

# Immanuel Safeguarding Procedures

To be read in conjunction with the Health and Safety at Work etc Act 1974 and associated regulations, Immanuel Safeguarding Policy Statement and the Immanuel Safeguarding Policy

## A. General definitions of child abuse

Under the Children Act 1989 **abuse is defined in terms of a child suffering, or being at risk of suffering 'significant harm', where harm means 'ill-treatment or the impairment of health or development'.**

**Abuse can also be defined as 'a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to prevent harm. They may be abused by an adult or another child or children.'**

'Working Together Under the Children Act 1989' lists categories of abuse (see below) which could result in a child being subject to a Child Care Plan maintained by the Directorate of Social Services.

The following definitions of abuse operate in England based on the government guidance 'Keeping children safe in Education – statutory guidance for schools and colleges.' September 2018. Immanuel recognises that those with SEND may be particularly vulnerable.

- i. Physical abuse: a form of abuse which may involve hitting, shaking, throwing, poisoning, burning, 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.
- ii. Emotional abuse: is 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 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

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, though it may occur alone. Abuse occurs if a child is made to feel unwanted, worthless, guilty or unloved. This can result from a constant lack of love and affection, or threats, verbal attacks, taunting and shouting which leads to a child's loss of confidence and self esteem.

- iii. 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.
- iv. 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 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.

### **Other specific safeguarding issues**

Expert and professional organisations are best placed to provide up to date guidance and practical support on specific safe guarding issues.

These organisations include: NSPCC (TES website) and [www.nspcc.org.uk](http://www.nspcc.org.uk).

Schools and colleges can also access broad government advice on the issues listed below via the GOV.UK website.

- Child sexual exploitation (see KCSIE May 2018 pages 17 and 77)
- Bullying including cyber bullying
- Domestic abuse or violence

- Drugs
- Fabricated or induced illness
- Faith abuse
- FGM (see KCSIE May 2018 page 9 & 81)
- Breast Ironing
- Children missing Education or missing from home or care
- Fabricating illness by parents/carers
- Forced marriage
- Gangs and youth violence
- Gender based violence/violence against women and girls (VAWG)
- Honour Based Violence
- Hate
- Mental health
- Private fostering
- Radicalisation
- Sexting
- Teenage relationship abuse
- Peer on Peer Abuse (see Section I)
- Trafficking
- Children and the Court System
- Children with family members in prison
- Child Criminal Exploitation (commonly known as County Lines)
- Sexual violence and harassment between children
- Homelessness

For further information, refer to London Safeguarding Children Procedures 5<sup>th</sup> Edition and KCSIE May 2018.

## **B. Statutory Definitions of Abuse (Vulnerable Adults)**

The following definition of abuse is laid down in 'No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (Department of Health 2000)':

'Abuse is a violation of an individual's human and civil rights by any other person or persons. In giving substance to that statement, however, consideration needs to be given to a number of factors: abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.'

- i. Physical abuse: this is the infliction of pain or physical injury, which is either caused deliberately, or through lack of care.

- ii. Sexual abuse: this is the involvement in sexual activities to which the person has not consented or does not truly comprehend and so cannot give informed consent, or where the other party is in a position of trust, power or authority and uses this to override or overcome lack of consent.
- iii. Psychological or emotional abuse: these are acts or behaviour, which cause mental distress or anguish or negates the wishes of the vulnerable adult. It is also behaviour that has a harmful effect on the vulnerable adult's emotional health and development or any other form of mental cruelty.
- iv. Financial or material abuse: this is the inappropriate use, misappropriation, embezzlement or theft of money, property or possessions.
- v. Neglect or act of omission: this is the repeated deprivation of assistance that the vulnerable adult needs for important activities of daily living, including the failure to intervene in behaviour which is dangerous to the vulnerable adult or to others. A vulnerable person may be suffering from neglect when their general well being or development is impaired.
- vi. Discriminatory abuse: this is the inappropriate treatment of a vulnerable adult because of their age, gender, race, religion, cultural background, sexuality, disability etc. Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. Discriminatory abuse links to all other forms of abuse.
- vii. Institutional abuse: this is the mistreatment or abuse of a vulnerable adult by a regime or individuals within an institution (e.g. hospital or care home) or in the community. It can be through repeated acts of poor or inadequate care and neglect or poor professional practice.
- viii. Spiritual abuse: there is always a danger of spiritual authority being used to intimidate, manipulate, dominate and/or control.

### **C. How to recognise the signs of abuse**

The recognition of abuse can be very difficult. Sometimes suspicions are no more than vague feelings of unease. Noticeable injuries or changes in behaviour patterns may be the result of a number of things, among them abuse. However, it can be very difficult to decide, if, for example, a bruise is caused by accident or as a result of abuse. Very often recognition of abuse emerges from the building up of an accurate picture of the child and family over a period of time. The following guidelines may prove useful in helping to rationalise your concerns regarding possible abuse.

- i. Physical abuse: the following signs may be indicators of physical abuse:
  - The single or repeated appearance of treated or untreated cuts, bruises and other minor injuries and/or fractures.
  - Bruises caused by shaking or squeezing which will often take the form of finger and thumb marks.
  - Scalds, burns, bites, swellings and bald patches on the scalp. Regular scald marks, particularly on hands, feet or buttocks, are unlikely to have been caused by accidental splashing. When looking at burn marks, consider the possibility of cigarette burns, which are rarely caused accidentally.
  - Bruises caused by biting may appear as oval and open-ended. The size of a bite may indicate whether it has been caused by an adult or another child.
  - Hair pulling may cause bald patches.
- ii. Sexual abuse: recognition of sexual abuse can be more difficult than that of physical abuse as there may not be any physical signs at all or, if there are, they may only be observed when the child undresses. Particular attention should be paid to children who appear reluctant to change for the Physical Education activity. This may indicate either physical or sexual abuse. It may however be nothing more than shyness and so one needs to be careful. Sexual abuse is more likely to be discovered by means of a disclosure either deliberate, accidental or through a third party.

Indications of sexual abuse are more likely to be emotional or behavioural. The following signs may be indicators of sexual abuse:

- Torn, stained or bloody underclothes.
- Pain or itching of genital area, including abnormal discharge.
- Injuries such as bruises, scratch and bite marks in the genital or anal area.
- Recurrent urinary tract infections.
- Psychosomatic disorders, such as recurrent abdominal pains.
- Difficulty in walking or sitting.
- Any unexplained changes in behaviour, taking into account the age and previous knowledge of the child. For example, a normally quiet child becoming loud and aggressive, or a boisterous child suddenly becoming quiet and passive.
- Sexually explicit talk and behaviour, inappropriate to the child's age.
- Uncharacteristic eating disorders.
- A disturbance of sleeping patterns, constant tiredness.

Children and young people have always been curious about the opposite sex and/or experimented sexually. However, where a child is in a position of power, has responsibility over another child (as in a babysitting arrangement) and abuses that trust through engaging in sexual activity, this is likely to be regarded as abusive. The same applies where one child

introduces another child to age-inappropriate sexual activity or forces themselves onto a child. This is not mutual exploration. Such situations should be taken as seriously as if an adult were involved.

- iii. Emotional abuse: emotional abuse is probably the most difficult type of abuse to recognise. The signs are behavioural rather than physical, though the manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The following signs may be indicators of emotional abuse:
  - Low self-esteem and lack of confidence. Such a child may seek constant reassurance.
  - The child may be a 'loner' and have poor or no social relationships.
  - Other children may use the child as a 'scapegoat'.
  - The child may be withdrawn, introverted and depressed.
- iv. Neglect: the following signs may be indicators of neglect:
  - The signs and symptoms of physical neglect are generally self-evident. Children suffering from neglect can be obviously smelly, poorly or inappropriately dressed, or appear to be constantly cold or hungry.
  - A child who fails to achieve his/her normal developmental stages may also be suffering from physical neglect.
- v. Visual abuse: the following signs may be indicators of visual abuse:
  - Can often be recognised through the content of conversation, artwork and play.
  - Fear and depression.
- vi. Child sexual exploitation (CSE)
  - An imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Staff should be aware of the key indicators of children being sexually exploited which can include:

- going missing for periods of time or regularly coming home late;
- regularly missing school or education or not taking part in education;
- appearing with unexplained gifts or new possessions;
- associating with other young people involved in exploitation;
- having older boyfriends or girlfriends;

- suffering from sexually transmitted infections;
- mood swings or changes in emotional wellbeing;
- drug and alcohol misuse; and
- displaying inappropriate sexualised behaviour.

