

The Orchard Primary School



Child Protection and Safeguarding Policy

Date	Review Date		GB Committee
Sept 2017	Sept 2018	HT	Curriculum and Community

INTRODUCTION

At Orchard Primary School, the governors and staff fully recognise the contribution the school makes to safeguarding children. We are committed to safeguarding children and young people and we expect everyone who works in our school to share this commitment. We recognise that the safety and protection of all children is of paramount importance and that all staff, including volunteers have responsibility for protecting children from harm. We will always work in the best interests of the child.

We believe that the school should have a caring and positive, safe and stimulating environment which promotes the social, physical, emotional and moral development of each pupil.

Our policy applies to all staff, governors and volunteers working in the school. It has been developed in accordance with the principles established by the Children Act 1989 and its revisions, and the Education Act 2002. It reflects the government publications 'working together to Safeguard Children' 2015, 'What to do if you are Worried a Child is Being Abused' 2015, 'Keeping Children Safe in Education' 2016, and the London Safeguarding Children Board Child Protection Procedures 5th Edition.

There are **five main elements** to our policy:

1. **Prevention** through raising awareness of safeguarding and child protection issues and equipping children with the skills needed to keep them safe.
2. **Developing and implementing procedures** for identifying and reporting cases, or suspected cases, of abuse.
3. **Support to pupils** who have been abused in accordance with his/her agreed child protection plan.
4. **Establishing a safe environment** in which children can learn and develop.
5. **Preventing unsuitable people working with children by** ensuring we practice safe recruitment in checking the suitability of staff and volunteers to work with children.

Safeguarding

Safeguarding encompasses matters such as pupil health and safety, bullying and a range of other issues such as arrangements for meeting the medical needs of children with medical conditions, providing First Aid, school security, drugs and substance misuse.

It is about ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best life chances.
Working Together to Safeguard Children (2015)

Child Protection

Child Protection is part of safeguarding and promoting the welfare of children. It is activity undertaken to protect specific children who are suffering or at risk of suffering significant harm.
Working Together to Safeguard Children (2015)

1. PREVENTION

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 secure, are encouraged to talk, and are listened to.
- Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about a child.
- Ensure children know that there are adults in the school whom they can approach if they are worried.
- Ensure that, where necessary, children who have been abused are supported appropriately, in line with a child protection plan.

- Include opportunities in the curriculum for children to develop a positive self image and the skills they need to make informed choices, recognise and stay safe from abuse.

We will also ensure that pupils are taught about safeguarding, including online, through various teaching and learning opportunities as part of providing a broad and balanced curriculum.

2. PROCEDURES

We will follow the procedures set out by the Local Authority and the Area Child Protection Committee and take account of guidance issued by the Department for Education and Skills to:

- Ensure that there is a Safeguarding and child Protection policy along with a staff code of conduct which are review annually.
- Ensure we have a designated senior person for child protection who has received appropriate training and support for this role. This training will need to be updated every two years.
- Senior leaders have Designated Senior Lead responsibilities for safeguarding (HT / DHTs / AHT)
- Ensure we have a nominated governor responsible for child protection, who has attended training and who also keeps this up-to-date. The school will also expect **all** governors to attend Child Protection training
- Ensure every member of staff, volunteer and governor knows 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 for referring any concerns to the designated teacher responsible for child protection.
- Ensure all staff receive Safeguarding training, which is up-dated at least annually with updates as necessary.
- Ensure that parents have an understanding of the responsibility placed on the school and staff for child protection by setting out its obligations in the school prospectus.
- 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.
- Ensure all records are kept securely; separate from the main pupil file, and in locked locations.
- Develop and then follow procedures where an allegation is made against a member of staff or volunteer.
- Ensure safe recruitment practices are always followed.

Designated Person	Designated Governor
Christine Haslam	Clare Temple
Deputy Designated Person	LEA Designated Officer
Yolande O’Callaghan / Ellis Evans	Hetsie Van Rooyen

- All members of staff and volunteers are provided with safeguarding awareness information at induction.
- All members of staff are expected to read part 1 of ‘Keeping Children Safe in Education’ in order to be clear about their responsibilities with regard to safeguarding. (They are also expected to sign a declaration which confirms they have read and understood KCSIE)
- As part of their training staff know how to report concerns.
- All governors undertake appropriate safeguarding training.
- The school raises awareness with staff regarding the duty to refer or bring to the attention of the DSL children for whom there are concerns of FGM
- The school raises awareness with staff the duty to refer or bring to the attention of the DSL children or associated adults in regard to grooming for radicalisation.

- The school raises awareness with staff regarding the duty to refer or bring to the attention to the DSL children or associated adults in regard to concerns of grooming for CSE

Confidentiality

All staff are aware that all matters relating to child protection are confidential.

