

## SAFEGUARDING AND CHILD PROTECTION POLICY

2019-2020

MMF works across all schools in the London Borough of Merton who all have their own safeguarding procedures. Where an incident or concern is reported by an MMF worker in a school, it must then be dual reported to MMF as well. Incidents or concerns at MMF's Music Centre are reported directly to MMF.

*Frequency of review: Annual*

*Next review due: September 2020*

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**KEY CONTACT DETAILS:**

<b>Safeguarding Team:</b>		
<b>CEO: Elisabeth Wigley</b>		
Elisabeth Wigley	Designated Safeguarding Lead with responsibility for Looked After and Medical students	Email: <a href="mailto:elisabeth.wigley@mmf.org.uk">elisabeth.wigley@mmf.org.uk</a> Telephone number: 020 8640 5446
Soo Bishop Sara Grint	Deputy Designated Safeguarding Leads	<a href="mailto:soo.bishop@mmf.org.uk">soo.bishop@mmf.org.uk</a> <a href="mailto:sara.grint@mmf.org.uk">sara.grint@mmf.org.uk</a>
<b>Trustees</b>		
Chair of Trustees: Edward Hickman		
<b>First Aiders</b>		
Elisabeth Wigley	Jacque Noel	
Soo Bishop		
Sara Grint		
<b>Local Authority Multi Agency Safeguarding Hub (MASH) (contact the relevant team according to the pupil's home address):</b>		
Merton:	020 8545 4226 or 020 8545 4227 or <a href="mailto:mash@merton.gov.uk">mash@merton.gov.uk</a>	
Croydon:	020 8255 2888 or <a href="mailto:childreferrals@croydon.gov.uk">childreferrals@croydon.gov.uk</a>	
Kingston:	020 8547 5008 or spa online form	
Lambeth:	020 7926 5555 or <a href="mailto:helpandprotection@lambeth.gov.uk">helpandprotection@lambeth.gov.uk</a>	
Lewisham:	020 8314 6660 or <a href="mailto:mashagency@lewisham.gov.uk">mashagency@lewisham.gov.uk</a>	
Sutton:	020 8770 6001 or <a href="mailto:mash@sutton.gov.uk">mash@sutton.gov.uk</a>	
Wandsworth:	020 8871 6622 or <a href="mailto:mash@wandsworth.gov.uk">mash@wandsworth.gov.uk</a>	
<b>Wimbledon Police</b>	<b>101 (or 999 if there is an immediate risk of harm)</b>	

**WHAT TO DO IF YOU ARE WORRIED ABOUT A CHILD**

MMF has a statutory duty to safeguard and promote the welfare of children. All staff, tutors and visitors should be aware of the systems which support safeguarding.

If you have any concerns about the health and safety of a child at our Music Centre or feel that something may be troubling them, you will need to decide what action to take. Where possible you should share this information with the Designated Safeguarding Lead, or their deputy, straight away to agree a course of action, but you may also make a referral directly to children's social care. If you do this, you must inform the Designated Safeguarding Lead as soon as possible.

Please do not worry that you may be reporting a small matter – we would rather you report things which turn out to be small than miss a worrying situation.

If you think the matter is very serious and may be related to a child protection concern, where the child has been harmed or is at risk of harm e.g. physical, sexual, emotional abuse or neglect, a referral should be made to children's social care and/or the police immediately. Anyone can make a referral, but where you make a referral without reference to the Designated Safeguarding Lead first, they must be informed as soon as possible. Do not delay. If you are unable to contact the DSL you can ask the MMF office staff to find her and ask her to speak to you straight away about a confidential and urgent matter.

Any allegation or disclosure involving someone who works with children in a paid or voluntary capacity must be reported directly to the MMF CEO unless it involves her and then it should be reported directly to Edward Hickman, Chair of Trustees.

## 1. INTRODUCTION AND CONTENT

### 1.1 OUR VISION AND ETHOS:

MMF is committed to the vital contribution that all Trustees, staff and tutors can make to safeguarding and providing a safe and secure environment for students, staff and visitors. Promoting a climate where children and adults will feel confident about sharing any concerns which they may have about their own safety or the well-being of others is a high priority. We aim to safeguard and promote the welfare of children by protecting them from maltreatment; prevent any impairment of health or development; ensure that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to feel safe and thrive, giving them the best chance possible to achieve the best outcomes during their music education.

#### MMF will establish and maintain an ethos where:

- a) safeguarding is threaded through everything we do in the organisation
- b) young people feel secure, are encouraged to talk, are listened to and are safe. They will be able to talk freely to any member of staff at MMF if they are worried or concerned about something, be it with regard to adults or their peers.
- c) we recognise that staff and tutors at Music Centre and out in schools play a particularly important role as they are in a position to identify concerns early and provide help for children to prevent concerns from escalating. All staff are encouraged to maintain an attitude of 'it could happen here' where safeguarding is concerned;
- d) through robust training and induction, all staff and regular visitors will know how to recognise indicators of concern, how to respond to a disclosure from a child and how to record and report this information;
- e) every young person will know what the adult will have to do with any information the child/young person has disclosed; and
- f) at all times we will work in partnership and endeavour to establish effective working relationships with parents, carers and colleagues from other agencies in line with 'Working Together to Safeguard Children' (2018).

### 1.2 OUR RESPONSIBILITIES:

MMF fully recognises its responsibilities for child protection and safeguarding. This policy sets out how MMF will deliver these responsibilities.

The following policies fall under our safeguarding umbrella and we actively use them to underpin our values, ethos and our intent to ensure that pupils at MMF are appropriately safeguarded:

- a) Allegations against staff policy and procedures
- b) Bullying and Harassment
- c) Code of Conduct
- d) Data Protection
- e) Disciplinary
- f) eSafety
- g) First Aid and Medicines
- h) Health and Safety
- i) Whistle-Blowing

This policy has due regard for and should be read in conjunction with:

['Working Together to Safeguard Children' \(Updated 2018\)](#) which is statutory guidance to be read and followed by all those providing services for children and families, including those in education.

['Keeping Children Safe in Education' \(Updated 2018\)](#) which is the statutory guidance for Schools and Colleges.

['What to do if you are worried a child is being abused' \(March 2015\)](#)

['Information Sharing: Advice for practitioners' \(July 2018\)](#) Provides advice for practitioners and senior managers, to help them decide when and how to share personal information legally and professionally

[‘The Prevent Duty’ \(August 2015\) Government advice for schools and child care providers.](#)

[‘Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers’ \(2018\)](#) Government advice to support staff who have to make decisions about sharing information.

[‘Sexual violence and sexual harassment between children in schools and colleges \(2018\).](#) DfE detailed advice for schools and colleges on this subject.

[‘Use of reasonable force – advice for Principals, staff and governing bodies’.](#)

We work closely with the Merton Safeguarding Children’s Board (MSCB). The current priorities of the MSCB are:

1. Managing the arrangements for the transition from Merton Local Safeguarding Children Board to the Merton Safeguarding Children Partnership
2. **Think Family** – to support children and adults in our most vulnerable families to reduce risk and ensure improved outcomes.
3. **Supporting Vulnerable Adolescents** – adolescence is a time of significant change for all young people.
4. **Early Help** – To develop an early help system that is responsive and effectively prevents escalation of concerns

MMF will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (Section 175/157)
- The Education (Pupil Information) England Regulations 2005
- Sexual Offences Act (2003)
- Section 26, the Counter Terrorism and Security Act 2015
- Female Genital Mutilation Act 2003 (Section 74 Serious Crime Act 2015)
- Children Missing in Education – Statutory Guidance (2016)
- The Teachers Standards 2012

### 1.3 OUR PRINCIPLES

**Safeguarding arrangements at MMF are underpinned by these key principles:**

- Safeguarding is everyone's responsibility: all staff/ anyone who has contact with a child or young person including trustees, staff, tutors and volunteers should play their full part in keeping children (Including vulnerable adults when in their setting) safe.
- We will aim to protect children using national, local and school child protection procedures.
- All Staff /anyone who has contact with a child or young person including trustees, staff, tutors and volunteers should have a clear understanding regarding abuse and neglect in all forms, including how to identify, respond and report. This also includes knowledge of the process for allegations against professionals. All adults should feel confident that they can report all matters of safeguarding in the school where the information will be dealt with swiftly and securely, following the correct procedures with the safety and wellbeing of the children in mind at all times.

We operate a child-centred approach: a clear understanding of the needs, wishes, views and voices of children.

#### 1.4 OUR POLICY

The purpose of this policy is to ensure every child at MMF is safe and protected from harm. It applies and gives clear direction to staff, tutors, volunteers, visitors and parents about our legal duty to safeguard and promote the welfare of our pupils. All children regardless of age, gender, ability, culture, race, language, religion or sexual identity have equal rights to protection.