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

There are three main types of child sexual exploitation:

- **Inappropriate relationships:**  
Usually involves just one abuser who has inappropriate power – physical, emotional or financial – or control over a young person. The young person may believe they have a genuine friendship or loving relationship with their abuser.
- **Boyfriend:**  
Abuser grooms victim by striking up a normal relationship with them, giving them gifts and meeting in cafés or shopping centres. A seemingly consensual sexual relationship develops but later turns abusive. Victims are required to attend parties and sleep with multiple men and threatened with violence if they try to seek help.
- **Organised exploitation and trafficking:**  
Victims are trafficked through criminal networks – often between towns and cities – and forced or coerced into sex with multiple men. They may also be used to recruit new victims. This serious organised activity can involve the buying and selling of young people

vii. **Female Genital Mutilation (FGM):** Risk factors for FGM include:

- low level of integration into UK society
- mother or a sister who has undergone FGM
- girls who are withdrawn from PSHE
- visiting female elder from the country of origin
- being taken on a long holiday to the country of origin
- talk about a ‘special’ procedure to become a woman

#### Symptoms of FGM

The World Health Organisation identify girls between 4 and 10 as being the most at risk.

- FGM may be likely if there is a visiting female elder, there is talk of a special procedure or celebration to become a woman, or parents wish to take their daughter out-of-school to visit an ‘at-risk’ country (especially before the summer holidays), or parents who wish to withdraw their children from learning about FGM.

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

viii. **Breast Ironing:** is where young pubescent girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. The custom uses large stones, a hammer or spatulas that have been heated over scorching coals to compress the breast tissue, or an elastic belt to press the breasts so as to prevent them from growing in girls as young as 9 years old. Much like Female Genital Mutilation (FGM), breast-ironing has been identified by the UN as one of five under-reported crimes relating to female-to-female/gender-based violence.

The practice is performed usually by mothers and female relatives and it is believed that by carrying out this act:

- young girls will be protected from harassment, rape, abduction
- it will prevent early pregnancy that would tarnish the family name
- it will allow the girl to pursue education rather than be forced into early marriage
- it will delay pregnancy by "removing" signs of puberty
- girls may not appear sexually attractive to men

Most at risk: Young pubescent girls usually aged between 9 – 15 years old. It is a well-kept secret between the young girl and her female relatives who are likely to carry out the practice.

ix. **Prevent, Radicalisation and Extremism: Recognising Extremism -** Early indicators of radicalisation or extremism may include:

- showing sympathy for extremist causes
- glorifying violence, especially to other faiths or cultures



- making remarks or comments about being at extremist events or rallies outside school
  - evidence of possessing illegal or extremist literature
  - advocating messages similar to illegal organisations or other extremist groups
  - out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent.)
  - secretive behaviour
  - online searches or sharing extremist messages or social profiles
  - intolerance of difference, including faith, culture, gender, race or sexuality
  - graffiti, art work or writing that displays extremist themes
  - attempts to impose extremist views or practices on others
  - verbalising anti-Western or anti-British views
  - advocating violence towards others
- x. **Sexting:** The term ‘sexting’ relates to the sending of indecent images, videos and/or written messages with sexually explicit content; these are created and sent electronically. They are often ‘shared’ via social networking sites and instant messaging services. Immanuel will not tolerate sexting; it is inappropriate and illegal amongst young people and can have extremely damaging and long-lasting consequences. Sexting is unacceptable behaviour. The misuse of electronic communication, such as sexting, inappropriate comments on Facebook, being the object of cyber-bullying and online grooming are all potential safeguarding concerns. We have a responsibility to work with parents and carers in ensuring that all children and young people are fully aware of the dangers and possible repercussions of sexting.
- xi. **Missing:** (This is Immanuel School specific). A child going missing from education is a potential indicator of abuse or neglect. Staff should will follow the school’s procedures for unauthorised absence and for dealing with children that go missing from education, particularly on repeat occasions. Children missing may be an indicator of possible abuse and neglect, including sexual exploitation. It may also be a sign of Child Criminal Exploitation (County Lines).

#### **D. Private Fostering:**

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

- A close family relative is defined as a 'grandparent, brother, sister, uncle or aunt' and includes half-siblings and step-parents; it does not include great-aunts or uncles, great grandparents or cousins.
- Parents and private foster carers both have a legal duty to inform the relevant local authority at least six weeks before the arrangement is due to start; not to do so is a criminal offence.
- Whilst most privately fostered children are appropriately supported and looked after, they are a potentially vulnerable group who should be monitored by the local authority, particularly when the child has come from another country. In some cases, privately fostered children are affected by abuse and neglect, or be involved in trafficking, child sexual exploitation or modern-day slavery.
- Schools have a mandatory duty to report to the local authority where they are aware or suspect that a child is subject to a private fostering arrangement. Although schools have a duty to inform the local authority, there is no duty for anyone, including the private foster carer or social workers to inform the school. However, it should be clear to the school who has parental responsibility.
- School staff should notify the designated safeguarding lead when they become aware of private fostering arrangements. The designated safeguarding lead will speak to the family of the child involved to check that they are aware of their duty to inform the LA. The school itself has a duty to inform the local authority of the private fostering arrangements.
- On admission to the school, we will take steps to verify the relationship of the adults to the child who is being registered.

#### **E. How to deal with concerns, disclosures, the structure of accountability and responsibility**

Immanuel has a strong tradition of pastoral care and oversight. Where concerns do not reach the thresholds for abuse, early help will be given by the responsible adult carrying oversight for the particular child, young person or vulnerable adult. This may be through timely interventions such as:

- Informal conversations in a social setting
- Scheduled pastoral sessions
- Arranged meeting with parent/carer
- Referrals to counsellor or support group
- (School specific) Pastoral session with form tutor and/or Phase leader.

As mentioned above recognition of abuse can be very difficult and sometimes suspicions are no more than vague feelings of unease based on something observed or sensed. And what can appear like abuse can be altogether innocent. It's important therefore not to quickly jump to conclusions whilst at the same time not ignoring concerns. Unless there are obvious signs of abuse or a direct disclosure is made however (see below) it's best to allow a picture to develop over a period of time before coming to a decision. In this way it is more likely to be the right decision. The reverse side of the Confidential Report Form (see Appendix B) can be used to record feelings/concerns.

Information suggesting that abuse may have occurred can come from a variety of sources. It may have resulted from a direct disclosure on the part of a child, young person or vulnerable adult, a change in their behaviour, a concern raised by a relative, friend or others within Immanuel or a picture built up over a period of time as mentioned above.

If there is a concern that a child, young person or vulnerable adult may have been abused or a direct allegation of abuse has been made, it's important the person receiving this information does the following:

- i. The initial discussion is important and the following advice will hopefully help:
  - When a person wants to talk about abuse:
    - Listen carefully to what they say.
    - Keep calm.
    - Look the person in the eye.
    - Let the person know you will need to tell someone - do not promise confidentiality.
    - Even when the person has broken a rule, communicate that he/she is not to blame for the abuse.
    - Be aware that the person may have been threatened or sworn to secrecy.
    - Never push for information.
  - Helpful things to say:
    - I'm glad you have told me.
    - It's not your fault.
    - I will help you.
    - Is there anything else you wish to tell me?

