsistency towards a child.



Note: These categories are not mutually exclusive and children may well be subject more than one form of abuse.

## **2. Recognition – Signs and Symptoms**

Child abuse occurs to children of both sexes and of all ages and in all cultures, religions and social classes.

All children have the right to be protected.

Identification of child abuse is difficult and normally requires both social and medical assessment.

The following information on signs and symptoms is not exhaustive and it should also be remembered that abuse might be only one of many causes that could produce any one symptom.

Initially, a situation might not seem particularly serious but it is worth remembering that prompt help to a family in trouble may prevent a more serious situation developing.

### Physical Abuse (Injury)

Non-accidental injury to children by adults is often difficult to detect. Always remember that symptoms that are difficult to explain could be the result of inflicted injuries.

The following provides a guide to the more common non-accidental injuries.

#### Bruises

Most injuries to children are accidental and can be explained simply; all children receive bumps and bruises as a result of normal play. Most falls or accidents produce one bruise on a single surface usually a bony surface.

Bruising in accidents is usually on the front of the body as children generally fall forwards; there may be marks on their hands where they have tried to break their fall. Bruising may be faint or severe. Some skins shows bruising very easily, others do not; bruises on EMGH children for instance are more difficult to detect.

There may be a pattern to bruising e.g. after the weekend.

#### Unusual sites for accidental bruising

- Back, back of legs, buttocks
- Mouth, cheeks, behind the ear
- Stomach, chest
- Under the arm
- Genital or rectal areas (care if child is learning to ride a bike)
- Neck

#### Common types of non-accidental injuries

- Symmetrical black eyes are rarely accidental, although they may occur where there is a fracture of the head or nose. Careful consideration is required whenever there is an injury around the eye.
- Bruising in or around the mouth
- Grasp marks on arms
- Finger marks
- Symmetrical bruising (especially on ears)

- Outline bruising (belt marks, hand prints)
- Linear bruising
- Different age bruising on a child at any one time other than on common sites of accidental injury for a child of that age.

### **Bites**

These can leave clear impressions of teeth. Human bites are oval or crescent shaped. If the distance is more than 3 cm across, an adult or another child with permanent teeth must have caused them.

### **Burns**

It can be very difficult to distinguish between accidental and non-accidental burns, but as a general rule burns with clear outlines are suspicious as are burns of uniform depth over a large area and also splash marks above a main burn area (usually caused by hot liquid being thrown)

Remember also:

- A responsible adult checks the temperature of a bath before a young child gets in;
- A child is unlikely to sit down voluntarily in a bath which is too hot and cannot accidentally scald its bottom without also scalding its feet;
- A child getting into too hot water of its own accord will struggle to get out again and therefore there will be splash marks
- Small round burs may be cigarette burns.

### **Scars**

Children may have scars but notice should be taken of an exceptionally large number of scars, especially when coupled with different age bruising, unusual shaped scars, or large scars which did not receive medical treatment.

### **Fractures**

These should be suspected if there is pain, swelling and discolouration over a bone or joint. The most common non-accidental fractures are of long bones (arms, legs, ribs). It is rare for a parent to be unaware that a child has been hurt in this way, as the pain caused will cause the child to inform someone.

Fractures associated with injuries that may arouse suspicion of being non-accidental are:

- Explanation not consistent with the injury;
- Changes of explanation;
- Unreasonable delay in seeking medical advice;
- A history of frequently repeated injury
- Constant complaints about a child
- Over-hasty or violent reaction to a child's 'naughty' or annoying behaviour
- Unrealistic expectations of a child's performance.

### **Sexual Abuse**

It is essential that professionals in contact with children accept that children of both sexes and all ages are sexually abused.

The abuse is often kept secret by a variety of methods and may carry on for considerable periods of time before it comes to anyone's attention.