- If abuse is suspected, information is given directly to the designated lead for child protection (the Headteacher) or in her absence, to one of the deputy Headteachers.
- Staff will ensure confidentiality protocols are adhered to and information is shared appropriately. If in any doubt about confidentiality, staff will seek advice from the designated person or the deputy designated person.
- All staff understand that they need know only enough to prepare them to act with sensitivity to a pupils and to refer concerns appropriately. It is inappropriate to provide all staff with detailed information about a pupil, an incident, the family and the consequent actions.
- Information about a pupil will be disclosed to other members of staff on a 'need to know' basis only. Any information shared in this way must be held confidentially to themselves.
- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- All staff must be aware that they cannot promise a child to keep secrets.

3. SUPPORT TO PUPILS (including Children at Risk)

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 school aims and the principles of 'The Orchard Child'
- The content of the curriculum to encourage self-esteem, self-motivation and assertiveness. We will consider how children are taught about safeguarding and keeping themselves safe (including online) through various teaching and learning opportunities as part of a broad and balanced curriculum, covering relevant issues through PSHE and through Relationships Education (including sex education). We will support pupils' understanding of safeguarding issues and their personal resilience through SMSC links as part of the school curriculum and the promotion of 'The Orchard Child'.
- The school ethos, which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
- The school behaviour policy, which is aimed at supporting vulnerable pupils in the school. The school will ensure that the pupil knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred.
- Liaison with other agencies that support the pupil such as Social Care, Child and Adult Mental Health Service, Education Welfare Service and Educational Psychology Service.
- Ensuring that, where a pupil on the child protection register leaves, their information is transferred to the new school immediately and that the child's social worker is informed.
- Vigilantly monitoring children's welfare, keeping records and notifying Social Care as soon as there is a recurrence or concern.
- Monitoring, recording and discussing children who do not reach the threshold of abuse but for whom there are some concerns.

Send, Vulnerable Pupils And Safeguarding

Some children may have an increased risk of abuse. Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion, communication issues and reluctance on the part of some adults to accept that abuse can occur. To ensure that all our pupils receive equal protection, we will give special consideration to children who are:

- Disabled or have special educational needs
- Young carers
- Affected by parental substance misuse, domestic violence or parental mental health needs
- Asylum seekers
- Living away from home
- Vulnerable to being bullied or engaging in bullying
- Living in temporary accommodation
- Live transient lifestyles
- Living in chaotic and unsupportive home situations
- Vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion, disability or sexuality
- At risk of sexual exploitation
- Do not have English as a first language
- At risk of FGM
- At risk of forced marriage
- At risk of being drawn into extremism

These are examples of additionally vulnerable groups and is not an exhaustive list

Children and young people with special educational needs and disabilities can face particular or additional safeguarding challenges because:

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

At Orchard Primary School we identify pupils who might need more support to be kept safe or to keep themselves safe by:

- identifying the children
- mapping our provision and support including designating key staff to support identified children (LSA /TA) where appropriate or using social skills groups to support children in learning how to keep themselves safe
- discussing and reviewing the needs of identified children on a regular basis
- calling on the support of outside agencies when necessary and appropriate
- making adjustments to the curriculum where necessary – eg Yr 6 transition group, time out..

Peer to Peer Abuse including 'sexting'

Staff should be aware that safeguarding issues can arise via peer on peer abuse. this is most likely to include, but not limited to: bullying (including cyber bullying), gender based violence/ sexual assaults and sexting

We believe that all children have the right to attend school and learn in a safe environment. children should be free from harm by adults in the school and other children. We recognise that some students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school's behaviour policy.

Occasionally, allegations may be made against students by others in the school, which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation.

It is likely to be considered a safeguarding allegation against a pupil where some of the following features are found: the allegation

- is made against an older pupil and refers to their behaviour towards a younger or more vulnerable pupil
- is of a serious nature, possibly including a criminal offence
- raises risk factors for other pupils in the school
- indicates that other pupils may have been affected by this student
- indicates that young people outside the school may be affected by this student

We will support the victims of peer on peer abuse by:

- listening to the victim and taking their concern seriously
- demonstrating good and timely communication with all involved
- applying the school behaviour policy consistently and fairly
- noting and recording meetings and decisions

Sexting

Sexting (or youth-produced sexual imagery) is a significant issue for older children and involves sharing indecent images of themselves with others. It may be the intention for the image to be shared only with one person, but invariably these pictures or videos are shared across the internet. Such images can be a part of the early stages of grooming, especially when the potential victim has only 'met' the abuser online.

Although sexting is becoming a widespread phenomenon, it is illegal to send or be in possession of indecent images of videos of people under 18.

Why is sexting such a problem?

- It is illegal to send or possess indecent images of under 18s
- Revenge or intimidation after a relationship comes to an end
- Lose control of where the images or videos go
- Lead to depression and suicide of victims
- An aspect of grooming for child sexual exploitation.

Handling incidents

- If there is any concern that a young person is at risk of harm, the police or social care should be contacted
- Avoid viewing youth produced sexual imagery. Instead, respond to what you have been told the image contains
- Never copy, print or share the image (it is illegal)
- View with another member of staff present if it must be viewed.
- Record the fact that the images were videoed along with the reasons and who was present – sign and date.