- The pace should be dictated by the child so do not ask any leading questions. Avoid saying:
    - Why didn't you tell anyone before?
    - I cannot believe it.
    - Are you sure this is true?
    - Why? How? When? Who? Where?
    - False promises.
    - Things like 'I am shocked'.
  - Concluding the discussion:
    - Reassure the person it was right to tell you and that you will do everything you can to help.
    - Let the person know what you are going to do next and that you will let him/her know what happens.
- ii. Make notes as soon as possible (preferably within one hour of the person talking) including a description of any injury, its size, and a drawing of its location and shape on the persons' body. Note its position to see if it has occurred at one of the common sites of non-accidental injury.
    - see Appendix A.
  - iii. Write down exactly what has been said, when she/he said it, what was said in reply and what was happening immediately beforehand (e.g. a description of an activity). Note the explanation given for its cause on the Confidential Report Form - see Appendix B.
  - iv. Write down dates and times of these events and when the record was made. Write down any action taken and keep all hand written notes even if subsequently typed up.
  - v. These notes should be passed to the Team Leader/Principal for onward transmission to one of the Designated Safeguarding Leads - Lin Milton (Immanuel Trustee, School Management and IT Support) or Simon Reeves (Principal, Immanuel School) who has specific responsibility for Safeguarding in EYFS. Always keep in mind that your role is to clarify the facts not to investigate the complaint.
  - vi. The Designated Safeguarding Leads should immediately inform the Immanuel Leadership Team/Chair of Trustees. Where a person is believed to have suffered harm, is thought likely to have suffered harm or may be at risk of suffering harm i.e. physical, emotional, neglect or sexual abuse etc.

the Safeguarding Leads should refer the matter to Adult or Children's Social Services or the police within 24 hours.<sup>1</sup>

- vii. All documents should be signed, dated and kept for an indefinite period in a secure place. Consideration should be given to any procedures that have already been adopted by Immanuel and it's important that the conditions laid down by Immanuel's insurers are followed to ensure there is appropriate cover against any claims.
- viii. If the allegation is against a member of staff, Team Leader, School Principal etc., the member of staff receiving the allegation should immediately inform one of the Designated Safeguarding Leads. Advice should be sought from the statutory authorities before taking any action such as suspension of employment. Refer to the document 'Dealing with allegations of abuse against teachers and other staff' – Keeping Children Safe in Education September 2018.

The suspension of a worker following an allegation is by definition a neutral act but may be necessary because the priority is to protect children, young people and vulnerable adults from possible further abuse or from being influenced in any way by the alleged perpetrator.

- ix. If the Designated Safeguarding Leads are not contactable or they are subject of the concerns, the Immanuel Leadership Team/Chair of Trustees should be contacted. If they are the subject of the concerns, the statutory agencies should be contacted direct.
- x. The Immanuel Leadership Team in discussion with the Trustees will report to the Department for Education all appropriate cases where a member of staff:
  - o Is dismissed.
  - o Resigns after being accused of misconduct.
  - o Resigns before enquiries into alleged misconduct are completed.
  - o Resigns on the award of retirement benefits.
- xi. If a child/young person/vulnerable adult needs urgent medical attention an ambulance should be called or they should be taken to hospital, informing the parents/carers afterwards of the action that was taken. The hospital staff should be informed of any safeguarding concerns. They have a responsibility to pass these concerns on to the statutory authorities.
- xii. If it is deemed that a child is in need of support, perhaps due to poor parenting, but not at risk of abuse, it may be appropriate to speak to the

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<sup>1</sup> In the case of very recent severe sexual assault (such as rape), do not touch or tamper with any evidence, such as clothing and dissuade the person from cleansing themselves. Do not tell the parents/carers. It is also important no one else who might be involved is inadvertently alerted to the situation. Keep information confidential and share on a need to know basis. The person also has a right for their privacy to be respected as much as is possible.

parent/carer, offer practical domestic help and suggest, for example, a chat with the health visitor, doctor or Children's Social Services.

- xiii. Procedures need to be applied with common sense and professional judgement.

#### **F. Guidance for staff regarding how to avoid harming pupils or putting themselves at risk of allegations**

- All staff should maintain high standards of ethics and behaviour; treat pupils with respect and dignity and have regard for the need to safeguard pupils' well-being.
- All staff should be aware of both the school's code of conduct for pupils and the school discipline procedures and these should be used as the backdrop to creating a safe and secure environment.
- Good classroom management should limit poor behaviour; so staff need to be armed with a variety of simple strategies that defuse tension at a very early stage, e.g. separating mischievous pupils.
- In the vast majority of instances, discipline will take place within a working environment with other pupils present. Where this is not the case however and the member of staff needs to address a pupil individually, it is recommended that both staff and pupils sit behind their respective desks and that the classroom door is kept open. In the case of younger pupils they may sit on the carpet. Staff may choose to have another member of staff present at this moment if that feels more comfortable.
- Should a member of staff, or a pupil, reach a point where they are becoming unduly agitated, another member of staff must be drawn in immediately. This can be done by sending another pupil for help and an additional member of staff coming into the classroom, or by the pupil who is misbehaving being sent to another room to calm down.
- If a situation arises where a pupil is becoming routinely badly behaved, the class teacher should speak to the Principal or a member of the School Leadership Team who will help them to establish a discipline management plan, which is in line with the school's discipline policy and procedure.
- Minor discipline infringements should be recorded in the form folder and issues of greater significance should be reported to the Principal or the Safeguarding Lead as appropriate.
- At least one member of staff is to be trained in Physical Restraint.

## **G. Concerns about and allegations against staff**

- At Immanuel, we recognise the possibility that adults working in the church or the school may harm children. Any concerns about the conduct of other adults in the church or the school should be taken to one of the following without delay:

- Simon Reeves (Immanuel School Principal and deputy DSL)
- Peter Taylor (Immanuel Leader)
- Lin Milton (DSL)

Any concerns relating to one of the aforementioned people should be passed on to one of the other two listed people or, if deemed necessary, the Chair of Trustees. Where the allegation is against the Principal, the Principal must not be informed of the allegation prior to contact with the Chair of Trustees and the LADO.

- If a concern is raised or an allegation is made, the member of staff receiving the allegation, or having the concern, will immediately inform one of the aforementioned people; this must be done on the same working day.
- When dealing with an allegation, we will be guided by Working Together to Safeguard Children, March 2018 and Keeping Children Safe in Education, September 2018, which defines an allegation as:
  - behaved in a way that has harmed a child, or may have harmed a child;
  - possibly committed a criminal offence against or related to a child; or
  - behaved towards a child or children in a way that indicates that they are unsuitable to work with children.
- On receipt of an allegation, the aforementioned people will discuss immediately, on the same working day, the content of the allegation with Local Authority Designated Officer (LADO), before taking any further action.
- The church and the school will not internally investigate until instructed by the LADO.
- We will follow the LA procedures for managing allegations against staff. This includes the reporting of such allegations to the DBS and the Teaching Regulation Agency (TRA). These procedures are contained in the London Child Protection Procedures 5<sup>th</sup> edition 2015, amended in 2018.
- All staff are aware that if, for whatever reason, none of the options explained above are available to them, they have a duty to contact the LADO, in order to do what is commonly known as 'whistle blowing'.

## **H. Termination of Employment**

If it is deemed necessary to terminate a person's employment, due to them having caused harm or posing a risk of harm to a child:

- Immanuel is committed to report promptly to the DBS, whether the termination of a person's services is due to dismissal, non-renewal of a fixed term contract, no longer using a volunteer or no longer using contracted staff for after school activities. When required, a thorough report will be made and forwarded to the DBS, as Immanuel is aware that not to do so constitutes an offence.
- Immanuel will consider making a referral to the TRA, whether following dismissal, or resignation in anticipation of dismissal, if it is considered that a prohibition order may be appropriate for reasons such as 'unacceptable professional conduct', 'conduct that may bring the profession into disrepute' or a 'conviction, at any time, for a relevant offence'. We will not come to any 'Compromise agreements' which may prevent a referral being made to the DBS. For advice about whether an allegation against a member of staff is sufficiently serious to refer to the TRA, we would refer to the guidance, 'Teacher misconduct: the prohibition of Teachers' (April 2018). We are aware that there is also further guidance on the TRA website.