Sexual abuse often presents in a veiled way. Although some victims have genital injuries, STIs or are pregnant, most show no signs. Recognition of sexual abuse is more likely to come from a direct statement made by the child rather than suspicious signs or symptoms. The following are a list of indicators again the lists are not exhaustive, those marked with an asterisk\* should be taken very seriously: January 2012 9 A6 – Child Protection Version 4

### **Physical Signs**

- Vaginal bleeding in pre-pubescent girls\*
- Genital lacerations or bruising\*
- STIs\*
- Abnormal dilation of vagina, anus or urethra
- Pregnancy – especially in younger girls with no explanation of the father\*
- Itching, soreness or unexplained bleeding from vagina or anus;
- Pain in passing urine;
- Faecal soiling or retention

### **Behavioural Signs**

- Explicit or frequent sexual preoccupation in talk and play
- Sexually provocative relationship with adults
- Hinting at sexual activity or secrets through word, play or drawing;
- Excessive sexual awareness inappropriate to the child's age;

### **General**

- Undue fear of adults;
- Running away;
- Self-harm;
- Suicide attempts;
- Behavioural problems, withdrawal, wetting or soiling, sleep disturbance;
- Behaviour indicating a role reversal in the home e.g. daughter taking over a mothering role;
- Inappropriate displays of affection between a child and adult e.g. flirtatious or seductive behaviour.

### **Behaviour especially notable in school**

- Learning problems, poor concentration, sudden drop in performance, although it must be noted that for some sexually abused children, school is a haven and they excel and are often reluctant to leave;
- Marked reluctance to partake in physical activities or to change clothes for activities;
- Poor peer group relationships and an inability to make friends;
- Regular avoidance and fear of medical examinations.

### **Neglect**

**Warning signs apart from a child's obviously neglected appearance include:**

- Inappropriate clothing or lack of or regular soiled clothing and an unawareness from the carer that the child is inadequately dressed;
- A child who appears underfed and is frequently unwell with a permanent runny nose;
- A child who is left unsupervised or with a variety of different carers;
- A child who thrives away from home;
- A child with poor language development or other developmental delays;
- A child whose parents persistently fail to seek or follow medical advice.

### **Non –Organic failure to thrive**

- Children with poor weight gain;
- Poor growth, sparse hair, poor skin tone;
- Perverse eating habits, gorging, stealing food, enormous appetite;
- Poor sleeping patterns.
- Developmental delay;
- Solitary behaviours with poor peer group relationships
- Attention seeking from adults.

### **Emotional Abuse**

Emotional abuse may take the form of failure to meet a child’s need for attention, affection or stimulation (even though good physical care may be provided) or there may be constant verbal abuse, rejection, scapegoating, and threats of violence or attempts to frighten a child. Conversely some carers may be so over-protective and possessive that they prevent normal social contact or physical activity. Both states can be difficult to document or evaluate, but there may be crippling long-term effects on a child’s development.

Children suffering from emotional abuse may:

- Exhibit excessively clingy or attention seeing behaviour
- Be fearful, withdrawn or emotionally “flat”;
- Constantly seek to please;
- Be over-ready to relate to anyone even strangers;
- Have an impaired ability for enjoyment or play;
- Lack curiosity and natural exploratory behaviour
- Be retarded in language development
- Have a low self-esteem and feelings of worthlessness;
- Suffer eating disturbances, growth failure or lack of body tone.
- 

### **3. Risk Factors**

#### **All forms of abuse**

Certain characteristics have been found to be associated with all forms of abuse, including;

A history of abuse in the childhood of one or both parents;

Violent behaviour of the parents towards each other or signs of stress in the adult relationship

Immature parents often feeling socially isolated

Parents displaying a lack of intelligence including emotional intelligence;

Parents who abuse alcohol or drugs;

Parents with significant mental health problems.

Children born prematurely or with handicaps or low birth weights;

Unwanted pregnancies or illegitimate children.

A recent pregnancy in the family

Situations of social stress in the family

Situations where there appears to be a lack of bonding in the family.

#### **4. Disclosure and Discussing with students – Advice to staff**

All Staff are trained at least every three years in Child Protection protocol. During the sessions staff are given guidance to ensure their behaviour and actions do not place pupils or themselves at risk of harm or allegations of harm to a pupil.

- Situations to be aware of are those when staff are alone with a student. Staff are advised to not be alone with a student unless absolutely necessary and if they are alone, to ensure that the door is wedged open, and that another member of staff knows they are alone.
- Staff in a car with a student are advised to ask the student to sit in the back.
- Staff are advised not to email students on their personal accounts; engage in communication through social networking sites; or text students from their own mobile phones;
- Staff are asked to sign that they have read the policy and training has been given. All staff must also read part 1 of the DfE document “Keeping Children Safe in Education” (September 2018) and sign to say that they have read this document. A record of this is kept in the school safeguarding folder.

Staff must note that they cannot ever promise confidentiality to a student who wants to tell them something.

When a child discloses something the staff member must inform them that they will have to take this to the CPO.