Although sexting is usually perpetrated by older (teenage) students, it is important to be aware that older primary school children could be involved, even indirectly, through association with older siblings, relatives or friends. At The Orchard Primary School, pupils are not permitted to bring mobile phones to school but this does not necessarily mean they may not be involved in or be a victim of sexting.

Private Fostering

A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18yrs if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more. A close family relative is defined as a 'grandparent, brother, sister, uncle or aunt' and includes half siblings and step-parents. It does not include great-aunts or uncles, great-grandparents or cousins. Parents and private foster carers both have a legal duty to inform the relevant local authority at least six weeks before the arrangement is due to start; not to do so is a criminal offence. Whilst most private fostered children are appropriately supported and looked after, they are a potentially vulnerable group who should be monitored by the local authority, particularly when the child has come from another country. In some cases, privately

fostered children are affected by abuse and neglect, or involved in trafficking, child sexual exploitation or modern day slavery.

Schools have a mandatory duty to report to the local authority where they are aware or suspect that a child is subject to a private fostering arrangement. Although schools have a duty to inform the local authority, there is no duty for anyone, including the private foster carer or social workers to inform the school. It should however, be clear to the school who as parental responsibility.

Staff should inform the HT / designated safeguarding lead when they become aware of private fostering arrangements. The HT/DSL will speak to the family of the child to ensure they are aware of the duty to notify the LA. The school itself has a duty to inform the local authority of any known private fostering arrangements.

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

4. ESTABLISHING A SAFE ENVIRONMENT

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

- Establish and maintain an environment where children feel safe, know that their views are valued, are encouraged to talk and are listened to.
- Ensure children know that there are adults in the school whom they can approach if they are worried.
- Encourage parents and children to see school as a safe place, where concerns can be raised.
- Actively encourage the views of children to be listened to.
- Include opportunities in the curriculum for children to develop the skills they need to recognise unsafe situation and associated risks.

5. PREVENTING UNSUITABLE PEOPLE WORKING WITH CHILDREN

Safer recruitment

The school will operate safe recruitment practices including:

- Ensuring that there is at least one person on every recruitment panel who has completed Safer Recruitment training, and that all recruitment documentation contains prominent statements of our commitment to safeguarding and promoting the welfare of children.
- Ensuring appropriate DBS checks, Barring and reference checks are undertaken according to current regulations.
- Consulting with the designated LEA Officer for Child Protection in the event of an allegation being made against a member of staff and adhere to the relevant procedures set out in the Hounslow's Child Protection procedures.
- Ensuring that all staff and volunteers are aware of the need for maintaining appropriate and professional boundaries in their relationships with pupils and parents.
- maintaining a single central record of all recruitment and vetting checks on all staff, volunteers. Third party providers of staff, including contractors, are required to evidence recruitment and vetting checks that they have undertaken on their respective staff.

Allegations against staff

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

- Staff who are concerned about the conduct of a colleague towards a pupil are undoubtedly placed in a very difficult situation. They may worry that they have misunderstood the situation and they will wonder whether a report could jeopardise their colleague's career. The school's whistleblowing policy enables staff to raise concerns or allegations, initially in confidence and for a sensitive enquiry to take place.
- All concerns of poor practice or possible child abuse by colleagues should be reported to the Headteacher.
- Where the Headteacher is the subject of an allegation or concern, the deputy designated person must report this to the designated governor and the LEA Child Protection Officer.

Safe Staff

- All staff should be aware of safer working practice guidelines and the school's code of conduct.
- Guidance about conduct and safe working practices will be given at induction including the school acceptable usage policy in regard to technology.
- The school refers to the Disclosure and Barring Service (DBS) if a person in a regulated activity has been dismissed or removed due to safeguarding concerns, or would have been dismissed or removed had they not resigned.
- The school discussed allegations of abuse against adults working in the school with designated officers at the Local Authority and acts accordingly.
- Any member of staff or volunteer found not suitable to work with children will be notified to the DBS for consideration of barring following resignation, dismissal, or, in the case of a volunteer, when we cease to use their service as a result of a substantiated allegation.
- In accordance with the Disqualification Under the Childcare Act 2006 guidance (2015), the school undertakes an annual information gathering exercise with staff in regard to themselves and, as appropriate, in regard to others with whom they reside (disqualification by association)

Training

- All staff will receive mandatory induction through inset, appropriate documentation and the Virtual College.
- DSLs attend training every two years and in addition to this their knowledge and skills are refreshed at least annually.
- All other staff will receive regular safeguarding and child protection updates as required, but at least annually to provide them with the relevant skills and knowledge to safeguard children effectively.

Whistle-blowing

- Where there are concerns about the way that safeguarding is carried out in the school, staff should refer to the whistle-blowing policy.
- A whistle-blowing disclosure must be about something that affects the general public such as:
 - A criminal offence has been committed, is being committed or is likely to be committed.
 - A legal obligation is breached
 - The health or safety of any individual has been endangered
 - The environment has been damaged
 - Information about any of the above has been concealed.

The NSPCC runs a whistle-blowing helpline on behalf of the Home Office – 08088005000

- Whistle-blowing in connection with the Headteacher should be made to the Chair of the Governing Body.