## **I. Allegations against pupils – peer on peer abuse**

- The school recognises the different forms peer on peer abuse, and is clear that abuse is abuse and should never be tolerated or passed off as "banter" or "part of growing up".
- Children are vulnerable to abuse by their peers. Such abuse should be taken as seriously as abuse by adults and should be subject to the same child protection procedures. Professionals should not dismiss abusive behaviour as normal between young people and should not develop high thresholds before taking action.
- Professionals should be aware of the potential uses of information technology for bullying and abusive behaviour between young people.
- Professionals should be aware of the added vulnerability of children and young people who have been the victims of violent crime (for example mugging), including the risk that they may respond to this by abusing younger or weaker children.
- The alleged perpetrator is likely to have considerable unmet needs as well as posing a significant risk of harm to other children. Evidence suggests that such children may have suffered considerable disruption in their lives, may have witnessed or been subjected to physical or Sexual Abuse, may have problems in their educational development and may have committed other offences. They may therefore be suffering, or at risk of suffering, Significant



Harm and in need of protection. Any long-term plan to reduce the risk posed by the alleged perpetrator must address their needs.

- If one child or young person causes harm to another, this should not necessarily be dealt with as abuse: bullying, fighting and harassment between children are not generally seen as child protection issues. However, it may be appropriate to regard a young person's behaviour as abusive if:
  - There is a large difference in power (for example age, size, ability, development) between the young people concerned; or
  - The perpetrator has repeatedly tried to harm one or more other children; or
  - There are concerns about the intention of the alleged perpetrator.
- If the evidence suggests that there was an intention to cause severe harm to the victim, this should be regarded as abusive whether or not severe harm was actually caused

#### **J. Use of Mobile phones and cameras in EYFS**

Staff are permitted to bring their mobile phones into the classroom, but they must remain on silent or be switched off and stored securely. They may only be used on a designated break. Mobile phones, cameras and other electronic devices belonging to staff/volunteers/parents may not be used to take photographs or videos of children at any time.

Photographs taken for EYFS profiles may only be taken using the designated Immanuel School camera. These photographs are stored on an encrypted hard drive.

There is additional guidance on the use of mobile phones and cameras in other school age groups, along with guidelines for the appropriateness of such images.

#### **K. Procedures for Mental Health Issues**

- Immanuel/Immanuel School should ensure that the parent/carer is engaging with GP or other Health professionals, eg. CAMHS.
- If not, the Safeguarding Lead should do a referral. (GP or CAMHS)
- Safeguarding Lead or Senior Leader must follow up and make sure parents have been proactive.
- If urgent (suicidal) the child should be taken straight to A&E. Parents/carers should then be informed, unless inappropriate to do so.

## **Child and Adolescent Mental Health Services. (CAMHS)**

Havering-0300 5551124

Redbridge - 0300 555 1182

Barking & Dagenham - 0300 555 1035

Newham - 020 7055 840

### **L. Anti-bullying procedures**

Immanuel has a zero tolerance towards bullying. When there is reasonable cause to suspect a child, young person or vulnerable adult is suffering or is likely to suffer significant harm, a bullying incident will be treated as a child protection concern.

Children can bully each other, be bullied by adults, sometimes bully adults and adults can bully other adults. Any form of bullying results in pain and distress to the victim and is unacceptable behaviour within Immanuel. Some common forms of bullying are:

- i. The use of aggression with the intention of hurting another person; repeated often over a period of time.
- ii. Treating with persistent petty cruelty - often difficult for victims to defend themselves against.
- iii. To use threats and taunts, to intimidate and or coerce.
- iv. Bullying can involve an element of spiritual control.
- v. Verbal - name-calling, sarcasm, spreading nasty stories (rumours) about someone, teasing including via emails or text messaging.
- vi. Emotional - being unfriendly, excluding, tormenting, graffiti, gestures, racial taunts.
- vii. Physical - pushing, kicking, hitting, taking belongings, punching or any use of violence.
- viii. Sexual - sexually abusive comments or gestures.

- ix. Racial - any of the above because of, or focusing on the issue of racial differences.
- x. Homophobic - any of the above because of, or focusing on the issue of sexual orientation.
- xi. Unofficial activities such as initiation ceremonies and practical jokes which may cause the victim physical or emotional harm even though this may not be intended.

Signs of bullying are varied but can include:

- i. Victims being reluctant to attend school/club and often absent.
- ii. Victims being more anxious and insecure than others, having fewer friends and often feeling unhappy and lonely.
- iii. Victims suffering from low self-esteem and negative self-image, looking upon themselves as failures - feeling stupid, ashamed and unattractive.
- iv. Victims presenting a variety of symptoms, including fits, faints, vomiting, limb pains, paralysis, hyperventilation, visual symptoms, headaches, stomach aches, bed wetting, sleeping difficulties and sadness.
- v. Depression or, in the most serious cases, attempted suicide.
- vi. Anxiety, loneliness and lack of trust in adult life.

Prevention and intervention methods should be implemented:

- i. Movement in corridors, changing rooms etc. should be structured in such a way as to limit opportunities for bullying.
- ii. Develop a playground strategy in Immanuel School (similar strategies can be developed for clubs):
  - o Playground strategies should set out clear guidelines for managing pupil behaviour during breaks and lunchtimes. Involve all staff, especially lunchtime supervisors, as well as pupils.
  - o Effective supervision involves moving around the grounds, talking briefly with pupils and anticipating potential difficulties. A suspected problem should be quietly and promptly investigated.
  - o There needs to be efficient communication between supervisors and those responsible for co-ordinating the behaviour policy - and clear

definition of roles and responsibilities of supervisors and teachers when on duty.

- Supervisors' authority is not always acknowledged, undermining efforts to manage behaviour. They need to operate rewards and sanctions, refer an incident for further action if necessary, and know about follow-up. Teaching staff should fully support them in exercising authority.
  - Knowing who has persistently been bullied or is bullying can increase vigilance, but avoid labelling individuals with terms like 'bully' or 'trouble-maker' since this could lead to incorrect interpretation of incidents or a self-fulfilling prophecy.
- iii. Teaching on a regular basis in assemblies, PSHE/Focus lessons and clubs should not only challenge behaviour, but also inspire participants to look out for each other.
- iv. Help everyone to understand what methods of communication and support are available to them.
- v. Pray regularly for a spirit of discernment to see bullying behaviour exposed and dealt with.
- vi. Identify people who are vulnerable to bullying and those who are likely to bully. Some victims may behave passively or submissively, signalling to others that they would not retaliate if attacked or insulted. Others may behave aggressively; sometimes provoking others to retaliate. Some pupils in Immanuel School may find it hard to concentrate in class, are hyperactive, or behave in ways that irritate others. They may get angry easily and fight back when attacked or even slightly provoked - and a large number of classmates and adults, including the teacher, may dislike them. Teaching into low self esteem issues should be employed to help those vulnerable to bullying. Any child can be bullied, and although none of these characteristics can excuse it, certain factors can make bullying more likely:
- Lacking close friends in school.
  - Being shy.
  - Having an over-protective family environment.
  - Being from a different racial or ethnic group to the majority.
  - Being different in some obvious respect - such as stammering, having Special Educational Needs or a disability.
- vii. Befriending involves assigning selected peer level volunteers to 'be with' or 'befriend' peers. The befriended feel more positive about themselves having had someone to talk to about their problems. Befrienders:

- Need friendly personal qualities.
  - Give support with emotional and social problems:
    - Newness to a school.
    - Difficulty making friends.
    - Upset at separation or loss.
    - Being bullied or socially excluded.
- viii. A key arena for bullying is the journey to and from school/clubs. Encourage fearful pupils/young people to travel together. Pupils/young people should be advised to inform staff/team leader should an incident occur and to provide as much detail about the incident as possible.