The aims of the policy are the prevention, protection and support of all children, and particularly those that are vulnerable. To meet these aims, MMF will:

- a) establish and maintain a safe environment in which children can learn and develop;
- b) practice safer recruitment in checking the suitability of staff and volunteers to work with children and ensuring up to date Disclosure and Barring Service (DBS) checks;
- c) raise awareness of child protection issues and equip children with the skills needed to keep them safe from abuse both online and offline;
- d) ensure our pupils know that they can approach adults in the MMF community if they are worried or in difficulty and their concerns will be taken seriously and acted upon as appropriate;
- e) implement effective procedures for identifying and reporting cases, or suspected cases of all forms of abuse;
- f) support pupils who have been abused or for whom there are welfare concerns in accordance with their agreed child protection, child in need plan or other care plan;
- g) appoint a Designated Safeguarding Lead for child protection who is a senior member of staff and two Deputy Designated Safeguarding Leads who will fulfil the role when the Designated Safeguarding Lead is unavailable. All designated staff will have received and access regular and appropriate training and support for this role;
- h) appoint a designated teacher to promote the educational achievement of children who are looked after and children who have left care through adoption, special guardianship or child arrangement orders or who have been adopted from state care outside England and Wales;
- i) work together with other agencies to ensure adequate arrangements within MMF to identify, assess and support those children who are suffering harm or for whom there is a welfare concern, and to ensure there is a co-ordinated offer of early help when additional needs are identified;
- j) provide all staff with the most up to date training and information on a regular basis;
- k) ensure there are procedures in place to handle allegations against staff, tutors, the CEO and volunteers;
- l) ensure appropriate policies and procedures are in place to enable appropriate action to be taken in a timely manner to safeguard and promote children's welfare.

**There are five main elements to our Policy, which are described in the following sections:**

- The types of abuse that are covered by the policy.
- The signs of abuse that anyone who has contact with a child or young person including trustees and volunteers should look out for.
- Roles and responsibilities for safeguarding.
- Expectations of anyone who has contact with a child or young person including governors and volunteers with regard to safeguarding, and the procedures and processes that should be followed, including the support provided to children;
- How MMF will ensure that anyone who has contact with a child or young person including trustees and volunteers are appropriately trained and checked for their suitability to work within MMF.

#### 1.5 TERMINOLOGY

**Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or by another child or children.

**Safeguarding:** In relation to children and young people, MMF adopts the definition used in the Children Act 2004 and the Department for Education (DfE) guidance document: Working Together to Safeguard Children 2018 which define safeguarding and promoting children and young people's welfare as:

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

**Safeguarding** is not just about protecting children from deliberate harm. It also relates to aspects of MMF life including:

- a) Pupil attendance
- b) Pupils' health and safety
- c) The use of reasonable force
- d) Meeting the needs of children with medical conditions
- e) Providing first aid
- f) Educational visits/concerts
- g) Intimate care
- h) Internet or online safety
- i) Data security
- j) Appropriate arrangements to ensure Music Centre security

**Child Protection:** The above statutory guidance defines child protection as part of safeguarding and promoting welfare. Child protection is the activity undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

**Child** refers to all young people who have not yet reached their 18th birthday.

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

**Staff** refers to all those working for or on behalf of MMF including tutors, in either a paid or voluntary capacity. Safeguarding and promoting the welfare of children is the responsibility of all staff at MMF.

## 2 TYPES AND ASPECTS OF ABUSE

### 2.1 CHILDREN WHO MAY REQUIRE EARLY HELP

Any child may benefit from early help, but all staff (including trustees and volunteers) working at MMF should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory education, health and care plan)

- is a young carer
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is misusing drugs or alcohol themselves
- is at risk of modern slavery, trafficking or exploitation
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse
- has returned home to their family from care
- is showing early signs of abuse and/or neglect
- is at risk of being radicalised or exploited
- is a privately fostered child

These children are therefore more vulnerable. MMF will identify who their vulnerable children are, ensuring all staff and volunteers know the processes to secure advice, help and support where needed.

## 2.2 CHILD ABUSE

There are four types of child abuse as defined in 'Working Together to Safeguard Children' (2018) which is defined in the 'Keeping Children Safe in Education Statutory Guidance 2018' as:

- **Physical Abuse** - a form of abuse which 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.
- **Emotional Abuse** - the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.
- **Sexual Abuse** - involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education.
- **Neglect** - the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## 2.3 SPECIFIC SAFEGUARDING ISSUES

Staff must be aware of the wider, specific safeguarding issues, including behaviours associated with drug taking, alcohol abuse, truanting and sexting, all of which put children in danger. A longer list of such issues is in Part 1 of Keeping Children Safe in Education (2018), with links to further information about each issue, which staff must read and understand.

All staff, but especially the designated safeguarding lead (or deputies) should be considering the context within which incidents and/or behaviours occur. This is known as **contextual safeguarding**, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare.

MMF will incorporate signs of abuse and specific safeguarding issues on safeguarding into briefings, staff induction training, and ongoing development training for all staff.

## 2.4 EXTREMISM AND RADICALISATION

At MMF we fully consider radicalisation, extremism and exposure to extremist materials to be safeguarding issues that can lead to poor outcomes for our pupils. In line with the Prevent duty (July 2015), we will work to ensure that members of staff are fully engaged in being vigilant about radicalisation; and maintain an attitude that "it could happen" at MMF. Staff will be supported to understand when it is appropriate to make a referral to the Channel programme.

Through accessing training, we will ensure that all our staff are fully aware of the threats, risks and vulnerabilities that are linked to radicalisation; are aware of the process of radicalisation and how this might be identified early on. The DSL will undertake Prevent awareness training and will be able to provide advice and support to staff on protecting children from the risk of radicalisation. We will work alongside other professional bodies and agencies to ensure that our pupils are safe from harm. We will assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology.

MMF will not tolerate any prejudice, discrimination or extremist views, including derogatory language, displayed by pupils or staff who will always be challenged and where appropriate, dealt with in line with our behaviour policy for learners and the Code of Conduct for staff.

We will closely follow any locally agreed procedures and agreed processes and criteria for safeguarding individuals who are vulnerable to extremism and radicalisation. As part of wider safeguarding responsibilities MMF staff will be alert to:

- Disclosures by pupils of their exposure to the extremist actions, views or materials of others outside of MMF, such as in their homes or community groups, especially where learners have not actively sought these out.
- Graffiti symbols, writing or art work promoting extremist messages or images
- Pupils accessing extremist material online, including through social networking sites
- Parental reports of changes in behaviour, friendship or actions and requests for assistance
- Reports from police and local authority services of issues affecting pupils in the school or other education settings in the locality.
- Young people voicing opinions drawn from extremist ideologies and narratives
- Use of extremist or hate terms to exclude others or to incite violence
- Intolerance of difference, whether secular or religious or, in line with our equalities policy, views based on, but not exclusive to, gender, disability, homophobia, race, colour or culture
- Attempts to impose extremist views or practices on others
- Anti-Western or Anti-British views

## 2.5 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.

## 2.6 FEMALE GENITAL MUTILATION (FGM)

MMF recognises the need for all staff to be alert to the possibility of a girl being at risk of FGM, or of having already suffered FGM. Staff will be alert to the range of potential indicators that a girl may be at risk of FGM.

If staff have a concern regarding a girl that might be at risk of FGM they must activate safeguarding procedures. They will personally report to the police cases where they discover that an act of FGM appears to have been carried out, in line with Section 5B of the Female Genital Mutilation Act 2003. Those failing to report such cases will face disciplinary sanctions. Staff should not be examining pupils. Information and guidance can be found within 'Mandatory reporting of female genital mutilation procedural information' (DfE, Oct 2015). Unless the teacher has good reason not to, they should still discuss any such case with the DSL and involve children's social care as appropriate. The school recognises and understands that there is now a mandatory reporting duty for all teachers to report to the police where it is believed an act of FGM has been carried out on a girl under 18 in the UK. Failure to do so may result in disciplinary action being taken.

## 2.7 ALLEGATIONS OF ABUSE AGAINST OTHER CHILDREN (PEER ON PEER ABUSE)

Children may be harmed by other children or young people. Staff will be aware of the harm caused by bullying. However, there will be occasions when a pupil's behaviour warrants a response under safeguarding and child protection rather than anti-bullying procedures.

All staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to:

- bullying (including cyberbullying);
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence and sexual harassment;
- sexting (also known as youth produced sexual imagery – please see Appendix 2 for more information); and
- initiation/hazing type violence and rituals.

Staff should be aware of Part 5 of Keeping Children Safe in Education 2018, which provides guidance about managing reports of child on child sexual violence and sexual harassment. The guidance will be followed in the case of such a concern, with regard to responding to a report, carrying out a risk assessment, and actions to be taken following a report. Where these concerns exist, staff should discuss with the Designated Safeguarding Lead who will seek advice from agencies and professionals including reference to the safeguarding procedures as outlined by the local authority. This may mean a referral into the Police and Social Care system.

Trustee bodies and leaders can refer to the detailed guidance published by the DfE on this subject ['Sexual violence and sexual harassment between children in schools and colleges \(2018\)](#).

Research suggests that up to 40 per cent of child sexual abuse is committed by someone under the age of 18. The management of children and young people with sexually harmful behaviour is complex and MMF will work with other relevant agencies to maintain the safety of the whole school community. Young people who display such behaviour may be victims of abuse themselves and the child protection procedures will be followed for both victim and perpetrator.