Governing Body Child Protection Responsibilities

The Governing Body fully recognises its responsibilities with regard to child protection and to safeguarding and promoting the welfare of children. It will:

- Designate a governor for child protection who will oversee the school's Child Protection Policy and practice and champion child protection issues.
- Ensure an annual report is made to the Governing Body on child protection matters to include changes affecting the Child Protection Policy and procedures, child protection training received, the number of incidents/cases (no names) and child protection in the curriculum
- Ensure that the Child Protection and Safeguarding Policy is reviewed and updated annually.
- Ensure that where services or activities are provided separately by another body, the Governing Body will seek assurances that the body concerned has policies and procedures in place in regard to safeguarding children and child protection and that there are arrangements to liaise with the school on these matters where appropriate.

Record keeping

- All child Protection records are kept securely in the Headteacher's Office.
- Individual files are kept for all children who have been referred and have Child Protection Plans (family files are kept where there is more than one child in the same family with a Child Protection Plan)
- Correspondence, reports etc. from social services and other agencies are kept in each individual child's CP file.
- Access to child protection records/files can only be made through the Headteacher or in her absence, one of the Deputy Headteachers.

Working with parents / carers

Parents / carers play the central role in protecting their children from harm. The school is required to consider the safety of the pupil and should a concern arise professional advice will be sought prior to contacting parents. The school will continue to work with parents to support the needs of their child (ren). The school aims to help parents understand that the school has a responsibility for the welfare of all children and has a duty to refer cases to social services in the interests of the child.

Appendix A - Flow Chart For Raising Safeguarding Concerns About A Child

Appendix B – Child Protection Guidelines and Procedures

Appendix C – Potential indicators of harm

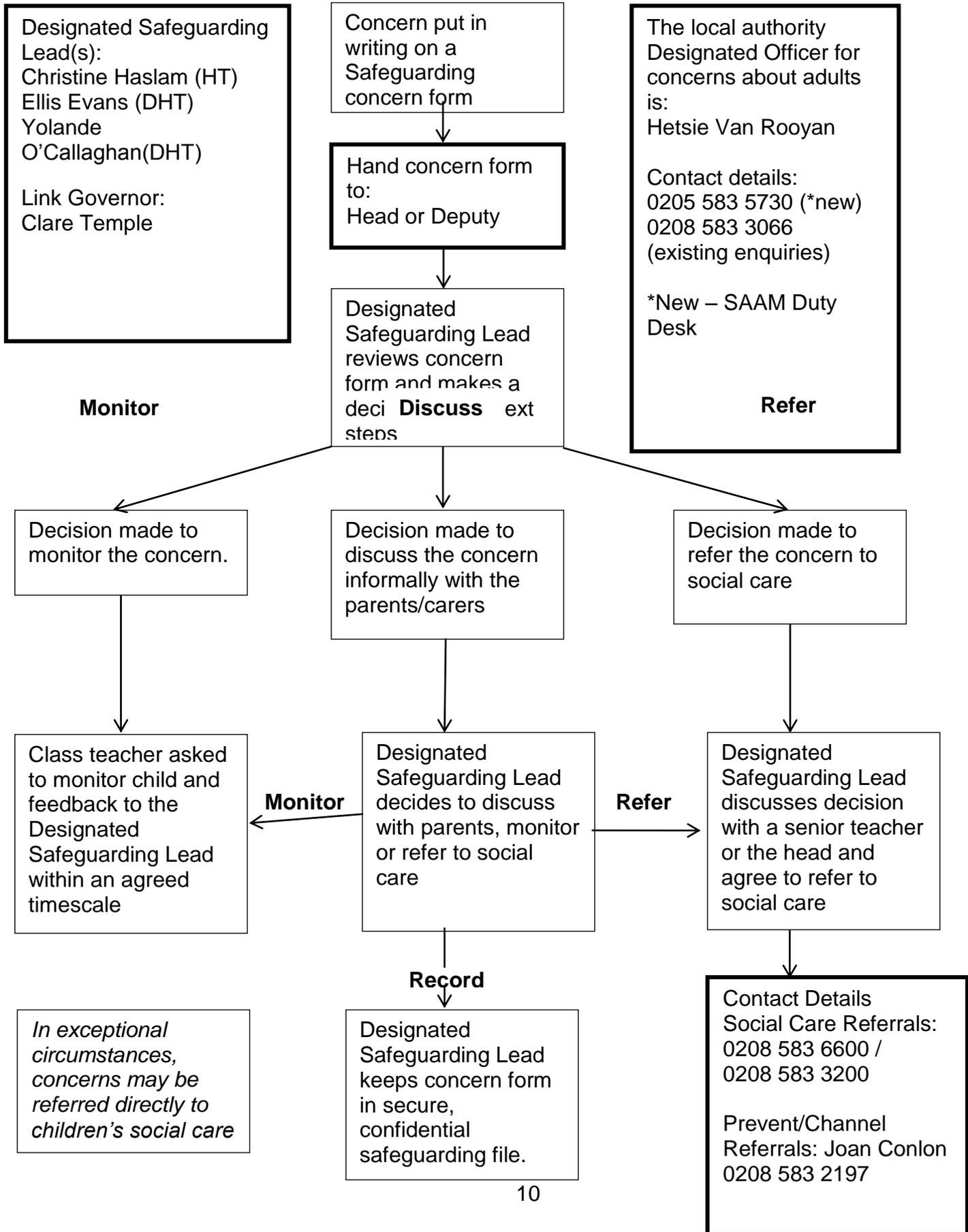
Appendix D – School Disclosure form

APPENDIX A



Hounslow Social Care Duty Manager(West): 0208 583 3257
 Hounslow Social Care Duty Manager (East): 0208 583 4573
 Anti-terrorist Line: 0800 789321