The reporting of bullying should be made easy for the victim and these procedures may need to vary according to the age and maturity of the person involved. The provision of safe 'communication points' is one of the ways this should be done. Everyone is unique and will favour different methods of communication. These can include:

- i. Talking to the team leader or a member of staff whom the victim trusts and feels comfortable with.
- ii. The use of a written note left in the 'Bullying Box'; a place where pupils in Immanuel School can express concerns about bullying. Notes placed in the box must be clearly named so they can be followed up.
- iii. Peer level sharing: House Captains (plus others) in Immanuel School should be trained in 'Listening Skills' and be available as a listening ear. A clear accountability system must be place to restrict the spread of gossip.
- iv. Parents are encouraged to talk with either Form Tutors/Principal/team leaders/members of Immanuel Leadership Team should concerns about bullying arise at home. They may often exhibit distress. Their concerns must be taken seriously.

When bullying is reported to have taken place the following procedure should be followed:

- i. All incidents must be recorded. It is important to record all incidents of bullying and log them.
- ii. Ensure that details are carefully checked before action is taken.
- iii. The bullying behaviour or threats of bullying must be investigated and stopped quickly.

- iv. The team leader/teacher involved in dealing with the incident should issue a warning to the person concerned.
- v. Whilst the person being bullied needs protection, the person/people doing it need to address the reasons for their behaviour and be encouraged to relate to others in more positive ways. An apology should be sought from the person bullying.
- vi. Opportunities for restoration of relationship should also be provided. This may involve highlighting issues for both parties as well as establishing ownership, repentance and forgiveness. Those involved should receive help to be reconciled if at all possible.
- vii. Parental support is often a key to success or failure in anti-bullying initiatives. Though not always apparent, parental approval is important to children and young people of all ages. The majority of parents support anti-bullying measures and are keen to participate. Consultation is important, helping create an ethos in which positive behaviour is encouraged, and bullying considered unacceptable.

Consideration should be given to informing the parents/carers in the event of bullying, but this should only be done if workers are satisfied there is no bullying/abuse going on at home that might exacerbate the situation.

This will involve explaining the nature of the incident/s and our proposals for dealing with it. It is crucial that this is done sensitively because of the other parties involved. Communication with the parents may either be verbal or written.

- viii. Where strategies do not resolve the problem, permanent exclusion may be justified in the most serious and persistent cases, particularly where violence is involved. The way Immanuel deals with discipline issues will include a sufficient range of sanctions to deal with every type of bullying. Make sure that everyone knows what sanctions will be taken. Sanctions should be fairly and consistently applied. These might include:
  - Removal from the group/club.
  - Withdrawal of break and lunchtime privileges or detention in Immanuel School.
  - Withholding participation in any trip or outside event.
- ix. If it is thought that a serious offence has been committed, consideration will be given after consultation with the Immanuel Leadership Team/Chair of Trustees to contacting the police.
- x. After the incident has been investigated and dealt with, the situation should be monitored to ensure repeated bullying does not take place. This should

be agreed with both parties. This process will vary according to the complexity of the situation and should be logged, along with the name of the member of staff involved in the situation. Monitoring will help to assess progress and evaluate the anti-bullying policy enabling us to target action where it will be most needed and most effective. Monitoring can reveal:

- How frequently pupils have been bullied.
- In what ways it has happened.
- How often they have bullied others.
- Whom they tell.
- What action was taken and by whom.
- Where bullying takes place.

See Immanuel School Anti Bullying Procedures for additional information

### **M. Guidelines re physical contact**

Physical contact is a God-given way of expressing care and acceptance to another human being. Whilst being aware of the dangers of inappropriate physical contact and the need to be wise, we should not be overly fearful. The following points are for guidance:

- Be wise and appropriate in all physical contact with children/young people/vulnerable adults. A hug in the context of a group is very different from a hug behind closed doors. Be aware of one another and don't let child/young person/vulnerable adult/team or staff member/volunteer get into any situation where either is vulnerable to abuse or accusation of abuse.
- Touch should be related to the child, young person's or vulnerable adult's needs, not the worker's.
- Touch should be age-appropriate and generally initiated by the child, young person or vulnerable adult, rather than the worker.
- Avoid any physical activity that may be sexually stimulating.
- All children, young people and vulnerable adults are entitled to personal privacy and the right to decide how much physical contact they have with others, except in circumstances such as a medical emergency.
- If you wish to speak to a child/young person/vulnerable adult away from others, do it in a public area and ensure that another team or staff member/volunteer is aware of what you are doing.
- Due to the effects abuse may have had on a person they may be extremely uncomfortable with expressions of physical affection such as a hug or even a handshake. It is therefore vital to be sensitive and if you

think the person would, for example, appreciate a hug or an arm around them they should check this out with them first and only proceed if appropriate safeguards are in place for both you and the person.

- When giving first aid (or applying sun cream etc), encourage the child, young person or vulnerable adult to do what they can themselves but, in their best interests giving appropriate help where necessary.
- Team members should monitor one another in the area of physical contact. They should be free to help each other by constructively challenging anything which could be misunderstood or misconstrued. If you think that an observed action is inappropriate, in an attitude of grace and humility, it should be drawn to the attention of the adult involved and the Designated Safeguarding Lead.

○  
N. **Guidelines for discipline in clubs including physical intervention**

Immanuel's guidelines for discipline in clubs are as follows:

- i. Do not compare a child, young person or adult with another in the group; rather encourage and affirm and, if possible, give them responsibility for appropriate tasks.
- ii. Build healthy relationships and be a good role model by setting an example. You can't expect others to observe the ground rules if you break them yourself.
- iii. Take care to give the quieter and/or well behaved attention and resist allowing the demanding individuals to take all your time and energy.
- iv. Be consistent in what you say and ensure that other team members know what you have said. This avoids manipulation.
- v. Never smack or hit anyone and don't shout. Change voice tone if necessary.
- vi. Call on support from other leaders if you feel so angry you may deal with the situation unwisely.
- vii. Lay down ground rules e.g. no swearing, racism or calling each other names, respect for property, and make sure everyone understands what action will be taken if not adhered to.
- viii. Every person is unique and will respond in different ways to different forms of discipline. It follows therefore each person should be dealt with on an individual basis.



- ix. Working with disruptive children and young people can sometimes be taxing. They can become angry, upset or disruptive. Initially you should:
- Have them sit right in front of you or get a helper to sit next to them.
  - Encourage helpers to be pro-active rather than waiting to be told to deal with a situation.
  - Challenge them to change their behaviour whilst encouraging their strengths.
  - Warn them that you may:
    - Speak to their parents/carers about their behaviour.
    - Send them outside the room (under supervision).
- x. Occasionally their behaviour may endanger themselves or others. The Government has developed national standards in relation to early years and day care and the following guidelines can be used if someone is being disruptive:
- Ask them to stop.
  - Speak to them to establish the cause(s) of the upset.
  - Inform them they will be asked to leave if the behaviour continues.
  - Warn them if they continue to be disruptive, this might result in longer-term exclusion from the group.
  - If they are harming themselves, another person or property then others in the group should be escorted away from the area where the disruption is occurring. At the same time, and with a second worker present, request them to stop.
  - If your request is ignored, you might need to warn the individual that you will consider calling the police.
  
  - As a last resort, in the event of them harming themselves, other people or property, physical restraint may be needed using the minimal force necessary, until the police arrive.

The workers involved should always record what happened in writing as soon as possible after the incident. This should include:

- The activity that was taking place.
- What might have been the cause of the disruptive behaviour.
- The person's behaviour.
- What was said and how the worker and others responded.
- A list of others present who witnessed the incident.
- A copy should be given to the team leader, a copy retained by the worker and a copy kept with the logbook. Parents should be informed if their child has been restrained.

See Immanuel School's Discipline Policy for additional information as it relates to the School.

## **O. Membership of Immanuel**

When a child/young person becomes a member or becomes involved in an activity (even on an irregular basis) run by Immanuel, it is important at the outset that a general information and consent form is completed and returned giving contact details of parents/carers, plus medical and other details such as allergies or special dietary requirements. This form should be renewed annually. See model form at Appendix C.

See Immanuel School's Admissions Policy as it relates to the School.