## 2.8 ONLINE SAFETY

MMF encourages children to use the Internet as much in a safe way. Mobile phones, computers and tablets are a source of fun, entertainment, communication and education and our pupils have regular use of these devices. MMF is aware that that some adults and young people will use these technologies to harm children through hurtful or abusive communications; enticing children to engage in sexually harmful conversations; webcam photography or face-to-face meetings. MMFs online safety policy explains how we aim to keep pupils safe in school while promoting ICT appropriate skills.

We have an unequivocal response to online bullying and sexting by pupils, via texts and emails. This will not be tolerated and will be treated as seriously as any other type of bullying. In the absence of a child protection concern online bullying will be managed through our anti-bullying procedures.

If staff members discover instances of misuse, either by staff member, volunteer or child, the issue must be reported to the CEO without delay. The CEO has overall responsibility for Internet safety and will have access to all email addresses and passwords provided.

## **2.9 CHILDREN MISSING EDUCATION**

Ensuring admission and attendance registers are up to date and knowing where children are during school hours/Music Centre sessions are extremely important aspects of safeguarding. Missing school/music lessons can be an indicator of abuse and neglect, and in older children may raise concerns around child sexual exploitation. To safeguard pupils who are missing education, MMF will ensure compliance with local authority policy and procedures for Children Missing Education

The Designated Safeguarding Lead will monitor absence from Music Centre.

MMF will maintain both admission and attendance registers that are accurate and up to date, including all pupils.

MMF will ensure that all staff:

- understand what to do when children do not attend regularly;
- know the signs and triggers for travelling to conflict zones, Female Genital Mutilation (FGM) and forced marriage and domestic servitude

## **2.10 PHOTOGRAPHY AND VIDEO IMAGING OF CHILDREN IN SCHOOL**

We have taken a sensible and balanced approach that is based on parental consent to take pictures and video images that capture children's achievements, activities and promote success and wherever possible, take steps to ensure anonymity when in the use of images taken by MMF for these described purposes.

We acknowledge that the majority of people who take or view photographs or videos of children do so for entirely innocent, understandable and acceptable reasons. Sadly, some people abuse children through taking or using images. To help protect pupils, we will implement the following safeguards:

- a) seek the school's or parental consent for photographs to be taken or published (for example, on our website or in newspapers or publications) to which they can object
- b) seek consent from the child to use the pupil's first name with an image
- c) ensure pupils are appropriately dressed
- d) encourage pupils to tell us if they are worried about any photographs that are taken of them
- e) seek parents' cooperation when taking images at school events to ensure that images of unrelated children are not taken without consent or posted to the Internet or other medium without consent of the parents of children involved
- f) ask staff/tutors to be aware of the mobile technology policy of any school they are working in

## **Guidance for Parents taking Photographs and filming at MMF Productions**

MMF has a policy in place with regards to the taking, making and use of images and parents will have previously signed a consent form stating whether or not their child could be photographed.

If parents wish to take photos at a concert, there is a strong possibility that other children will also be included within the picture.

At MMF we are happy for parents and carers to take photos and video of events for personal use, but we request that these images are not distributed or put online. This is to protect all members of the community.

The sharing of photographs and videos on social media is now commonplace but we must ensure we protect and safeguard all children and staff, including those who do not want to have their images stored online.

Please be aware that parents are not permitted to take photographs or to make a video recording for anything other than their own personal use.

Parents should be reminded that:

- a) Once posted and shared online any image or video can be copied and will stay online forever
- b) Some children are at risk and MUST NOT have their image put online. Not all members of the community will know who they are
- c) Some people do not want their images online for personal or religious reasons
- d) Some children and staff may have a complex family background which means that sharing their image online can have unforeseen consequences
- e) Therefore in order to keep all members of the community safe we must all 'Think before We Post' Online

### **2.11 LOOKED AFTER CHILDREN AND PREVIOUSLY LOOKED AFTER CHILDREN**

MMF will work with the Local Authority to promote the educational achievement of looked after children, and children who have been previously looked after. The designated MMF staff member will have appropriate training and the relevant qualifications and experience. All staff will have the skills, knowledge and understanding to keep these children safe.

### **2.12 THE USE OF REASONABLE FORCE**

MMF will follow the DfE guidance for schools on the '[Use of reasonable force – advice for Principals, staff and governing bodies](#)', and be mindful of the Local Authority's policy for schools on this subject.

### 3 SIGNS OF 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.*

Indicators in the Child	Indicators in the Parent	Indicators in Family/Environmental
<ul style="list-style-type: none"> <li>• Bruises – shape, grouping, site, repeat or multiple</li> <li>• Bite marks – site and size</li> <li>• Burns and Scalds – shape, definition, size, depth, scars</li> <li>• Fractures- delay in seeking medical attention, old fractures,</li> <li>• Injuries not typical of accidental injury</li> <li>• Fabricated or induced illness</li> <li>• Improbable or conflicting explanations for injuries</li> <li>• Repeated or multiple in juries</li> <li>• Admission of punishment which appears excessive</li> <li>• Fear of parents being contacted and fear of returning home</li> <li>• Withdrawal from physical contact</li> <li>• Aggression towards others</li> <li>• Frequently absent from school</li> </ul> <p><b>Emotional/behavioural presentation</b></p> <ul style="list-style-type: none"> <li>• Refusal to discuss injuries</li> <li>• Admission of punishment which appears excessive</li> <li>• Fear of parents being contacted and fear of returning home</li> <li>• Withdrawal from physical contact</li> <li>• Arms and legs kept covered in hot weather</li> <li>• Fear of medical help</li> <li>• Aggression towards others</li> <li>• Frequently absent from school</li> <li>• An explanation which is inconsistent with an injury</li> <li>• Several different explanations provided for an injury</li> </ul>	<ul style="list-style-type: none"> <li>• Parent with injuries that may suggest domestic violence</li> <li>• Not seeking medical help/unexplained delay in seeking treatment</li> <li>• Evasive or aggressive towards child or others</li> <li>• Refusal or reluctance to discuss injuries or mention previous injuries</li> <li>• Delay in seeking treatment</li> <li>• Given explanation inconsistent with injury</li> <li>• Over chastisement of child / aggressive towards child or others</li> <li>• Absent without good reason when their child is presented for treatment</li> <li>• Disinterested or undisturbed by accident or injury</li> <li>• Unauthorised attempts to administer medication</li> <li>• Tries to draw the child into their own illness.</li> <li>• Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault</li> <li>• May appear unusually concerned about the results of investigations which may indicate physical illness in the child</li> <li>• Wider parenting difficulties may (or may not) be associated with this form of abuse.</li> <li>• Parent/carer has convictions for violent crimes.</li> </ul>	<ul style="list-style-type: none"> <li>• Marginalised or isolated by the community</li> <li>• History of mental health, alcohol or drug misuse or domestic violence</li> <li>• History of unexplained death, illness or multiple surgery in parents and/or siblings of the family</li> <li>• Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.</li> </ul>

## Notes on Physical Abuse

### **Bruising**

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

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

### **Fractures**

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

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

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.
- Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

### **Mouth Injuries**

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

### **Poisoning**

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

#### Fabricated or Induced Illness

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

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

- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self-esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

### Bite Marks

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

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

### Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded. Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

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

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

### Scars

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

## EMOTIONAL ABUSE

*Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.*

*It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including online bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.*

Indicators in the Child	Indicators in the Parent	Indicators in Family/Environmental
<ul style="list-style-type: none"> <li>• Developmental delay</li> <li>• Abnormal attachment e.g. anxious, indiscriminate or no attachment</li> <li>• Aggressive behaviour towards</li> </ul>	<ul style="list-style-type: none"> <li>• Domestic abuse</li> <li>• Mental health; drug or alcohol difficulties</li> <li>• Abnormal attachment to child e.g. overly anxious or disinterest in</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of support from family or social network.</li> <li>• Marginalised or isolated by the community.</li> <li>• History of mental health,</li> </ul>

<p>others</p> <ul style="list-style-type: none"> <li>• Child scapegoated within the family</li> <li>• Frozen watchfulness, particularly in pre-school children</li> <li>• Low self esteem and lack of confidence</li> <li>• Withdrawn or seen as a 'loner' - difficulty relating to others</li> <li>• Over-reaction to mistakes</li> <li>• Inappropriate emotional responses to painful situations</li> <li>• Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)</li> <li>• Self harm</li> <li>• Fear of parents being contacted</li> <li>• Extremes of passivity or aggression</li> <li>• Drug/solvent abuse</li> <li>• Chronic running away</li> <li>• Compulsive stealing</li> <li>• Low self-esteem</li> <li>• 'don't care' attitude</li> <li>• Social isolation – does not join in and has few friends</li> <li>• Depression, withdrawal</li> <li>• Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention</li> <li>• Low self esteem, lack of confidence, fearful, distressed, anxious</li> <li>• Poor peer relationships including withdrawn or isolated behavior.</li> </ul>	<p>the child</p> <ul style="list-style-type: none"> <li>• Scapegoats one child in the family</li> <li>• Cold or unresponsive to the child's needs</li> <li>• Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.</li> <li>• Overly critical of the child</li> <li>• Never allowing anyone else to undertake the child's care</li> <li>• History of abuse or mental health problems</li> <li>• Wider parenting difficulties may (or may not) be associated with this form of abuse.</li> </ul>	<p>alcohol or drug misuse or domestic violence.</p> <ul style="list-style-type: none"> <li>• History of unexplained death, illness or multiple surgery in parents and/or siblings of the family</li> <li>• Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.</li> </ul>
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**NEGLECT**

