



LONGFORD PARK PRIMARY SCHOOL
'Working together, Learning forever'

Safeguarding Procedures

2023/34

Longford Park Primary School has the responsibility to keep all children on roll safe. All staff have completed training to help recognise indicators of various types of abuse in order to do this. The signs could include but not limited to the following:

- Any concern or suspicion that a child has sustained an injury outside what is reasonably attributable to normal play
- Any concerning behaviours exhibited by children that may indicate that they have been harmed or are at risk of harm, including unusual changes in mood or behaviour
- Concerning use of language and / or concerning stories/ drawings
- Any significant changes in attendance/ punctuality
- Any significant changes in a child's presentation
- Any concerns relating to people who may pose a risk of harm to a child and/ or ➤ Any disclosure of abuse that a child has made

If a member of staff, the public or a parent recognise any of these signs or are concerned about a child in any way they should immediately report it to member of staff who is a Designated Safeguarding Lead (DSL). The poster shows the members of staff who are DSL trained. This is displayed in the office foyer, on the school website and around the school for children, parents and visitors to see. These members of staff have responsibility to act on any concerns raised about children. All members of staff are also expected to record any concerns on CPOMS. CPOMS is an electronic programme used to store information safely.

After concerns have been raised, the DSL(s) will then use the 'Right Help, Right Time' guidance (see below) to decide the next course of action.

	Level 1 - Universal No additional needs	Level 2 - Early Help Additional needs meaning there is a risk of poor outcomes	Level 3 - Multi-agency Early Help Additional needs meaning poor outcomes are likely	Level 4 - Statutory Intervention Acute needs - at risk of significant harm
CHILD'S DEVELOPMENTAL NEED	- Achieving milestones. - Any developmental delay is responded to appropriately. - Age appropriate, positive and healthy relationships with parent/carer. - Ability to cope with everyday emotional and relationship difficulties. - All identified is met by the provision of appropriate services.	- Slow in reaching developmental milestones, needs not consistently attended to. - Unsafe use of the internet, including contact with unknown persons. - Missed health checks/immunisations. - Signs of disruptive or challenging behaviour, signs of offending or anti-social behaviour. - Poor attachment. - Unexplained but infrequent absences from school. - Low level mental health issues, self-harm without suicidal thought or intent. - Minor concerns regarding self-care. - Underage sexual activity.	- Developmental milestones not being met due to persistent parental failure/inability. - Forming relationships with unknown adults. - Difficulty coping with anger, frustration or upset. - Displays challenging disruptive, offending behaviour. - Risky sexual behaviour/activity - Persistent non-attendance at school. - Concerns regarding presentation, hygiene, basic care. - Social exclusion. - Regular missed appointments affecting developmental progress. - Self-harm with suicidal ideation.	- Non-mobile child with injury. - Non-organic failure to thrive. - Profound permanent multiple disabilities. - Persistent or multiple relationships with unknown adults offending behaviour resulting in risk of significant harm. - Frequently missing from home. - High level emotional health issues. - Drug/alcohol misuse affecting development. - Teenage pregnancy under 13 years. - Complex mental health issues affecting development. - Hygiene and presentation concerns resulting in isolation. - Challenging behaviour resulting in serious risk of harm.
PARENTAL CAPACITY	- Accesses services appropriately e.g. health and education. - Appropriate feeding, diet and nutrition resulting in age appropriate growth. - Parent ensures child is protected from danger. - Good attachments. - Parent able to implement appropriate boundaries. - Parents respond appropriately to advice given.	- Poor supervision of the child. - Missed health appointments with unscheduled attendances at GP and walk in clinics. - Anti-social behaviour. - Some positive stimulation, new experiences. - Inconsistent care arrangements. - Poor response to emerging need. - Concerns about attachment/interaction. - Inconsistent parenting. - Risk of relationship breakdown. - Reported domestic abuse where impact on child is not immediately known, e.g. the child is not present.	- Parental learning or physical disabilities impacting on child's development or needs. - Parental Substance misuse or mental health issues impacting on child's development or needs - Poor supervision from the parent resulting in unmet need. - Poor response to the child's need from the parent. - Signs of neglect. - Domestic abuse impacting on child's development.	- Failure to access services likely to result in significant avoidable impairment to the child. - Suspected neglect, for example persistent reports of child presenting as hungry/scavenging for food, or at risk due to being overweight/underweight. - Child experience of domestic abuse resulting in risk of significant harm. - Child sustains an injury due to lack of supervision. - Suspected non-accidental injury. - Child abandoned/rejected/persecuted. - Private fostering arrangements. - Non-compliance/disguised non-compliance. - No positive stimulation. - Extreme poverty impacting on parental ability to care for the child. - Significant substance/alcohol misuse.
FAMILY AND ENVIRONMENTAL FACTORS	- Supportive and positive relationships and networks. - Good family relationships. - Accommodation has all basic required amenities. - Secure tenancy. - Family are able to manage financially using resources to meet needs. - Access to positive activities.	- Family affected by low income or unemployment. - Parental advice needed to prevent escalation. - Young carers. - Poor housing/ home environment impacting on the child's health. - Poor access to core services. - Early signs of neglect.	- Transient families: frequent moves impacting on the child's education. - Housing concerns: tenancy at risk, home in poor state of repair. - Relationship breakdown. - Community harassment/ discrimination.	- At risk of female genital mutilation. - At risk of honour based violence. - At risk of forced marriage. - Unaccompanied asylum seeking children. - Edge of care, for example at risk of homelessness. - Suspicion of physical, emotional or sexual abuse or neglect.

The Right Help. Right Time guidance is split into 4 areas of need. If the concerns about your child fit into Level 1,2 or 3, school will discuss and explore with you, agencies that can support your family.

If the concern about your child is 'Level 4' of the guidance, your child may be at risk of significant harm. This means a referral to Children's Social Care must be made that day. Parents may or may not be informed of this dependent on the concern and whether it is deemed that this would increase the risk to your child or anyone else. The referral will be made to the Multi-Agency Safeguarding Hub (MASH) and they will decide what will happen next.

If your child is in immediate danger, school will ring 999.

If you feel that your family requires any support do not hesitate to contact any member of staff who will try to help.

Are you worried about a child?

Please speak to one of our Designated Safeguarding Leads (DSL's).



Mrs Goode
Headteacher
&
Lead DSL



Mrs Evans
Thrive and Well-being
Champion
&
Deputy DSL



Mrs Grant
Thrive and Well-being
Champion
&
Deputy DSL

If DSL's are not available, you can also speak to;



Mrs Farrelly
Deputy Headteacher