## **P. Attendance Register**

An attendance register should be kept every week of those attending a club or activity, together with a register of the workers. It is good practice to keep parents/carers informed of the nature of activities. Sometimes children/young people will want to join in with our activities without the knowledge of parents or carers e.g. children playing outside or wandering the streets with no adult supervision. In these circumstances it is important to:

- i. Welcome them but try to establish their name, age (children), address and telephone number. Record their visit in a register.
- ii. Ask if a parent/carer is aware where they are, and what time they are expected home. If this is before the session ends, they should be encouraged to return home, unless the parent/carer can be contacted and they are happy with the arrangement. In the case of children in particular, suggest the child seeks the parent/carer's permission to return the following week.
- iii. Link the visiting person with a regular attendee who can introduce them to the group and explain about the activity.
- iv. On leaving, give the person a leaflet about the group with contact telephone numbers etc and perhaps a standard letter to the parent/carer inviting them to make contact.
- v. Without an interrogation, you will need to find out as soon as possible whether they have any special needs, (e.g. medication), so that you can respond appropriately in an emergency.

See Immanuel School's Attendance Policy as it relates to the School.

## **Q. Keeping records**

A record is maintained by the Safeguarding Lead, where team leaders and workers can note unusual events or conversations that they witnessed<sup>2</sup>. Every child, young person, vulnerable adult, parent or carer should be able to view what is recorded about them in the logbook.

This information would need to be kept in a way that does not breach the confidentiality of an individual<sup>3</sup>. Information of a sensitive nature (e.g. a child disclosing abuse) will need to be kept separately in a secure place. It is recommended that these records should be kept indefinitely as advised by insurance companies.

See Immanuel School's Record Keeping Policy as it relates to the School.

## **R. Supervision ratios**

The supervision ratios must be adequate for the size of the group, the age of the children/young people/vulnerable adults and the activities planned. The following ratios are recommended by the government through Ofsted. These are the ratios required in regulations governing day care for under 8's:

- i. For 2 yrs and under there should be 1 adult to every 3 children.
- ii. For 3 yrs there should be 1 adult to every 4 children.
- iii. For 4 to 8 yrs there should be 1 adult to every 8 children.

Note: Day Care regulations (Ofsted) cover activities which last for six days or more in a year, for children up to eight years of age where there is no one with parental responsibility with them and where the activity lasts for two hours or more in a day.

For children over 8, there is no official guidance. Immanuel's practice is a minimum of two adults (one of each gender in mixed gender groups) for up to 20 children, with an additional leader for every 10 children. A risk assessment should be carried out for activities and especially where it is:

- Outdoors.
- High risk or dangerous.
- When catering for people with disabilities or special needs.

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<sup>2</sup> This may be very helpful if, for example, leaders have to deal with a difficult member who subsequently makes an accusation of assault or a young person repeatedly makes sexual comments about workers that may, at a later date, result in an allegation of abuse. In this situation, written records would enable any allegations to be seen in context. Patterns of behaviour or concerns might also emerge from log records that might not otherwise be so obvious - for example, bruising noted on a regular basis or a number of young people making similar comments about one worker that raises concerns. Other information might include records of incidents such as fights and the action taken. Logbooks safeguard both children and workers.

<sup>3</sup> Whilst it is important to observe data protection requirements, remember safeguarding is always the priority. Information about the prevention and detection of crime is exempt from Data Protection requirements. It may, therefore, be inappropriate to release information to a parent, that has been disclosed by a young person, without first consulting the statutory agencies.

The results of the risk assessment may mean ratios need to be increased. There should be an increased adult to child ratio for all swimming trips and prior to the trip the swimming ability of a child/young person/vulnerable adult should be established.

Also see 'Immanuel's Off-site Events Procedures'.

Immanuel School pupil to teacher ratio is covered under Early Years Regulations.

## **S. Parents staying with children's groups**

There may be occasions where parents/carers ask if they can stay to watch the children's group's activity. It is important not to appear guarded but there may be concerns, particularly since our expectation is that all adults who work with children in any capacity should undertake a Disclosure and Barring Service check and other checks. The following principles should be observed:

- i. Parents can be permitted to observe groups but not take part. A distinction should be made.
- ii. It can help certain children settle into a group, if the child knows that a parent/carer is there. After the settling in period, if a parent/carer wishes to continue to stay, consideration could be given to them becoming a helper/worker but they would be required to undertake the same recruitment and selection procedure as with any other worker.
- iii. Remember that whilst a person watching may be a parent/carer for one or more of the children, to the rest of the children they are strangers.
- iv. Organise an open evening from time to time as part of the on-going children's programme to build relationships and encourage parents to take an active role in supporting the group.
- v. Be aware that for some children with special needs, it may be appropriate for their parent/carer to stay with them for an extended period. This should be considered on an individual basis to help the child become fully integrated into the group/activity.

## **T. Suggestions and complaints from parents/carers**

Where a parent or carer wishes to make a complaint or make a suggestion about any activity provided by Immanuel, it should be taken seriously. It is a good idea in the first instance for them to speak to the team leader who should endeavour to resolve the matter. This should be followed up by a written response to the issue that has been raised and should be recorded and stored appropriately. If the complaint is not resolved to the satisfaction of the parent or carer then the matter should be referred to the Immanuel Leadership Team/Chair of Trustees.

See Immanuel School's Complaints Procedure as it relates to the School.

## **U. Home visits**

Workers and leaders may need to make home visits from time to time. In these circumstances Immanuel will issue formal identification to the person doing the visit. The following are guidelines for visiting:

- i. Inform a supervisor or another worker of the proposed visit.
- ii. In the case of children and young people never go into a home if a parent or carer is absent unless the child would be at risk of significant harm if you do not do so.
- iii. Keep a written record of the visit detailing the following:
  - Purpose.
  - Time you arrived and left.
  - Who was present.
  - What was discussed.
  - If the parent/carer is absent when the call is made, leave some means of identification and explanation for the visit that can be given to them.
  - An invitation to a worker's home should only be extended with the knowledge of the team/leadership and the permission of the parent/carer.

## **V. Peer-group activities**

All peer-group activities (groups led by 16 to 18 year olds) should be overseen by adults who have been selected in accordance with agreed recruitment procedures. Before setting up a peer-led activity the following should be taken into consideration:

- i. The appropriateness of the venue for the activity.
- ii. Any medical issues, dietary needs and allergies will be appropriately managed.
- iii. Emergency contact numbers are to hand for all members under the age of 18 years.
- iv. If the provision of food is part of the activity, leaders must ensure that food is prepared in accordance with Basic Food Hygiene standards and 'Immanuel's Food and drink safety and hygiene (including kitchen) procedures'.
- v. If a peer-led activity involves under-8s and lasts for two or more hours a week for more than five days a year, it will need to be registered with Ofsted.

Whilst there may be a valid argument for groups of age 16+ being led and run by their peers, adult leaders should always be in the vicinity and should contribute to any programme reviews and planning. Peer-group leaders must be trained and supported by at least one adult worker. The following should also be followed:

- i. If there are children/young people under 16yrs at an activity, adults workers should be present or within earshot.
- ii. No person under the age of 16 should be left with the sole responsibility of caring for or supervising other children or vulnerable adults.
- iii. Young people (over 16) who assist with caring for other children/young people should be subjected to the same recruitment process as adults and have undertaken safeguarding training.
- iv. Peer-group leaders should be aware of safeguarding procedures, including reporting concerns (e.g. abuse, bullying) to their supervising adult and that sensitive information should not be shared openly in the group.
- v. Parents/carers must always be kept informed about what peer-group activities are for, who the leaders are, how they are run, where they meet and what parents can do to support them.