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

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

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

Indicators in the Child	Indicators in the Parent	Indicators in Family/Environmental
<p><b>Physical presentation</b></p> <ul style="list-style-type: none"> <li>• Failure to thrive/ underweight or small stature</li> <li>• Frequent hunger</li> <li>• Dirty, unkempt condition</li> <li>• clothing in a poor state of repair or inadequate</li> </ul>	<ul style="list-style-type: none"> <li>• Dirty, unkempt presentation</li> <li>• Inadequately clothed</li> <li>• Inadequate social skills and poor socialisation</li> <li>• Abnormal attachment to the child .e.g. anxious</li> <li>• Low self-esteem and lack of confidence</li> </ul>	<ul style="list-style-type: none"> <li>• History of neglect in the family</li> <li>• Family marginalised or isolated by the community.</li> <li>• Family has history of mental health, alcohol or drug misuse or domestic violence.</li> <li>• History of unexplained death, illness or multiple surgery in parents</li> </ul>

<ul style="list-style-type: none"> <li>Swollen limbs with sores that are slow to heal, usually associated with cold injury</li> <li>Abnormal voracious appetite</li> <li>Dry, sparse hair</li> <li>Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice</li> <li>Untreated medical problems</li> <li>Frequent accidents or injuries</li> </ul> <p><b>Development</b></p> <ul style="list-style-type: none"> <li>General delay, especially speech and language delay</li> <li>Inadequate social skills and poor socialization</li> </ul> <p><b>Emotional/behavioural presentation</b></p> <ul style="list-style-type: none"> <li>Attachment disorders</li> <li>Absence of normal social responsiveness</li> <li>Indiscriminate behaviour in relationships with adults</li> <li>Emotionally needy</li> <li>Compulsive stealing</li> <li>Constant tiredness</li> <li>Frequently absent or late at school</li> <li>Poor self esteem</li> <li>Destructive tendencies</li> <li>Thrives away from home</li> <li>Disturbed peer relationships</li> <li>Self harming behavior</li> </ul>	<ul style="list-style-type: none"> <li>Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene</li> <li>Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy</li> <li>Child left with adults who are intoxicated or violent</li> <li>Child abandoned or left alone for excessive periods</li> <li>Wider parenting difficulties, may (or may not) be associated with this form of abuse</li> </ul>	<p>and/or siblings of the family</p> <ul style="list-style-type: none"> <li>Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.</li> <li>Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals</li> <li>Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating</li> <li>Lack of opportunities for child to play and learn</li> </ul>
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**SEXUAL ABUSE**

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

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

Indicators in the Child	Indicators in the Parent	Indicators in Family/Environmental
<p><b>Physical presentation</b></p> <ul style="list-style-type: none"> <li>Pain, bleeding, bruising or itching in genital and /or anal area</li> <li>Recurrent pain on passing urine or faeces / Blood on underclothes</li> <li>Sexually transmitted infections</li> <li>Pregnancy in a younger girl where there is secrecy about identity of the father</li> </ul>	<ul style="list-style-type: none"> <li>Comments made by the parent/carer about the child.</li> <li>Lack of sexual boundaries</li> <li>Wider parenting difficulties or vulnerabilities</li> <li>Grooming behaviour</li> <li>Parent is a sex offender</li> </ul>	<ul style="list-style-type: none"> <li>Marginalised or isolated by the community.</li> <li>History of mental health, alcohol or drug misuse or domestic violence.</li> <li>History of unexplained death, illness or multiple surgery in parents and/or siblings of the family</li> <li>Past history of childhood</li> </ul>

<ul style="list-style-type: none"> <li>• Physical symptoms such as injuries/bruises to the genital or anal area, buttocks, abdomen and thighs</li> <li>• presence of semen on vagina, anus, external genitalia or clothing</li> </ul> <p><b>Emotional/behavioural presentation</b></p> <ul style="list-style-type: none"> <li>• Makes a disclosure.</li> <li>• Exhibits sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit</li> <li>• Inexplicable changes in behaviour, such as becoming aggressive or withdrawn</li> <li>• Self-harm - eating disorders, self-mutilation and suicide attempts</li> <li>• Poor self-image, self-harm, self-hatred</li> <li>• Reluctant to undress for PE</li> <li>• Running away from home</li> <li>• Poor attention / concentration</li> <li>• Sudden changes in school work habits, becomes truant</li> <li>• Withdrawal, isolation or excessive worrying or depression</li> <li>• Inappropriate sexualised conduct</li> <li>• Sexually exploited or indiscriminate choice of sexual partners</li> <li>• Wetting or other regressive behaviours e.g. thumb sucking</li> <li>• Draws sexually explicit pictures</li> </ul>		<p>abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.</p> <ul style="list-style-type: none"> <li>• Family member is a sex offender.</li> </ul>
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## 4 SIGNS OF NEGLECT

It can be difficult to recognise neglect, however its effects can be long term and damaging for children.

The physical signs of neglect may include:

- Being constantly dirty or 'smelly'.
- Constant hunger, sometimes stealing food from other children.
- Losing weight or being constantly underweight.
- Inappropriate or dirty clothing.

Neglect may be indicated by changes in behaviour which may include:

- Mentioning being left alone or unsupervised.
- Not having many friends.
- Complaining of being tired all the time.
- Not requesting medical assistance and/or failing to attend appointments.

### 4.1 CHILD SEXUAL EXPLOITATION

Risk factors may include:

- Going missing
- Engagement in offending
- Disengagement from education
- Using drugs or alcohol
- Unexplained gifts/money
- Repeat concerns about sexual health
- Decline in emotional wellbeing

All suspected or actual cases of CSE are a safeguarding concern in which child protection procedures will be followed; this will include a referral to the police. If any staff are concerned about a pupil, they will refer to the Safeguarding Designated Lead within MMF.

#### 4.2 FEMALE GENITAL MUTILATION (FGM)

Signs may include:

- Days absent from school
- Not participating in Physical Education
- In pain/has restricted movement/frequent and long visits to the toilet/broken limbs
- Confides that she is having a special procedure, cut or celebration
- Unauthorised and or extended leave, vague explanations or plans for removal of a female in a high-risk category parents (from a country who are known to practice FGM) especially over the summer period

## 5 SAFEGUARDING ROLES AND RESPONSIBILITIES

### 5.1 DESIGNATED SAFEGUARDING LEAD ROLE

We have a Designated Safeguarding Lead (DSL) who has received appropriate training and support for this role. This DSL is the senior member of the MMF leadership team. We also have two Deputy DSLs who will provide additional support to ensure the responsibilities for child protection and safeguarding children are fully embedded within the MMF ethos and that specific duties are discharged.

Notwithstanding the presence of the deputy DSL, the DSL has lead responsibility for safeguarding and child protection. This is explicit in their job description. Our DSL will ensure there is a structured procedure within MMF, which will be followed by all of the members of the community in cases of suspected abuse.

#### Responsibilities of the Designated Safeguarding Lead (DSL)

##### Referrals, Tracking and Monitoring

##### The DSL will:

- Refer cases of suspected abuse to the local authority children's social care
- Support staff who make referrals to local authority children's social care
- Refer cases to the Channel programme where there is a radicalisation concern
- Support staff who make referrals to the Channel programme
- Refer cases where a crime may have been committed to the Police
- Liaise with the 'case manager' and designated officer(s) at the local authority for child protection concerns (all cases which concern a staff member)
- Will monitor issues and especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations. The DSL will ensure there is always cover for this role
- Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies
- Act as a source of support, advice and expertise for all staff
- Maintain an overview of all children about whom there are concerns i.e subject to a child protection plan, Child in Need plan, a Looked After Child, a child who has previously been looked after or a child about whom there is a concerns file

- Ensure when children leave MMF, that their safeguarding/child protection file is discussed with the DSL at the new school, as soon as possible and that it is transferred separately to the main pupil file. This file will document all concerns as well as child protection and safeguarding concerns.
- Cooperate with any requests for information from the local authority, such as Child Protection training returns and self-evaluative forms for safeguarding and child protection, in compliance with Section 11, Children Act 2004
- Ensure all staff have access to and read: - the safeguarding policy; the staff behaviour/conduct policy and DfE Keeping Children Safe in Education guidance 2018, Part one, as a minimum.

### **Raising Awareness**

The Designated Safeguarding Lead will ensure the school's safeguarding and child protection policies are known, understood and used appropriately:

- Ensure the school's safeguarding and child protection policy is reviewed annually (as a minimum), and the procedures and implementation are updated and reviewed regularly, and work with the trustee body regarding this.
- Ensure the safeguarding and child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of MMF in this.
- Link with the MSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Where children leave MMF ensure their child protection file is transferred to the new school or college as soon as possible. This should be transferred separately from the main pupil file, ensuring secure transit and confirmation of receipt should be obtained.