FLOW CHART FOR RAISING SAFEGUARDING CONCERNS ABOUT A CHILD



Types Of Abuse – Definitions, Signs And Symbols

Child abuse is the treatment of a child in a way that is unacceptable in a given culture at a given time.

There are main categories of child abuse

Physical Injury – any form of injury where there is definite knowledge, or reasonable suspicion the injury was inflicted, or knowingly not prevented, by any person having custody of the child. It 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 - the persistent or severe neglect of a child (e.g., by exposure to any kind of danger) which results in serious impairment of the child's health and development. The failure to meet a child's basic physical and/or psychological needs. 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; protect a child from physical and emotional harm or danger; ensure adequate supervision; or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

Emotional ill treatment – the severe adverse effect upon behaviour and emotional development caused either by persistent or severe neglect or rejection, on the part of a parent or carer. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only in so far 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 of developmentally inappropriate expectations being imposed on children. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying (including cyber bullying), causing children to frequently feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Sexual Abuse – 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, violate the social taboos of family roles, or which are against the law. The activities may involve physical contact as well as non-contact activities such as involving children in looking at, or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse is not solely perpetrated by adult males - women and other children can also commit acts of sexual abuse.

We also give consideration to:

Potential Abuse – children in situations where they have not been abused, but where social and medical assessments indicate high degree of risk that they might be abused in the future, including situations where another child in the household has been harmed, or the household contains a known abuser.

A NEED FOR AWARENESS

There is a danger in thinking that non-accidental physical injuries are large and obviously visible. Minor injuries can be as important as more serious ones. If the former are not recognised, a more serious injury may follow.

Visible injuries are often noticed by either teachers or support staff. Many non-accidental injuries are not easily visible, often clothing covers them. When children are changing for PE, going swimming etc opportunities may arise to discretely notice anything unusual. Sometimes children who have an injury are reluctant to change for PE, want to change alone, or repeatedly 'forget' their kit. If a child is suffering bullying at school, s/he may be reluctant to leave the classroom, go to the toilet or be in the playground.

Suspicious injuries need to be noticed and noted sympathetically. If you notice an injury, which you were not aware of, then it may be appropriate to gently enquire about it. It may then be appropriate for the child to go to the Medical room for attention. All injuries dealt with in the medical room are logged in the accident book. If you are unsure about whether to take action about a child, or are concerned about an injury, refer your concerns to the designated person and / or a senior member of staff.

Children should never be made to show their injuries or have their clothing removed for them without permission, this is contrary to the 'Children's Act'.

Injuries are not always obvious, sometimes children exhibit unexplained changes in behaviour, especially clinginess, repeated head or tummy aches. Children who suffer abuse themselves often show violence to other children. It can be tempting to assume they probably 'got what they deserved' or got into a fight. Children however rarely bully others without some reason – real or imagined. Behaviour of this type should be referred so that possible causes can be noted as soon as possible. These notes should be objective, stating only facts, statements made by yourself or others, times and dates of specific incidents. Speculation should always be avoided.

Child Sexual Exploitation (CSE)– definitions, signs and symptoms

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 (eg food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection)and/or
- b) For the financial advantage of 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

There are three main types of child sexual exploitation:

- **Inappropriate relationships:**

Usually involves just one abuser who has inappropriate power – physical, emotional or financial – or control over a young person. The young person may believe they have a genuine friendship or loving relationship with their abuser. There is often a significant age gap.

- **Boyfriend/Girlfriend:**

Abuser grooms victim by striking up a normal relationship with them, giving them gifts and meeting in cafés or shopping centres. A seemingly consensual sexual relationship develops but later turns abusive. Victims may be required to attend parties and sleep with multiple men/women and threatened with violence if they try to seek help.

- **Organised exploitation and trafficking:**

Victims are trafficked through criminal networks – often between towns and cities – and forced or coerced into sex with multiple men. They may also be used to recruit new victims. This serious organised activity can involve the buying and selling of young people.

Sexual exploitation affects both males and females. (around a third of victims are male) It can take many forms and a range of coercive techniques from grooming and the development of a consensual relationship through to extreme violence. Abusers target areas where children and young people meet with a reduced level of supervision.