## **W. Sleepovers**

Sleepovers should be discussed and arranged in advance by the workers so that agreements can be made on the best way of caring for the children/young people given the venue, number of children, age and gender mix etc. Be aware of the possibility of abuse by adult and child alike and accept the need to be watchful. The following issues need to be considered when organising a sleep-over:

- i. There must be adequate insurance cover on the building to cover this activity including any limits on numbers.
- ii. Prior to the sleepover the building should be checked for suitable fire exits and workers should know where the water, electricity and gas can be turned off and the location of fire extinguishers. A fire drill should be carried out as soon as possible after entering the premises for the night.
- iii. Parents/carers must complete a medical consent form and an activity consent form in respect of their children's medical care, travel and collection arrangements, sleeping conditions, food and other specific activities (e.g. games).
- iv. Parents/carers should be given written details of the arrangements for the night with the contact number of an identified children's worker, not simply the phone number of the premises.
- v. Specific responsibilities should be designated to workers to ensure clarity of roles.
- vi. Make sure there is a qualified first-aider in attendance.
- vii. Males and females should sleep separately. If it is a mixed sex group, female and male leaders will be needed.
- viii. Adults should not sleep in the same room as the children.
- ix. Appropriate night attire must be brought.
- x. Changing and showering facilities should be single-sex and separate for children and adults. If there are limited facilities, timetables need to be drawn up.
- xi. All medical information and emergency contact numbers must be easily accessible and workers should have access to a telephone or mobile phone.

See tick list for sleepovers at Appendix D.

## **X. Off-site events**

If using an established residential centre, checks should be made that it operates a safeguarding policy and carries out Disclosure checks on workers. Organisations providing residential holidays should also carry out full risk and health and safety assessments.

Where holidays/conferences are being planned with workers from other organisations, it's important that the same appointment process, forms and procedures are used. This can be achieved by one of the organisations assuming responsibility for this (with the agreement of the others) and checked by the Designated Safeguarding Lead.

Workers should be given an opportunity of meeting together before the holiday to discuss the programme/activities. It is also essential that workers receive supervision, to ensure a consistent approach to all work.

Workers should respond to allegations of abuse in accordance with the agreed safeguarding policy and procedures. If there is an allegation against a worker, this should be reported to the police local to the holiday location.

See 'Immanuel's Off-site Events Procedures'.

## **Y. First aid**

See 'Immanuel's First Aid Procedures'.

## **Z. Transport**

See 'Immanuel's Off-site Events Procedures'.

## **AA. Training**

All workers will receive training on appointment in Safeguarding and Fire Procedures. They will be given access to a copy of 'Immanuel's Safeguarding Policy and Procedures', either digitally or a hard copy. Additional training will be given as policy or procedures are updated.



## **BB. Photography and filming**

- i. As young people/children join any Immanuel clubs or activities, parents/carers are informed that filming and photography may take place, for the purpose of publicity, website and social media. Parents/carers are asked to inform Immanuel in writing if they wish to withdraw permission for their child to be included in this shared media.
  
- ii. Leaders will ensure appropriate supervision of filming or photography at a club or activity, including storage and disposal of pictures.

See 'Immanuel School's Filming and Photography Policy'.

## **CC. Gifts, rewards and favouritism**

The giving of gifts or rewards to children, young people and vulnerable adults can be part of an agreed policy for supporting positive behaviour or recognising particular achievements. Any gifts should be given openly and not be based on favouritism. Adults need to be aware however, that the giving of gifts can be seen as a gesture to bribe or groom a young person.

Adults should exercise care when selecting children and/or young people for specific activities or privileges to avoid perceptions of favouritism or unfairness. Methods and criteria for selection should always be transparent and subject to scrutiny.

Care should also be taken to ensure that adults do not accept any gift that might be construed as a bribe or lead the giver to expect preferential treatment. There are occasions when children, young people or parents wish to pass small tokens of appreciation to workers, for example, on special occasions or as a thank-you, and this is acceptable. However, it is unacceptable to receive gifts on a regular basis or of any significant value.

## **DD. Children left at School Procedure**

If a child is not collected from School at the designated time, without any contact from the parent/carer, Immanuel School will try to contact one or both parents/carers and the Additional local contact as listed on the child's Contact sheet. If this proves unsuccessful Immanuel School will contact Children's Services one hour after the designated pick-up time. This applies to Primary age children and to others who are regularly collected at the end of the school day.

**EE. Prayer ministry procedures**

- i. Anyone asking for counselling would be referred to a qualified counsellor - an outside agency or a qualified person associated with Immanuel.
- ii. We offer prayer as a means of support for those Christians experiencing difficulties and asking for such support. This is in the context of relationship only, in consultation with the church leader to whom the person relates.
- iii. We would generally pray in pairs and with those of the same sex. We would not encourage one to one prayer with a member of the opposite sex.
- iv. We seek to offer a secure and private place for those receiving prayer.

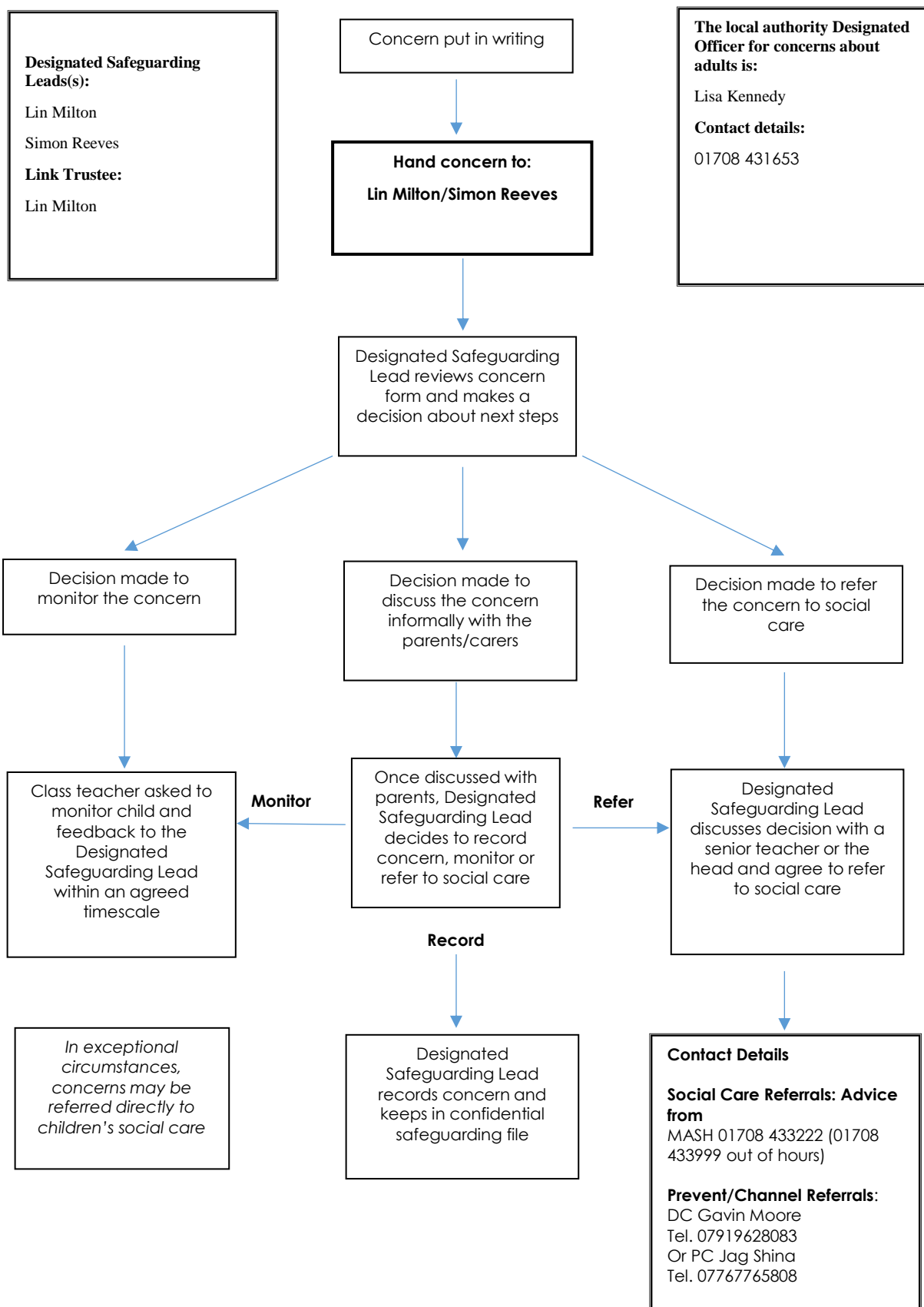
**Key Contact Numbers**

Havering LADO from September 2016 – Lisa Kennedy Tel. 01708 431653

Key Contact Numbers are also at the end of Safeguarding Policy.