## **5.2 ROLES AND RESPONSIBILITIES OF THE CEO**

The CEO of MMF will ensure that:

- The policies and procedures adopted by the trustee body are fully implemented and followed by all staff
- Refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service
- Sufficient resources and time are allocated to enable the Designated Safeguarding Lead and other staff to discharge their responsibilities, including taking part in strategy discussions and inter-agency meetings, and contributing to the assessment of children
- All staff and volunteers feel able to raise concerns about poor or unsafe practice with regard to children, and that such concerns are addressed sensitively and effectively in a timely manner in accordance with agreed whistle-blowing policies

## **5.3 ROLES AND RESPONSIBILITIES OF OUR TRUSTEE BODY**

Trustees are collectively responsible for ensuring that safeguarding arrangements are fully embedded within MMF's ethos and reflected in the day to day safeguarding practices by:

- Ensuring that MMF has effective policies and procedures in place in accordance with this policy and monitor the school's compliance with them.
- Ensuring there is an individual member of the governing body to:
  - champion safeguarding and child protection issues within MMF
  - provide support and challenge to the DSL/CEO
  - provide information and reports to the board
- have an overview of the Safeguarding and Child Protection and all related policies, ensuring this is updated annually and in line with latest statutory and local authority guidance
- ensure that all staff undertake appropriate child protection training that is updated regularly
- audit safeguarding measures annually alongside the Designated Safeguarding Lead and report back to the full trustee body. It will not be appropriate for that person to take the lead in dealing with allegations of abuse made against the CEO. All concerns in about the CEO should be reported to Edward Hickman, Chair of Trustees
- Ensuring that the trustee body is collectively responsible for MMF's safeguarding arrangements. All members of the trustee body should undertake training about child protection to ensure they have the knowledge and information needed to perform their functions and understand their responsibilities
- Ensuring the CEO and all other staff who work with children, undertake training which is kept up-to-date by refresher training at (most) two yearly intervals
- Ensuring the temporary staff and volunteers who work with children are made aware of MMF's arrangements for child protection and their responsibilities
- Exercising their disciplinary functions in respect of allegations against a member of staff or as a result of dealing with a complaint

#### 5.4 STAFF RESPONSIBILITIES

It is the responsibility of all other members of staff to:

- be aware of the contents of this policy, the staff behaviour policy/staff code of conduct, and other relevant policies
- read and understand Part 1 of Keeping Children Safe in Education (2018)
- ensure that all safeguarding concerns, both minor and serious, are reported to the Designated Safeguarding Lead (DSL) as soon as reasonably possible. The DSL may have other information regarding a child, young person or their family of which other staff may not be aware. Minor concerns may take on greater significance within the wider context of knowledge of a child or family that the DSL may have.

Any member of staff can refer a child concern.

#### 5.5 ABUSE OF TRUST

All MMF staff are aware that inappropriate behaviour towards pupils is unacceptable and that their conduct towards pupils must be beyond reproach. In addition, staff should understand that, under the Sexual Offences Act 2003, it is an offence for a person over the age of 18 to have a sexual relationship with a person under the age of 18, where that person is in a position of trust, even if the relationship is consensual. This means that any sexual activity between a member of MMF staff and a pupil under 18 may be a criminal offence, even if that pupil is over the age of consent.

MMF's Code of Conduct sets out our expectations of staff behaviour and should be signed by all staff members.

#### 5.6 CREATING A SAFE ENVIRONMENT

We will ensure that:

- all Staff / anyone who has contact with a child or young person including trustees and volunteers are competent to carry out their responsibilities for safeguarding in promoting the welfare of children by creating an environment and an ethos whereby all staff including volunteers feel able to raise concerns, along with being supported in their safeguarding role.
- we create a culture of listening to children, taking account of their wishes, feelings and voices both in individual decisions and in the MMF's development.
- the building; including its surroundings, are safe and one where children can feel safe.
- parents/carers know about our principles in safeguarding, who along with the local community are made familiar with including making public on our website and are able to participate in any policy, procedure or initiatives which contributes to the safety of the children in that local community.
- we have clear protocols on reception for visitors and contractors with procedures in place to ensure the appropriate questions are asked and that they wear a badge identifying themselves.
- all staff members are aware of MMF guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks.

#### 5.7 RECRUITMENT AND STAFFING

- We must prevent people who pose a risk of harm from working with children by adhering to statutory responsibilities to check all staff who work with children, taking proportionate decisions on whether to ask for any checks beyond what is required.
- We must, where relevant, check the identity of a person being considered for appointment and their right to stay in the UK.
- We must undertake overseas checks if a staff member being employed or has returned from a period of employment from abroad.
- We must ensure staff and volunteers undergo appropriate checks via the Disclosure and Barring Service (DBS) relevant to their post and this includes any Prohibition checks necessary for the post.

- We must have procedures in place to make a referral to the Disclosure and Barring Service (DBS) if a person in regulated activity has been dismissed, removed due to Safeguarding concerns, or would have been had they not resigned; aware that this is a legal duty.
- We must have at least one person on any appointment panel who has undertaken Safer Recruitment Training.
- We must ensure that our volunteers are adequately supervised, being aware of the differences between supervised and unsupervised interaction with the children and have risk assessments in place for volunteers in the school undertaking activities with the children.
- We must see evidence of qualifications
- We must ensure that all our trustees have the enhanced DBS and other checks that may be required, including a check through the Teaching Regulation Agency Teacher Services to check if a person we wish to recruit as a trustee is barred as a result of being subject to a Section 128 direction.

## 5.8 TRAINING AND INDUCTION

### **New staff, visitors and volunteers**

When new staff, tutors, regular visitors or volunteers join MMF, they will be informed of the safeguarding arrangements in place; they will be informed of the role, names and location of our designated safeguarding staff; and they will be provided with copies of the child protection and safeguarding policy, the Staff Behaviour Policy (code of conduct). They will be asked to read and demonstrate they understand Part One of the statutory guidance 'Keeping Children Safe in Education' DfE, (2018). They will also be given copies of the record of concern form alongside information about how to complete the form and who to pass it on to.

Every new member of staff or volunteer in the school will be given an induction period that will include essential information relating to signs and symptoms of abuse; how to manage a disclosure from a child; how to record and how to manage issues of confidentiality. The induction will also advise staff and volunteers of their responsibility to safeguard all children at our school and the remit of the role of the Designated Safeguarding Lead. This will include ensuring they are aware of the early help process; their role in identifying emerging problems, and their responsibility to share information with relevant professionals to support early identification and assessment.

### **All staff**

In addition to the safeguarding induction, MMF will ensure that all staff access appropriate refresher safeguarding and child protection training on a yearly basis. In addition, as themes and concerns arise nationally and locally, the school will ensure that all staff access training on these and in accordance with the Merton Child Protection Training Pathway as set out by the Merton Safeguarding Children Board (MSCB).

In addition to regular training, the Designated Safeguarding Lead will provide regular safeguarding briefings and updates for staff to enable staff to keep up to date with the most recent local and national safeguarding advice and guidance on specific safeguarding issues including but not limited to extremism and radicalisation; child sexual exploitation and Female Genital Mutilation. These updates could be provided via email, staff meetings or e-bulletins.

### **Trustee Body**

Our trustee body will also undertake appropriate training to ensure they are able to carry out their duties to safeguard all of the children at MMF.

### **Designated Safeguarding Lead**

The Designated Safeguarding Lead and the deputies will undertake regular child protection training in compliance with the statutory requirements for the role, at least on an annual basis. In Merton, DSLs are advised by the MSCB to be trained to the following levels:

- complete the single agency two-day training for school Designated Safeguarding Leads every two years
- complete refresher training (half a day) in the intervening years (focusing on 'what's new')
- attend DSL forums

- complete the multi-agency CC1 training ('The Child Protection Process') delivered by the MSCB, and, thereafter, one multi-agency training per year, perhaps focusing on the MSCB priorities.

This training will allow them to understand and keep up with any developments relevant to their role so they:

- understand the assessment process for providing early help and intervention within Merton
- have a working knowledge of how the Merton Safeguarding Children Board operates, the how Merton conducts of a child protection review conference, and be able to attend and contribute to these effectively when required to do so
- ensure each member of staff has access to, and understands this policy and its associated procedures, especially new or part-time staff
- are alert to the specific needs of children in need, those with special educational needs and young carers
- ensure all staff receive induction training covering child protection and are able to recognise and report any concerns immediately they arise
- are able to keep detailed, accurate and secure written records of referrals/concerns
- obtain access to resources and attend any relevant or refresher training courses
- encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures that MMF may put in place to protect them

The DSL and the deputies will undertake Prevent awareness training.

## 6 SAFEGUARDING PROCESSES AND PROCEDURES

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. If anyone other than the designated safeguarding lead makes the referral, they should inform the designated safeguarding lead as soon as possible.

If you are concerned a pupil has been subjected to Female Genital Mutilation (FGM) you must report this directly and immediately to the police, in person. Also inform the DSL.

Any staff member concerned about a child must follow the procedures outlined below ('Dealing with Concerns or Disclosures'). All MMF staff should be prepared to identify children who may benefit from early help and to make a referral to children's social care. All staff should understand their role in identifying emerging difficulties, sharing information with other professionals to identify and assess children in need of support. This will involve working with parents and carers to ensure that help is available at the earliest opportunity to address risk and prevent issues escalating into crisis.