Some of the following signs may be indicators of sexual exploitation. Children who:

- Appear with unexplained gifts or new possessions;
- Associate with other young people involved in exploitation
- Have older boyfriends or girlfriends
- Suffer from sexually transmitted infections or become pregnant
- Suffer from changes in emotional well-being, mood swings
- Misuse drugs and alcohol;
- Go missing for periods of time or regularly com home late;
- Who regularly miss school or do not take part in education
- Display inappropriate sexualised behaviour.

Exploitation is marked out by an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyber bullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of abuse.

Potential vulnerabilities include:

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

Although these vulnerabilities increase the risk of child sexual exploitation, it must be remember that not all children with these indicators will be exploited and child sexual exploitation can occur without any of these issues.

Staff should also be aware that many children and young people who are victims of sexual exploitation to not recognise themselves as such.

Female Genital Mutilation – definitions, signs and symptoms

FGM is the collective name given to a range of procedures involving the partial or total removal of external female genitalia for non-medical reasons. It is illegal in England, Wales and Northern Ireland including travelling abroad for this purpose.

Staff have a mandatory duty to report disclosures of FGM about a female under 18.

Risk Factors / indicators include

- Low level of integration into UK society
- Mother or a sister who has undergone FGM
- Girls who are withdrawn from particular lessons such as PSHE or relationships education

- Visiting female elder from the country of origin
- Being taken on a long holiday to the country of origin
- Talk about a 'special' procedure to become a woman
- Girls may express concern about going on a long holiday

Indicators that FGM may have already taken place may include:

- They may talk about pain or discomfort between their legs.
- Difficulty walking, sitting or standing and may look uncomfortable
- Spending longer than normal in the bathroom or toilet due to difficulties urinating
- Spending long periods of time away from a classroom during the day with bladder or menstrual problems
- Prolonged or related absences from school, especially with noticeable behaviour changes (eg. withdrawal or depression) on the girl's return
- Reluctance to undergo normal medical examinations
- Confiding in a professional without being explicit about the problem due to embarrassment or fear

The Serious Crime Act 2015 sets out a duty on professionals (including teachers) to notify police when they discover that FGM appears to have been carried out on a girl under 18. In schools, this will usually come from a disclosure.

Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out; and discuss any such cases with the safeguarding lead and children's social care. The duty does not apply in relation to at risk or suspected cases.

Forced Marriage

A Forced marriage is a marriage in which a female (and sometimes a male) does not consent to the marriage but is coerced into it. Coercion may include physical, psychological, financial, sexual and emotional pressure. It may also involve physical or sexual violence and abuse. A forced marriage is illegal.

Children may be married at a very young age, and well below the age of consent in England. Staff should be alert to suspicions or concerns raised by a pupil about being taken abroad and not being allowed to return to the UK.

Honour-Based Violence

So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such.

Where staff are concerned that a child might be at risk of HBV, they must contact the Designated Safeguarding Lead as a matter of urgency.

Radicalisation And Extremism – The Prevent Duty

The government defines extremism as vocal or active opposition to fundamental British Values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. Some children are at risk of being radicalised: adopting beliefs and engaging in activities which are harmful, criminal or dangerous.

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

Where staff are concerned that children and young people are developing extremist views or show signs of becoming radicalised, they should discuss this with the Designated Safeguarding Lead. The DSL and all staff have received training about the Prevent Duty.

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

Opportunities are provided in the curriculum to enable pupils to discuss issues of religion, ethnicity and culture and the school promotes fundamental British Values as part of SMCS (spiritual, moral, social and cultural education) and prepares them for life in modern Britain. The Promotion of 'the Orchard Child' supports quality teaching and learning whilst making a positive contribution to the development of British Values

Early indicators of radicalisation or extremism may include:

- Showing sympathy for extremist causes
- Glorifying violence, especially to other faiths or cultures
- Making remarks or comments about being at extremist events or rallies outside school
- Evidence of possessing illegal or extremist literature
- Advocating messages similar to illegal organisations or other extremist groups
- Out of character changes in dress, behaviour and peer relationships (there are however, very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent)
- Secretive behaviour
- Online searches or sharing extremist messages or social profiles
- Intolerance of difference, including faith, culture, gender, race or sexuality
- Graffiti, art work or writing that displays extremist themes
- Attempts to impose extremist views or practices on others
- Verbalising anti-western or anti British views
- Advocating violence towards others

Children Missing Education

Knowing where children are during school hours is an important aspect of safeguard and as a consequence attendance, absence and exclusions are closely monitored. A child going missing school can be a potential indicator of abuse and neglect, including sexual abuse and sexual exploitation. Absence is monitored and appropriate action including notifying the local authority, particularly where children go missing on repeated occasions. Staff are aware of, and alert to the signs of children at risk of travelling to conflict zones, female genital mutilation and forced marriage.

In Response to the guidance in Keeping Children Safe in Education (2016) we have:

- staff who understand what to do when children do not attend regularly
- appropriate procedures and responses for pupils who go missing from education
- staff who know the signs and triggers for travelling to conflict zones, FGM and forced marriage
- Procedures to inform the local authority when we plan to take pupils off-roll when
 - the leave school to be home educated
 - move away from the school's location
 - remain medically unfit beyond compulsory school age
 - are in custody for four months or more (and will not return to school afterwards)
 - are permanently excluded
- children who are expected to attend the school, but fail to take up the place are referred to the local authority.
- When a pupil leaves the school we record the name of the pupil's new school and expected or known start date.