Other key numbers and email addresses kept at the front of Safeguarding Folder.

## FLOW CHART FOR RAISING SAFEGUARDING CONCERNS ABOUT A CHILD



**Designated Safeguarding Leads(s):**  
Lin Milton  
Simon Reeves

**Link Trustee:**  
Lin Milton

Concern put in writing

**Hand concern to:**  
**Lin Milton/Simon Reeves**

Designated Safeguarding Lead reviews concern form and makes a decision about next steps

Decision made to monitor the concern

Class teacher asked to monitor child and feedback to the Designated Safeguarding Lead within an agreed timescale

*In exceptional circumstances, concerns may be referred directly to children's social care*

Decision made to discuss the concern informally with the parents/carers

Once discussed with parents, Designated Safeguarding Lead decides to record concern, monitor or refer to social care

Designated Safeguarding Lead records concern and keeps in confidential safeguarding file

**The local authority Designated Officer for concerns about adults is:**  
Lisa Kennedy

**Contact details:**  
01708 431653

Decision made to refer the concern to social care

Designated Safeguarding Lead discusses decision with a senior teacher or the head and agree to refer to social care

**Contact Details**

**Social Care Referrals: Advice from**  
MASH 01708 433222 (01708 433999 out of hours)

**Prevent/Channel Referrals:**  
DC Gavin Moore  
Tel. 07919628083  
Or PC Jag Shina  
Tel. 07767765808

## Common sites of Accidental injury

Crown  
Forehead  
Nose

Boni spinal  
protuberances

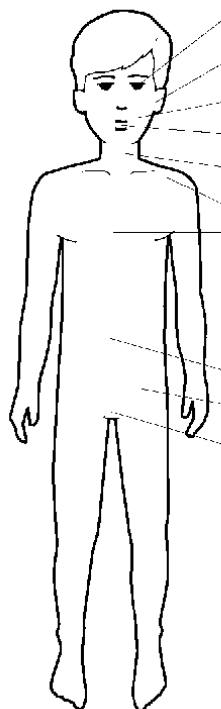
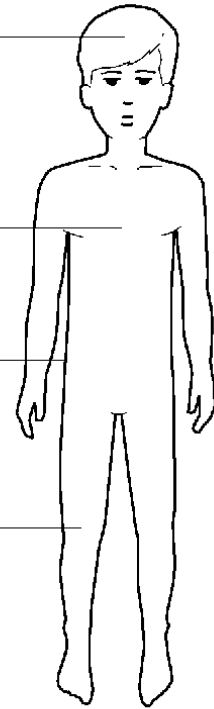
Elbows

Hips

Hands

Knees

Shins



Eyes

Ears

Cheeks

Mouth (inside and out)

Neck

Shoulders

Chest

Upper arms

Back

Inner arms

Stomach

Buttocks

Genitals

Thighs

## Common sites of Non-Accidental injury

**Appendix B**

**Confidential Report Form**

Area of the work (please tick box):

- School
- Youth and children work
- Family and Toddlers
- Other

Name of child/young person/vulnerable adult .....

Age (approx) .....

Date (and exact time/place in case of disclosure).....

Adults present.....

**Nature of concern - nature of disclosure** (circle as appropriate)

Please give as much detail as possible using body shape given on form to describe location in those cases of possible physical abuse. Use back of form if necessary.



Team Leader notified?      Yes    No

Name of Team Leader.....

Reported by (please sign).....

## Appendix C

### Immanuel Model General Information and Consent Form (Church)

Organisation: .....

Full name of child/young person: .....

Date of Birth: .....

Address: .....

.....

Name of GP: ..... Tel No: .....

Address: .....

NHS No: ..... Date of last anti-tetanus injection: .....

Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability which may affect normal activity:

.....

Name of parent/carer: .....

Tel no: Day: ..... Eve: ..... Mobile: .....

Additional contact (grandparent etc or other holding parental responsibility):

Name: ..... Tel no: .....

If you do not have parental responsibility (e.g. you are a foster carer/grandparent etc) please give details of those with parental responsibility:

Name(s): ..... Tel no: .....

Address:

.....

I give permission for ..... to take part in the normal activities of this group. I understand that separate permission will be sought for certain activities, including swimming, and off-site events lasting longer than the normal meeting times of the group.

I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by Immanuel Core Leadership Team and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

I understand that whenever specialist medical advice or treatment is needed, the assistance of a GP or A& E Department of a hospital will be sought. I understand that the Children Act 1989 allows a doctor to provide any necessary treatment by doing 'what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare'.

I have provided you with all necessary information concerning my child's health, allergies, medication etc and I understand that:

- My child will receive medication as instructed before or during the event.
- Every effort will be made to contact me should my child become ill or have an accident.
- My child will be given medical/dental treatment as necessary.

I give permission for my child and the youth/children's workers to communicate using telephone, mobile, email, or internet for the purpose of arranging children/youth activities. Please delete forms of communication you don't want your child contacted by.

I give permission for my child/young person to be given Paracetamol if required:      Yes/No

Signed: (parent/or adult with parental responsibility): .....

Date: .....

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent. Note: this may not include a foster carer.

## Appendix D

### Immanuel General Information and Consent Form (School)

Organisation: **IMMANUEL SCHOOL**

Full name of child/young person:

.....

Date of Birth: .....

Address:

.....

.....

Home Tel No:

.....

**Name of father/carer:**

.....

Tel No. Day: ..... Eve: ..... Mobile:

.....

Email address:

.....

**Name of mother/carer:**

.....

Tel No. Day: ..... Eve: ..... Mobile:

.....

Email address:

.....

**Additional local contact (grandparent etc or other holding parental responsibility):**

Name: ..... Tel No:

.....

Address:

.....

Name of GP: ..... Tel No:

.....



Address:

.....

NHS No: ..... Date of last anti-tetanus injection:

.....

Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability which may affect normal activity:

.....

.....

## PTO

I give permission for my child to take part in the normal activities of school. I understand that separate permission will be sought for certain activities, including swimming, and off-site events.

I understand that while involved he/she will be under the control and care of the school staff and/or other adults approved by Immanuel Core Leadership Team and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

I understand that whenever specialist medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital will be sought. I understand that the Children Act 1989 allows a doctor to provide any necessary treatment by doing 'what is reasonable in all circumstances of the case for the purpose of safeguarding or promoting the child's welfare'.

I have provided you with all necessary information concerning my child's health, allergies, medication etc and I understand that:

- My child will receive medication as instructed during the course of the school day/event.
- Every effort will be made to contact me should my child become ill or have an accident.
- My child will be given medical/dental treatment as necessary.

Signed (parent/or adult with parental responsibility):

.....

Date: .....

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent. Note: this may include a foster carer.

## Appendix E

### Tick list for Sleepovers

- i. Building:
  - Insurance cover adequate.
  - At least two means of exit.
  - Fire extinguishers in place and evacuation procedures known.
  
- ii. Planning ahead:
  - Separate sleeping areas for boys and girls and adults.
  - Out of bounds areas clearly marked (e.g. i.e. kitchen) and unused rooms locked.
  - Appropriate hygiene arrangements made for boys and girls/children and adults.
  
- iii. Staffing:
  - Adequate number of workers for number of children.
  - Adequate number of male and female workers.
  - Workers have undertaken safeguarding training and hold criminal records disclosure clearance.
  - Responsibilities designated to leader/worker (i.e. Cook, first-aider, activity leaders, putting to bed, night patrol, etc.).
  - First-aider adequately qualified.
  - Chief caterer holds Basic Food Hygiene certificate.
  
- iv. Parents and children:
  - Given written information about the plans for the event.
  - Completed medical consent forms and activity consent forms.
  - Children informed on the night of ground rules for the event.
  
- v. Emergency contacts:
  - Collect relevant contact numbers prior to the event.
  - Make sure the team leader knows the contact numbers of the nearest emergency services - including the nearest hospital.
  - Parents given an emergency contact number (mobile of the worker in charge).