Following the identification of a concern, next steps will include managing any support for the child internally via MMF's own pastoral processes; an early help assessment; or a referral for statutory services, for example as the child might be in need, is in need or likely to suffer harm. The DSL may take advice from the Multi-Agency safeguarding Hub (MASH)/First Response Team (020 8545 4226/4227) or other Children Social Care Team supporting schools safeguarding, such as the Vulnerable Children Team (020 8545 3343) and will generally lead on early help where this is appropriate. The Local Authority should make a decision within one working day of a referral being made about the type of response that is required and should let the referrer know the outcome. Any referral made to Children's Social Care via the MASH/First Response Team will be discussed with the parent/s, unless to do so would place the child at further risk of harm. Where threshold for a MASH referral is not met, the Designated Safeguarding Lead, with consent from the parent, may convene a Team Around the Child/Family meeting to progress MMF's early help offer to the child and family. This will be managed under a Common and Shared Assessment (CASA). This will involve engaging families to accept help and support. In all cases where the threshold is not met, there will be constant review: if the child's welfare does not improve, then referral will be considered again.

If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.

### 6.1 WHEN TO BE CONCERNED

All staff and volunteers should be aware of the signs of abuse, neglect and specific safeguarding issues, and that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases

multiple issues will overlap with one another. All staff and volunteers should be concerned about a child if s/he presents with indicators of possible significant harm, noting in particular that a child in an abusive relationship may:

- appear frightened of the parent/s or other household members e.g. siblings or others outside of the home;
- act in a way that is inappropriate to her/his age and development (full account needs to be taken of different patterns of development and different ethnic groups);
- display insufficient sense of 'boundaries', lack stranger awareness;
- appear wary of adults and display 'frozen watchfulness'.

## 6.2 DEALING WITH A CONCERN OR DISCLOSURE

You have a concern about a child / young person's wellbeing, based on:

- something the child / young person / parent has told you;
- something you have noticed about the child's behaviour, health, or appearance;
- something another professional said or did.

Even if you think your concern is minor, the Designated Safeguarding Lead (DSL) may have more information that, together with what you know, represents a more serious worry about a child. It is never your decision alone how to respond to concerns - but it is always your responsibility to share concerns, no matter how small.

Decide whether you need to find out more by asking the child / young person, or their parent to clarify your concerns, being careful to use open questions: beginning with words like: how, why, where, when, who?

It takes a lot of courage for a child to disclose that they are being abused. They may feel ashamed, particularly if the abuse is sexual; their abuser may have threatened what will happen if they tell; they may have lost all trust in adults; or they may believe, or have been told, that the abuse is their own fault. If a pupil talks to a member of staff about any risks to their safety or wellbeing, the staff member will need to let the pupil know that they must pass the information on – staff are not allowed to keep secrets. The point at which they tell the pupil this is a matter for professional judgement. If they jump in immediately the pupil may think that they do not want to listen, if left until the very end of the conversation, the pupil may feel that they have been misled into revealing more than they would have otherwise.

During their conversations with the pupils it is best practice for staff to:

- allow pupils to speak freely;
- remain calm and not overreact – the pupil may stop talking if they feel they are upsetting their listener;
- give reassuring nods or words of comfort – 'I want to help', 'This isn't your fault', 'You are doing the right thing in talking to me';
- not be afraid of silences, and allow space and time for pupil to continue, staff will recognise the barriers the pupil may have had to overcome to disclose;
- clarifying or repeating back to check what they have heard if needed but will not lead the discussion in any way or ask investigative or leading questions – such as "Whether it happens to siblings too, or what does the pupil's mother think about it";
- at an appropriate time tell the pupil that in order to help them, the member of staff must pass the information on;
- not automatically offer any physical touch as comfort. It may be anything but comforting to a child who has been abused;
- avoid admonishing the child for not disclosing earlier. Saying things such as 'I do wish you had told me about this when it started' or 'I can't believe what I'm hearing' may be the staff member's way of being supportive but may be interpreted by the child to mean that they have done something wrong;
- tell the pupil what will happen next. The pupil may agree to go with you to see the Designated Safeguarding Lead. Otherwise let them know that you will be consulting the DSL.

If you have not already done so, inform the DSL immediately. If the DSL is not available, inform their Deputy. If neither is available, speak to the CEO or other member of the Senior Leadership Team. If there is no other member of staff available, and a referral to Children's Social Care is required, you must make the referral yourself. Anyone can make a referral, but

where you make a referral without reference to the Designated Safeguarding Lead first, they must be informed as soon as possible.

Make a written record as soon as possible after the event, noting:

- Name of child
- Date, time and place
- Who else was present
- What was said / What happened / What you noticed speech, behaviour, mood, drawings, games or appearance
- If child or parent spoke, record their words rather than your interpretation
- Analysis of what you observed and why it is a cause for concern

Staff should be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate support and intervention. The DfE guidance [‘Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers’](#) supports staff with regard to making decisions about sharing information.

**\*Further guidance can be found in Appendix A – on page 46**

### 6.3 WORKING WITH PARENTS AND CARERS

MMF is committed to working positively, openly and in partnership with parents and carers. MMF will support parents and carers to understand our legal duty to safeguard and promote the welfare of pupils in our organisation. This includes our duty to make referrals to Children’s Social Care and to assist our colleagues in other agencies with child protection enquiries.

When pupils join Music Centre, their parents and carers will be informed of the safeguarding and child protection policy and signposted to the MMF website or upon request at the admin office, receive a copy of the policy.

The school respects parents’ rights to privacy and confidentiality and will not share sensitive information unless we have permission to do so or it is necessary to do so in order to safeguard a child from harm

In the event of a concern, suspicion or disclosure by a child, MMF will seek to share the concern with the parent/carer unless to do so may place the child at increased risk of harm. A lack of parental engagement or agreement on the concerns the school has about a child will not prevent the Designated Safeguarding Lead from making a referral to Children’s Social Care in circumstances where it is appropriate to do so.

MMF will only share information about pupils with adults who have parental responsibility for a pupil or where a parent with parental responsibility has given written permission which includes the full details of any other adult with who information about a pupil can be shared. In order to keep our pupils safe and provide appropriate care for them, MMF requires parents to provide accurate and up to date information regarding the:

- full names and contact details of all adults with whom the child normally lives and the child’s relationship to the adult with whom s/he lives;
- full names and contact details of all persons with parental responsibility (if different from above)
- emergency contact details, where reasonably possible more than one;
- full details of any other adult authorised by the parent to collect the child from MMF (if different from the above)
- MMF will seek to secure effective engagement with parents/the family particularly with regard to the Prevent duty, as they are in a key position to spot signs of radicalisation.

### 6.4 SUPPORT FOR THOSE INVOLVED IN A CHILD PROTECTION ISSUE

Child abuse is devastating for the child and can also result in distress and anxiety for staff who become involved. We will support pupils, their families, and staff by:

- taking all suspicions and disclosures seriously;

- nominating a link person (the Designated Safeguarding Lead) who will keep all parties informed and be the central point of contact. Where a member of staff is the subject of an allegation made by a pupil, separate link people will be nominated to avoid any conflict of interest;
- responding sympathetically to any request from pupils or staff for time out to deal with distress or anxiety;
- maintaining confidentiality and sharing information on a need-to-know basis only with relevant individuals and agencies;
- maintaining and storing records securely;
- offering details of helplines, counselling or other avenues of external support;
- following the procedures laid down in our whistleblowing, complaints and disciplinary procedures;
- cooperating fully with relevant statutory agencies.

## 6.5 COMPLAINTS PROCEDURE

Our complaints procedure will be followed where a parent raises a concern about the handling of the process of dealing with safeguarding. MMF's complaints policy is on the website. Examples include unfairly singling out a pupil, belittling a pupil or discriminating against them in some way. Complaints are managed by senior staff, CEO and trustees.

Complaints from staff are dealt with under the school's complaints and disciplinary and grievance procedures.

## 6.6 CONCERNS ABOUT A COLLEAGUE AND MANAGING ALLEGATIONS INVOLVING STAFF

**\*Please read in conjunction with our separate whistle blowing policy**

MMF aims to provide a safe and supportive environment which secures the wellbeing and very best outcomes for the children at MMF. We recognise, however, that sometimes the behaviour of adults may lead to an allegation of abuse being made. Allegations sometimes arise from a differing understanding of the same event, but when they occur they are distressing and difficult for all concerned. We also recognise that many allegations are genuine and there are some adults who deliberately seek to harm or abuse children.

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. All staff must remember that the welfare of the child is paramount. The MMF's whistleblowing code enables staff to raise concerns or allegations in confidence and for a sensitive enquiry to take place.

MMF will take all possible steps to safeguard our children and to ensure that the adults in the organisation are safe to work with children. We will always ensure that the procedures outlined in the Merton Safeguarding Children Board: Procedures for Allegations Against Persons Who Work with Children and Part Four of DfE 'Keeping Children Safe in Education', (2018) are adhered to and will seek appropriate advice from the Designated Officer who is:

**Name: John Shelly**

**Tel. No.: 020 8545 3633**

The CEO must be informed without delay when an allegation is made or information is received which indicates that an adult working at MMF may be unsuitable to work with children. If an allegation is made against the CEO, this must be reported to the chair of trustees.