PROCEDURES TO BE FOLLOWED

Any member of staff identifying or receiving details of a concern should immediately:

- Report the matter to the Designated Person
- Make a written record of any disclosure made (on attached disclosure form)
- Make a written record of decisions made and actions taken.

The designated person will

- Obtain written details, signed and dated from the person who initially identified/ received the concern
- Countersign and date the written details
- Record any information about times, dates and location of incident(s) and details of any potential witnesses
- Keep a record of all information collected and any subsequent decisions and action taken, including details of any persons involved in those decisions /actions
- On receipt of such information the Designated person must make a decision as to whether there are grounds for suspecting abuse or neglect, or there is potential risk of abuse, and to therefore make a referral to the Social Services or the Police Child Protection Team.
- Where there are grounds for a referral to be made, the concern or suspicion must be reported to social Services as a priority, making a phone call initially, but providing all relevant information in writing within 48 hours of a telephone referral on an Inter-Agency Referral and Assessment Form (appendix B)
- Where there is uncertainty about the need to make a referral, the Designated Person should seek the advice of the duty Officer or duty Manager at the local social Services Access and Assessment Team office or that of the Lead Officer for Child Protection In Education.
- When a child protection referral is made the preferred practice is for the referred to discuss the concerns with the parents/carers and where possible or appropriate, seek their agreement to the referral being made.
- There may be other circumstances when the Designated Person's judgement may suggest that to advise parents/cares of a referral or to seek their agreement would not be appropriate. If this is the case this decision should be recorded and the reasons given.
- A copy of the referral form should be sent to the Lead Officer for Child Protection in Education and a copy retained at school.

If a child chooses to disclose an incident it may lead to feelings of anger, disgust, revulsion, sorrow or fear in the listener. The child may also be feeling many of these emotions but also accompanied by confusion, responsibility, guilty, insecurity, fear, inability or reluctance to trust adults. There are things that we as adults can do.

Try to:

- Stay calm – the child needs to see adults who are composed and in control
- Listen carefully and sympathetically - without probing
- Not question or put words into the child's mouth / avoid asking leading questions
- Use only open questions (e.g. 'What happened')
- Note the main points calmly and carefully
- Repeat the main points to make sure that they have been properly understood
- Tell and show the child that;
 - It was right to tell
 - We are glad they told us
 - **We believe them**
 - It was not their fault
 - We are sorry that it happened
 - Things like this happen to others too
 - That we will do what we can to help to protect and support them
- Praise and help the child to feel strong
- Reassure the child that we will be getting others to help
- Check what the child is feeling and allow them to make decisions about what will happen e.g. who they would like to accompany them etc
- As soon as possible discuss what has happened with the designated teacher or Head / Deputy

- Look after the child while arrangements are being made
- Make the rest of the day as normal as possible for everyone concerned (i.e. the child, the other children and yourself)
- Write up a full account as soon as possible and in any case before the end of the day. Where possible use the child's own words including times, dates, place of incident(s), persons present and what was said. (Use the school disclosure form) Be aware that the notes we make may be disclosed in any subsequent prosecution. Staff may also be called to give evidence in court proceedings and may be asked to refer to their notes.
- Be aware that the way in which we talk to a child can have an effect on the evidence which is put forward if there are subsequent criminal proceedings.

do not:

- Interrupt the child / person reporting
- Make assumptions or interruptions
- Make suggestions or offer alternative explanations
- Use leading questions
- Attempt to investigate any suspicion of abuse (only sufficient information should be sought to clarify whether a concern should be referred to Social Services and /or the Police, or dealt with internally).

DO NOT PROMISE TO KEEP IT A SECRET

This may exacerbate a child's distrust of adults if, at a later stage, this information must be shared.

INDICATORS OF HARM

Many symptoms are acknowledged as being potentially signs of neglect / physical / sexual / emotional 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.

- Unexplained injuries / bruises
- Untreated injuries
- Arms and legs covered in hot weather
- Self – destructive tendencies
- Improbable excuses
- Bald patches
- Fear of medical help / returning home
- Aggression

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following should be considered in the light of any available evidence or explanation provided.

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

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress. If the child is not using a limb, has pain on movement and /or swelling of the limb, there may be a fracture.