Staff are advised never to ask leading questions; they must ask open questions that encourage a story to flow;

If a child discloses abuse by one or more pupils against another pupil, it must be reported immediately to the CPO and arrangements will be made to keep all the students involved safe.

If a disclosure is made or there is a suspicion of abuse the CPO will be informed and all the evidence will be noted carefully and stored securely. The disclosure will be reported and then a referral made within 24 hours normally to Slough Borough Council Children’s Services and the agencies will work together from that point forward.

St. Ethelbert’s Catholic School is required to report to the Independent Safeguarding Authority (ISA) within one month of leaving the school, any person (whether employed, contracted, a volunteer or student) whose services are no longer used because he or she is considered unsuitable to work with children.

## APPENDIX: What is Female Genital Mutilation (FGM)?

**FGM is child abuse and it is illegal.**

FGM is recognized by the United Nations as a violation of the human rights of girls and women. It is nearly always carried out on minors (between infancy and age 15) and is a violation of the rights of children. It is illegal in the UK and it is child abuse. FGM is under reported in this country. Over 24,000 girls under the age of 15 years in England and Wales are at risk from undergoing FGM either in this country or abroad. The summer holiday's is the period when girls are mostly at risk of FGM. With your help we can identify those at risk and together we can protect girls from undergoing FGM.

### **No health benefits, only harm**

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies. Immediate complications can include severe pain, shock, haemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue.

### **FGM is classified into four major types**

1. **Clitoridectomy:** partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals). 2
2. **Excision:** partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).
3. **Infibulation:** narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
4. **Other:** all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

### **Long term consequences can include:**

- recurrent bladder and urinary tract infections;
- cysts;
- infertility;
- an increased risk of childbirth complications and newborn deaths;
- A need for further surgery. For example, the FGM procedure that seals or narrows a vaginal opening (type 3 above) needs to be cut open later to allow for sexual intercourse and childbirth. Sometimes it is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing and repeated both immediate and long-term risks.

### **FGM indicators**

- The girl may confide that she is to have a "special procedure " which will make her a woman or talk of a ceremony taking place for her or other siblings. There may be talk of vaccinations or talk of absence from school. Girls are more at risk of FGM during school summer holidays
- A girl or her family may talk about a long holiday to her country of origin or to a country where the practice is prevalent This is not enough on it's own but might be significant when added to other concerns.
- A mother or an older sibling had already undergone FGM

### **Signs that FGM may have occurred**

- Prolonged absence from school with a noticeable change in behaviour on return
- Finding it difficult to sit still and appears to be experiencing discomfort or pain
- Spending a long time away from class for toilet breaks
- Asking to be excused from PE or swimming
- Suddenly visiting the school nurse more frequently
- A sudden change in dress