The CEO will seek advice from the Designated Officer within one working day. No member of staff or the governing body may carry out investigations before receiving advice from the Designated Officer.

**MMF HAS A LEGAL DUTY TO REFER TO THE DISCLOSURE AND BARRING SERVICE, ANYONE WHO HAS HARMED; OR POSES A RISK OF HARM TO A CHILD; OR IF THERE IS REASON TO BELIEVE A MEMBER OF STAFF HAS COMMITTED ONE OF A NUMBER OF LISTED OFFENCES; HAS BEEN REMOVED FROM WORKING (PAID OR UNPAID) IN REGULATED ACTIVITY; OR WOULD HAVE BEEN REMOVED HAD THEY NOT LEFT. THE DBS WILL CONSIDER WHETHER TO BAR THE PERSON. IF THESE CIRCUMSTANCES ARISE IN RELATION TO A MEMBER OF STAFF AT MMF, A REFERRAL WILL BE MADE AS SOON AS**

## POSSIBLE AFTER THE RESIGNATION OR REMOVAL OF THE INDIVIDUAL IN ACCORDANCE WITH ADVICE FROM THE DESIGNATED OFFICER OR HUMAN RESOURCES.

### 6.7 SUPPORT FOR STAFF

Dealing with a disclosure from a child, and safeguarding issues can be distressing. Staff members should recognise their own emotions and seek support from Designated Safeguarding Lead, who will also be proactive in offering support to staff to whom distressing disclosures have been made

### 6.8 CONFIDENTIALITY AND SHARING INFORMATION

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

Staff should only discuss concerns with the Designated Safeguarding Lead, CEO or chair of trustees (depending on who is the subject of the concern). That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis.

Child protection information will be stored and handled in line with Data Protection Act 2018 principles, which require that information is:

- used fairly, lawfully and transparently
- used for specified, explicit purposes
- used in a way that is adequate, relevant and limited to only what is necessary
- accurate and, where necessary, kept up to date
- kept for no longer than is necessary
- handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction or damage

The General Data Protection Regulation (GDPR) states that within education, some sensitive information about children is processed that is not set out in the legislation as a 'special category personal data'. This includes safeguarding data. The DfE considers it best practice that when considering security and business processes about such data, that they are also treated with the same 'high status' as the special categories set out in law.

In relation to Safeguarding, GDPR does not prevent, or limit, the sharing of information for the purposes of keeping children safe. Legal and secure information sharing between schools, children's social care and other local agencies is essential for keeping children safe and ensuring they get the support they need. Information can be shared without consent if to gain consent would place a child at risk.

Record of concern forms and other written information will be stored in a locked facility and any electronic information will be password protected and only made available to relevant individuals.

Every effort will be made to prevent unauthorised access, and sensitive information should not be stored on laptop computers, which, by the nature of their portability, could be lost or stolen. If it is necessary to store child protection information on portable media, such as a CD or flash drive, these items will also be kept in locked storage. Child protection information will be stored separately from the pupil's school file and the school file will be 'tagged' to indicate that separate information is held.

Child protection records are normally exempt from the disclosure provisions of the Data Protection Act, which means that children and parents do not have an automatic right to see them. If any member of staff receives a request from a pupil or parent to see child protection records, they will refer the request to the CEO or Designated Safeguarding Lead.

### 6.9 RECORD-KEEPING AND MONITORING

We will follow the Local Authority's current guidance on the Record Keeping Guidance of Child Protection Records for schools (including guidance on transfer and storage - July 2018) and await any instruction with regard to the National Inquiry into Child Sexual Abuse. We will therefore not destroy any child protection/welfare records including records which hold information on allegations against staff and any other person working at or connected to MMF.

#### **6.10 RECRUITMENT**

MMF operates safer recruitment practices, checking staff who work with children; taking proportionate decisions on whether to ask for any checks beyond what is required; and ensuring volunteers are appropriately supervised. MMF has a separate recruitment and selection policy which should be read in conjunction with this policy.

MMF has at least one person on any appointment panel who has undertaken safer recruitment training, including, where appropriate, a member of the trustee body.

We will have a Single Central Record which will cover all Staff, including Governors, volunteers, frequent visitors, agency and supply, and others according to their role and responsibility. We will ensure this record is regularly updated and reviewed in line with National and Local requirements.

## APPENDIX 1

### **Further Guidance for staff dealing with a child protection concern:**

Please do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

**\*At no time should an individual teacher/member of staff be asked to or consider taking photographic evidence of any injuries or marks to a child's person, this type of behaviour could lead to the staff member being taken into managing allegations procedures, Any concerns should be reported and recorded without delay to the appropriate safeguarding services, e.g. MASH or the child's social worker if already an open case to social care.**

**When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:**

- Exact site of injury on the body, e.g. upper outer arm/left cheek.
- Size of injury - in appropriate centimetres or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed/are they holding themselves differently?

Importantly the date and time of the recording must be stated as well as the name and designation of the person making the record. Add any further comments as required.

**Ensure First Aid is provided where required and record**

## APPENDIX 2

### **Sexting (Youth produced sexual imagery): Responding to Incidents**

The UKCCIS Education Group has produced advice for schools and colleges on responding to incidents of 'sexting.' This advice is non-statutory and should be read alongside the Department for Education's Keeping Children Safe in Education statutory guidance and non-statutory Searching, Screening and Confiscation advice for schools.

#### **The law**

Making, possessing and distributing any imagery of someone under 18 which is 'indecent' is illegal. This includes imagery of yourself if you are under 18.

The relevant legislation is contained in the Protection of Children Act 1978 (England and Wales) as amended in the Sexual Offences Act 2003 (England and Wales).

#### **Specifically:**

- It is an offence to possess, distribute, show and make indecent images of children.
- The Sexual Offences Act 2003 (England and Wales) defines a child, for the purposes of indecent images, as anyone under the age of 18. For the purposes of this advice 'youth' refers to anyone under the age of 18
- Children under 13 are given extra protection from sexual abuse under the Sexual Offences Act 2003. This law makes it clear that sexual activity with a child under 13 is never acceptable, and that children of this age can never legally

give consent to engage in sexual activity. This applies to children who have not yet reached their 13th birthday i.e. children who are aged 12 and under.

The [latest guidance](#) states “We should not, however, unnecessarily criminalise children. Children with a criminal record face stigma and discrimination in accessing education, training, employment, travel and housing and these obstacles can follow a child into adulthood” and “Often, young people need education, support or safeguarding, not criminalisation.”

For clarity, this advice introduces the term **Youth Produced Sexual Imagery**

- ‘Youth produced’ includes young people sharing images that they, or another young person, have created of themselves.
- ‘Sexual’ is clearer than ‘indecent.’ A judgement of whether something is ‘decent’ is both a value judgement and dependent on context.
- ‘Imagery’ covers both still photos and moving

In some cases, children under 13 (and indeed older) may create youth produced sexual imagery as a result of age appropriate curiosity or risk-taking behaviour or simply due to naivety rather than any sexual intent. This is likely to be the behaviour more commonly identified within primary schools. Some common examples could include sending pictures of their genitals to their friends as a dare or taking a photo of another child whilst getting changed for PE. Within this context it is unlikely that police or social care involvement is required or proportionate, but DSLs will need to use their professional judgement to consider the specific context and the children involved.

DSLs must ensure that they are familiar with and follow MSCB policies for recognising and responding to harmful behaviours and/or underage sexual activity when dealing with children under 13 who may have been involved in creating or sharing youth produced sexual imagery. This is essential to ensure that children involved or identified are safeguarded and are not unnecessarily criminalised or labelled.

Schools response to incidents of this type should be proportionate and, under certain circumstances, they may respond to incidents without involving the police.

When an incident involving youth produced sexual imagery comes to MMF’s attention:

- The incident should be referred to the DSL as soon as possible.
- The DSL should hold an initial review meeting with appropriate staff.
- There should be subsequent interviews with the young people involved (if appropriate).
- Parents should be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the young person at risk of harm.
- At any point in the process if there is a concern a young person has been harmed or is at risk of harm a referral should be made to children’s social care and/or the police immediately.

All members of staff (including non-teaching staff) should be made aware of how to recognise and refer any disclosures of incidents involving youth produced sexual imagery. This should be covered within staff training.

### **Initial review meeting**

The initial review meeting should consider the initial evidence and aim to establish:

- Whether there is an immediate risk to a young person or young people
- If a referral should be made to the police and/or children’s social care
- If it is necessary to view the imagery in order to safeguard the young person – in most cases, imagery should not be viewed
- What further information is required to decide on the best response
- Whether the imagery has been shared widely and via what services and/or platforms. This may be unknown.
- Whether immediate action should be taken to delete or remove images from devices or online services
- Any relevant facts about the young people involved which would influence risk assessment
  - If there is a need to contact another school, college, setting or individual
- Whether to contact parents or carers of the pupils involved - in most cases parents should be involved

An immediate referral to police and/or children’s social care should be made if at this initial stage:

1. The incident involves an adult
2. There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example, owing to special educational needs)
3. What you know about the imagery suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent
4. The imagery involves sexual acts and any pupil in the imagery is under 13
5. You have reason to believe a young person is at immediate risk of harm owing to the sharing of the imagery, for example, the young person is presenting as suicidal or self-harming

If none of the above apply, then MMF may decide to respond to the incident without involving the police or children's social care (a school can choose to escalate the incident at any time if further information/concerns come to light).