There are grounds for concern if:

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

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

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

Mouth Injuries

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

Poisoning

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

Fabricated or induced Illness

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

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

Bite Marks

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

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

Burns and Scalds

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

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

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

The following points are also worth considering / remembering

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

Scars

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

Emotional / Behavioural Presentation

- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help
- Aggression towards others
- Frequently absent from school

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

Indicators in the parent

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment
- Disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Unauthorised attempts to administer medication
- Tries to draw the child into their own illness
- Past history of childhood abuse, self-harm, false allegations of physical or sexual assault
- Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties may (or may not) be associated with this form of abuse
- Parent/Carer has convictions for violent crime

Indicators in the family / environment

- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, false allegations of physical or sexual assault or a culture of physical chastisement

EMOTIONAL ABUSE

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

Indicators in the child

- Physical / emotional / developmental delays
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Social isolation – does not join in and has few friends, difficulty relating to others / withdrawn or seen as a 'loner'
- Over reaction to mistakes
- Fear of new situations
- Inappropriate emotional response to painful situations
- 'Neurotic' behaviour (e.g. rocking, hair twisting, thumb sucking...)
- Self-harm
- Fear of parents being contacted
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Extremes of passivity or aggression
- Drug / solvent abuse
- compulsive stealing
- air of detachment – 'don't care' attitude

Indicators in the parent

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
- Abnormal attachment to child e.g. overly anxious or disinterest in the child
- Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
- Wider parenting difficulties may (or may not) be associated with this form of abuse

Indicators in the family/environment

- Lack of support from family or social network
- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, or false allegations of physical or sexual assault or a culture of physical chastisement

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological need, likely to result in the serious impairment of the child's health or development.

Indicators in the child - Physical presentation

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

Indicators in the child – Developmental

- General delay, especially speech and language delay
- Inadequate social skills and poor socialisation

Indicators in the child – Emotional / behavioural presentation

- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally 'needy'
- Compulsive stealing
- Frequently absent or late at school
- Poor self-esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self-harming behaviour

Indicators in the Parent

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child – e.g. anxious
- Low self-esteem and lack of confidence
- Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- Failure to meet the child's basic health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

- History of neglect in the family
- Family marginalised or isolated by the community
- Family has a history of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and /or siblings of the family
- Family has a past history of childhood abuse, self-harm, false allegations of physical or sexual assault or a culture of physical chastisement
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

SEXUAL ABUSE

Indicators in the child - Physical presentation

- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing
- Pregnancy - the identity of the father may not be disclosed and/or there may be secrecy or vagueness about the identity of the father.

Indicators in the child – Emotional/ behavioural presentation

- Make a disclosure
- Demonstrated sexual knowledge or behaviour inappropriate to age/stage of development, or is unusually explicit
- Inexplicable changes in behaviour such as becoming aggressive or withdrawn
- Self-harm – eating disorders, self-mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention / concentration
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited

- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

Indicators in the Parents

- Comments made by the parent/carer about the child
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities
- Grooming behaviour
- Parent is a sex offender

Indicators in the family / environment

- Marginalised or isolated in the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, false allegations of physical or sexual assault or a culture of physical chastisement
- Family member is s sex offender

ORCHARD PRIMARY SCHOOL
Disclosure Form

This form should be used when a pupil discloses to any member of staff or volunteer that they or another pupil is suffering or is at risk of abuse.

<p>Dos and Don'ts</p> <p>Do:</p> <ul style="list-style-type: none"> • allow the pace of the conversation to be dictated by the pupil • ask neutral questions which encourage the pupil to talk such as "can you tell me what happened?" • accept what the pupil says and do not ask for further detail • acknowledge how hard it was for them to tell you • reassure the pupil that they have done the right thing • explain whom you will have to tell (the DCPO) and why <p>Don't:</p> <ul style="list-style-type: none"> • burden the pupil with guilt by asking questions such as "why didn't you tell me before?" • interrogate or pressure the pupil to provide information • ask any questions that start with the words, how, what, when, where and why • undress the child or examine clothed parts of the child's body • criticise the perpetrator <p>promise confidentiality or make promises that you cannot keep such as "it will be alright now"</p>

1. You

Your name..... Date.....

2. The Pupil

Name of Pupil..... DOB.....

Parent/carer.....

3. The Alleged Perpetrator

If the pupil has named or described the alleged perpetrator, note the details here:

.....
.....

4. The Disclosure - Record of conversation (use continuation sheet if necessary):

- | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Record what was said by the pupil and by you • Use the exact words and phrases used by the pupil • Clearly distinguish between fact, observation, allegation and opinion <p>Note the non-verbal behaviour and the key words in the language used by the pupil</p> |
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Did the pupil name witnesses? If so, note them here:

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Was anyone else present during the disclosure? If so, note them here:

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5. Consent to Share

Was the pupil able to provide informed consent (please circle)? Yes No

If so, how did you seek consent?

Specifically, what did you explain, what questions did you ask and what were the responses?

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Did the pupil provide consent to share (please circle)? Yes No

If yes, what did the pupil say?

Note the exact words used by the pupil

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If no, did you explain that you would have to share this information with the DCPO and who else might receive this information and why (please circle)? Yes No

If yes, what did the pupil say?

Note the exact words used by the pupil

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6. Additional Information

Any other comments

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This form and any notes taken must be passed to the DCPO, [name], or in his/her absence to [name] as soon as possible and in any event no later than the end of the timetabled day. If the allegation or complaint is made against the DCPO, this information should be passed directly to the Head Teacher. If the allegation or complaint is made against the Head Teacher, this information should be passed directly to the Chair Governors

Signed..... Time and date