### **Who is at risk of FGM ?**

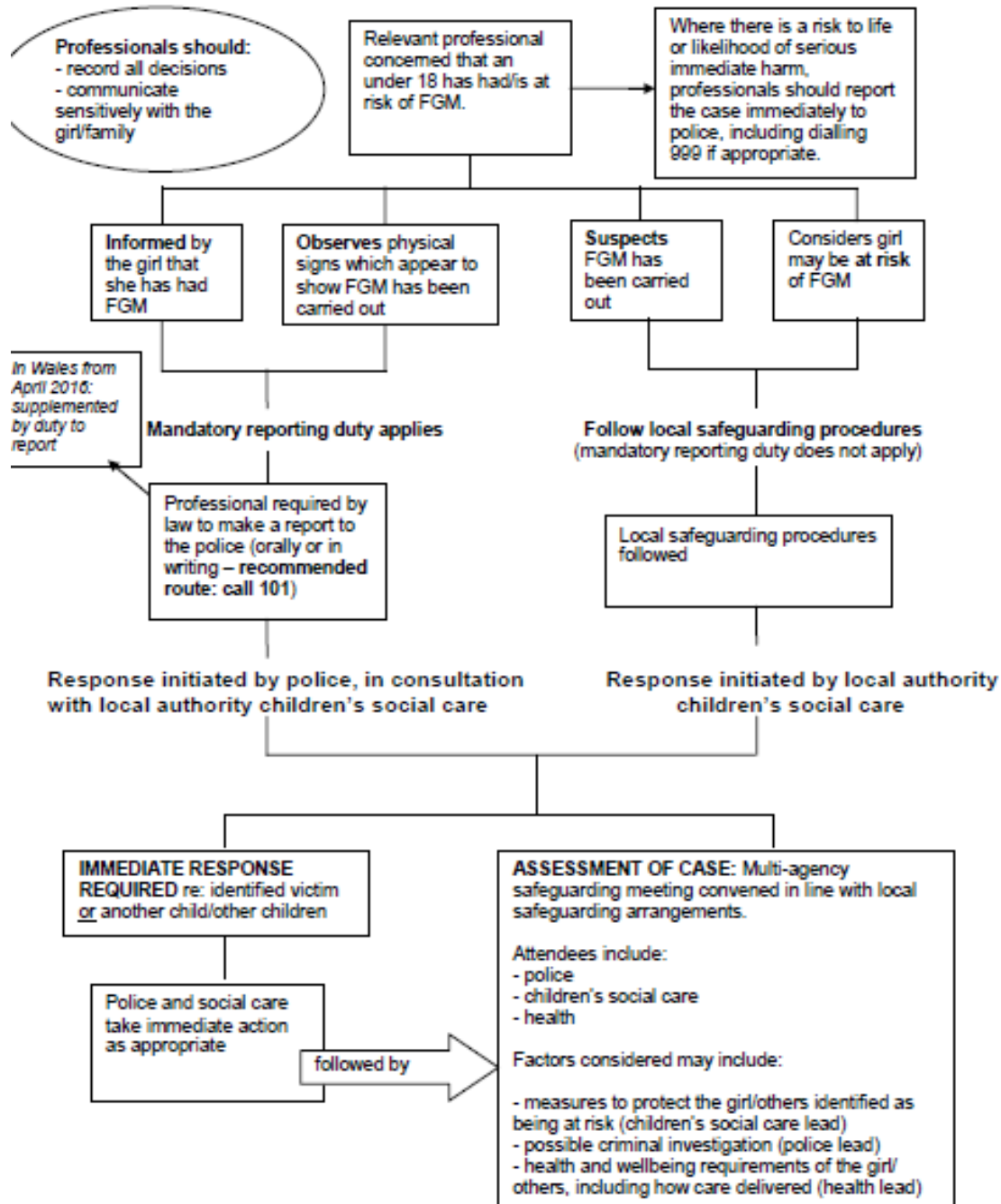
The communities in the UK that girls are most at risk of FGM include the Somali, Sudanese, Sierra Leone, Gambian, Liberian, Egyptian, Nigerian, Ethiopian and Eritrean communities. Non-African

communities that practice FGM include Yemeni, Afghani, Kurdish, Indonesian, Malaysian and Pakistani Bohra Muslim communities.

## **Appendix: Home Office Guidance on FGM Reporting Process**

# Annex A – FGM mandatory reporting process map

*This process map is intended to demonstrate where the FGM mandatory reporting duty fits within existing processes. It is not intended to be an exhaustive guide, and should be considered in the context of wider safeguarding guidance and processes.*





## APPENDIX: AUTHORISATION FOR SCHOOL VISITORS

This authorisation form should typically be used for “*planned one-off visits*” to the school from external companies/organisations. This form should be completed and signed by the headteacher or deputy headteacher in order for the visit to be authorised. Once authorisation has been obtained, the person organising the visitor must:

- *Add it to the school diary;*
- *Notify the office manager so that any documentation (e.g. Photo ID check/DBS clearance number) can be checked on arrival;*
- *Pass authorisation form to office manager for filing; and*
- *Inform visitor to report to Reception on arrival and bring photo ID and DBS clearance if they have it.*

**Further guidance for staff: This form does not need to be completed for the following visitors:**

- *Trainee teachers completing a placement at St. Ethelbert’s Catholic Primary school.*
- *Visitors acting in the capacity as advisors/mentors as part of teacher training programmes (e.g. University based mentors, Schools Direct, Teach First). However any planned visits must be added to school diary.*
- *Employees of Slough Borough Council (including services provided on behalf of Slough Borough Council by Cambridge Education/Mott MacDonald) – e.g. School Improvement Advisors, Educational Psychologists. Advisory Teachers, Members of SEBDOS outreach team.*
- *Regular “visitors” (e.g. Consultants providing services to the school/professionals from SEN or Health services/Specialist Sports or Music teachers).*
- *Regular contractors or contractors visiting the site to carry out maintenance work or provide quotes for maintenance work where they are under the supervision of the Site Manager or the School Business Manager.*
- ***On first visit to the school, these visitors must bring photo ID and DBS clearance if they are visiting classrooms/working with pupils etc.***