The decision should be made by the DSL with input from the CEO and other members of staff if appropriate. The decision should be recorded.

### **Assessing the risks**

The circumstances of incidents can vary widely. If at the initial review stage, a decision has been made not to refer to police and/or children's social care, the DSL should conduct a further review (including an interview with the young people involved) to establish the facts and assess the risks.

- When assessing the risks, the following should be considered:
- Why was the imagery shared? Was the young person coerced or put under pressure to produce the imagery?
- Who has shared the imagery? Where has the imagery been shared? Was it shared and received with the knowledge of the pupil in the imagery?
- Are there any adults involved in the sharing of the imagery?
- What is the impact on the young people involved?
- Do the young people involved have additional vulnerabilities?
- Does the young person understand consent?
- Has the young person taken part in this kind of activity before?

DSLs should always use their professional judgement in conjunction with their colleagues to assess incidents.

### **Informing parents (or carers)**

Parents (or carers) should be informed and involved in the process at an early stage unless informing the parent will put the young person at risk of harm. Any decision not to inform the parents would generally be made in conjunction with other services such as children's social care and/or the police, who would take the lead in deciding when the parents should be informed.

DSLs may work with the young people involved to decide on the best approach for informing parents. In some cases, DSLs may work to support the young people to inform their parents themselves.

### **Reporting incidents to the police**

If it is necessary to refer to the police, contact should be made through existing arrangements or phoning 101.

Once a report is made to the police, the report has to be recorded and the police will conduct an investigation. This may include seizure of devices and interviews with the young people involved.

### **Securing and handing over devices to the police**

If any devices need to be seized and passed onto the police then the device(s) should be confiscated and the police should be called - In line with [Searching, Screening and Confiscation advice](#). The device(s) should be turned off and placed under lock and key until the police are able to come and retrieve it.

## Searching devices, viewing and deleting imagery

### Viewing the imagery

Adults should not view youth produced sexual imagery unless there is good and clear reason to do so. **Wherever possible responses to incidents should be based on what DSLs have been told about the content of the imagery.** Imagery should never be viewed if the act of viewing will cause significant distress or harm to the pupil.

If a decision is made to view imagery, the DSL would need to be satisfied that viewing:

- is the only way to make a decision about whether to involve other agencies (i.e. it is not possible to establish the facts from the young people involved)?
- is necessary to report the image to a website, app or suitable reporting agency to have it taken down, or to support the young person or parent in making a report
- is unavoidable because a young person has presented an image directly to a staff member or the imagery has been found on a school device or network

If it is necessary to view the imagery, then the DSL should:

- Never copy, print or share the imagery; this is illegal
- Discuss the decision with the DSL
- Ensure viewing is undertaken by the DSL or another member of the safeguarding team with delegated authority from the CEO
- Ensure viewing takes place with another member of staff present in the room, ideally the CEO or a member of the child protection team. This staff member does not need to view the images.
- Wherever possible ensure viewing takes place on MMF premises, ideally in the CEO or a member of the child protection team's office. Ensure wherever possible that images are viewed by a staff member of the same sex as the young person in the imagery
- Record the viewing of the imagery in MMF's safeguarding records including who was present, why the image was viewed, and any subsequent actions Ensure this is signed and dated and meets the wider standards set out by Ofsted for recording safeguarding incidents

Viewing youth produced sexual imagery can be distressing for both young people and adults and appropriate emotional support may be required.

### Deletion of images

If MMF has decided that other agencies do not need to be involved, then consideration should be given to deleting imagery from devices and online services to limit any further sharing of the imagery.

It is recommended that in most cases young people are asked to delete imagery and to confirm that they have deleted the imagery. Young people should be given a deadline for deletion across all devices, online storage or social media sites. Young people may need support to report images to social media services.

### Interviewing and talking to the young person/people involved

Once MMF has assessed a young person as not at immediate risk, it may be necessary to have a conversation with them and decide the best course of action.

When discussing the sharing of youth produced sexual imagery, it is important that the DSL:

- Recognises the pressures that young people can be under to take part in sharing such imagery and, if relevant, supports the young person's parents to understand the wider issues and motivations around this.
- Remains solution-focused and avoids questions such as 'why have you done this?' as this may prevent the young person from talking about what has happened.
- Reassures the young person that they are not alone, and that MMF will do everything that they can to help and support them.
- Helps the young person to understand what has happened by discussing the wider pressures that they may face and the motivations of the person that sent on the imagery.

- Discusses issues of consent and trust within healthy relationships. Explain that it is not ok for someone to make them feel uncomfortable, to pressure them into doing things that they don't want to do, or to show them things that they are unhappy about. Let them know that they can speak to the DSL if this ever happens.

The purpose of the conversation is to:

- 1) Identify, without looking, what the image contains and whether anyone else has been involved.
- 2) Find out who has seen or shared the image and how further distribution can be prevented.

### Recording incidents

All incidents relating to youth produced sexual imagery need to be recorded at MMF. This includes incidents that have been referred to external agencies and those that have not.

Ofsted highlight that when inspecting schools in relation to safeguarding they look for the following:

- Are records up to date and complete?
- Do records demonstrate both effective identification and management of the risk of harm?
- Do records demonstrate sound decision-making, appropriate responses to concerns and evidence of relevant referrals made in a timely manner?
- Do they indicate that appropriate action is taken in response to concerns and allegations in a timely manner?
- Do they show evidence of tenacity in following up concerns with relevant agencies?
- Do they provide evidence of effective partnership working and sharing of information?
- Is there evidence of attendance at or contribution to inter-agency meetings and conferences?
- Is there clarity about the school's policy relating to the sharing of information internally, safe keeping of records, and transfer when a pupil leaves the school?

In cases that relate to youth produced sexual imagery it is important that schools/MMF reflect all of the areas above when they are recording incidents.

In addition, where schools/MMF do not refer incidents out to police or children's social care they should record their reason for doing so and ensure that this is signed off by the CEO.

### Reporting youth produced sexual imagery online

Young people may need help and support with the removal of imagery from devices and social media, especially if they are distressed. Most online service providers offer a reporting function for account holders and some offer a public reporting function to enable a third party to make a report on behalf of the young person.

### EDUCATING YOUNG PEOPLE

Keeping Children Safe in Education statutory guidance states that schools 'should ensure children are taught about safeguarding, including online, through teaching and learning opportunities'.

In line with this, MMF understands that schools should provide young people with opportunities to learn about the issue of youth produced sexual imagery as detailed below:

Learning about youth produced sexual imagery cannot be taught in isolation. Learning should be located within a developmental PSHE education programme, as well as in the school's computing programme where it should reflect the requirements of the National Curriculum programme of study for computing. Teaching should also reflect the principles articulated in 'Key principles of effective prevention education' - produced by the PSHE Association on behalf of NCA-CEOP. This can be downloaded from <https://www.pshe-association.org.uk/curriculum-and-resources/resources/key-principles-effective-prevention-education>

Schools should consider:

- What specific learning is provided in the curriculum about youth produced sexual imagery? This focuses on factual information and will include:
  - what it is

- how it is most likely to be encountered
- the consequences of requesting, forwarding or providing such images, including when it is and is not abusive
- issues of legality
- the risk of damage to peoples' feelings and reputation
- What specific learning is provided to ensure children and young people have the strategies and skills required to manage:
  - specific requests or pressure to provide (or forward) such images
  - the receipt of such images

It is important that children and young people understand their school's policy towards youth produced sexual imagery. The content of this policy and the protocols the school will follow in the event of an incident can be explored as part of this learning.

- What underpinning protective learning is being provided by the school's planned PSHE education programme and wider curriculum? This will include work on:
  - communication
  - understanding healthy relationships including trust
  - understanding and respecting the concept of genuine consent
  - understanding our rights (especially our collective right to be safe and to feel safe)
  - recognising abusive and coercive language and behaviours
  - accepting our responsibilities (especially our responsibility to respect others trust and protect their right to be physically, emotionally and reputationally safe)
  - Without this underpinning learning, specific learning about sexting may have limited impact.

This appendix is based on the latest government guidance produced by UKCCIS - **Sexting in schools and colleges: responding to incidents and safeguarding young people**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/609874/6\\_2939\\_SP\\_NCA\\_Sexting\\_In\\_Schools\\_FINAL\\_Update\\_Jan17.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/609874/6_2939_SP_NCA_Sexting_In_Schools_FINAL_Update_Jan17.pdf) .

#### **Policy Review:**

This policy is available on the MMF website. Parents and carers are informed about this policy when their children join MMF.

This policy will be reviewed in full by the Trustee Body on an annual basis unless an incident or new statutory guidance or local policy creates the need for an earlier review. Review is informed by MMF's own experience of managing safeguarding, and its own self-evaluation of this area. The policy is due for review in **September 2020**

The policy is provided to all staff (including temporary staff and volunteers) at induction alongside our Staff Code of Conduct, our policy to manage children who go missing from education and Part One of the statutory guidance 'Keeping Children Safe in Education' DfE, September 2018. All staff should read and understand at least part 1 of this guidance.