<i>Name of visitor/s</i>	
<i>Date/time of visit</i>	
<i>Purpose of visit</i>	
<i>Access to pupils (outline access)</i>	
<i>Supervision arrangements (including arrangements for break and lunchtime where applicable)</i>	
<i>Does visitor have a valid enhanced DBS?</i>	
<i>Completed by: (Teacher)</i>	<i>Signed:</i> <i>Date:</i>
<i>Authorised by:</i>	<i>Signed:</i> <i>Date:</i>

## APPENDIX: Policy for Staff Induction

- All new staff should be inducted into the school according to the following procedures and timeframe.

**Name of staff member:**

**Role:**

**Induction led by:**

Induction should include: -	Person responsible	Timeframe	Initial when completed
<ul style="list-style-type: none"> <li>Introduction to key members of school staff</li> </ul>	Member of senior leadership team or line manager	Day 1	
<ul style="list-style-type: none"> <li>Overview of key administrative procedures                             <ul style="list-style-type: none"> <li>Parking procedures</li> <li>Procedures of signing in and out</li> <li>Personal property</li> <li>Confidential information</li> <li>Plan of the school, showing locations of classrooms, offices and resource areas</li> </ul> </li> </ul>	Office Manager/SBM or member of SLT	Day 1	
<ul style="list-style-type: none"> <li>Key information on the day to day routines of the school:                             <ul style="list-style-type: none"> <li>Timetables</li> <li>Directed time or contracted hours</li> <li>Arrangements for staff briefing and key events during school day</li> <li>drop-off and collection arrangements including breakfast club and after-school club</li> <li>staff absence procedures</li> <li>playground duty rota</li> <li>Behaviour for Learning policy</li> <li>An overview of the key roles and responsibilities in the school</li> </ul> </li> </ul>	Assistant headteacher for phase	Day 1	
<ul style="list-style-type: none"> <li>Information on Safeguarding and Health and Safety Procedures (including identification of the named Child Protection Officer). Including copies of school policies including                             <ul style="list-style-type: none"> <li>Child Protection and Safeguarding Policy</li> <li>Behaviour for Learning Policy</li> <li>Staff Code of Conduct</li> <li>Whistleblowing Policy</li> <li>Prevent Strategy</li> <li>Health and Safety Policy</li> </ul> </li> </ul>	AHT/Pupil Well-being and Safeguarding Officer	Day 1	
<ul style="list-style-type: none"> <li>Information on medical requirements of children in the class they will be supporting (e.g. asthma, allergies etc.)</li> </ul>	Phase leader/ Class teacher/ Welfare team	Day 1	
<ul style="list-style-type: none"> <li>Timetables and group lists for relevant classes (Teaching and Learning staff only)</li> </ul>	Class teacher	Day 1	
<ul style="list-style-type: none"> <li>Information on assessment procedures and record keeping, including reviewing and monitoring of IEPs (Teaching and Learning staff only)</li> </ul>	AHT for phase or SENCo	Within first two weeks	
<ul style="list-style-type: none"> <li>Information on resources including resources related to teaching and learning and stationery. (type or resources available and their location)</li> </ul>	Phase leader or class teacher	Within first two weeks	

• The school marking and feedback policy	Phase leader	Week 1	
• Introduction to the computer system (including email/staff server)	HLTA (Teaching and Learning)	Week 1	

## Record of Induction Information, Policies and Training Received

Name:

I have received and read:	Signed	Date
• The Child Protection and Safeguarding Policy		
• The Prevent Strategy		
• The Staff Code of Conduct		
• The Whistleblowing Policy		
• The Health and Safety Policy		
• The Behaviour for Learning Policy		
<b>I have received:</b>		
• The opportunity to observe or work shadow the existing post holder or person undertaking a similar job where possible		
• Information on the school policies and procedures via the Staff Code of Conduct		
• Health and Safety Information (including fire procedures)		
• Information on Safeguarding Procedures (including identification of the named Child Protection Officer)		
• Information on how to raise concerns relating to child protection and safeguarding via CPOMs		
• Information on medical requirements of children in the class they will be supporting (e.g. asthma, allergies etc.)		
• Information on teaching and learning policies and procedures, including information on assessment, the homework policy, curriculum policy, the marking and expectations for planning.		