FAIRLANDS PRIMARY SCHOOL

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POLICY STATEMENT

SAFEGUARDING (THIRD PARTIES)

APPROVED	September 2026
TO BE REVIEWED BY	September 2027

FAIRLANDS PRIMARY SCHOOL

SAFEGUARDING FOR THIRD PARTIES

STATUTORY FRAMEWORK

Whilst using the premises of the schools, setting and services of The Claxton Trust, [NAME OF THIRD PARTY] shares a responsibility for ensuring children, young people and adults at risk are kept safe from harm.

This policy is based on the latest version of Keeping Children Safe in Education, which describes statutory guidance under Section 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014, and the Non-Maintained Special Schools (England) Regulations 2015. We also take into account the guidance set out in Guidance for safer working practice for those working with children and young people in education settings (February 2022).

We therefore agree to sign up to this policy and will align our safeguarding practices with it whilst we are using the premises of The Claxton Trust.

AIMS

We aim to:

- establish and maintain a culture where children and adults feel secure, are encouraged to talk, and are listened to when they have a worry or concern about the safety and well-being of a child.
- ensure children know that there are adults whom they can approach if they are worried.
- maintain an attitude of 'it could happen here' and 'it could be happening to this child' where safeguarding is concerned. When concerned about the welfare of a child, adults should always act in the interests of the child.

THE DESIGNATED SAFEGUARDING LEAD

Safeguarding is the responsibility of everyone at [NAME OF THIRD PARTY], and our Designated Safeguarding Lead has a key role in building this culture.

Our Designated Safeguarding Lead (DSL) is [NAME OF DSL]

In their absence, safeguarding concerns should be directed to the **Deputy DSL,** [NAME OF DEPUTY DSL]

The broad areas of responsibility for the DSL are to:

- act as a source of support, advice and expertise on matters of safety and safeguarding
- encourage a culture of listening and responding to children and taking account of their wishes and feelings
- ensure everyone understands their roles and responsibilities in respect of safeguarding and ensure they are provided with appropriate training to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to children and young people
- receive all safeguarding concerns in relation to children
- make referrals to appropriate children's services when appropriate
- keep confidential, detailed, accurate written records of concerns, incident and referrals and ensure that they are securely stored

- understand safer recruitment practice to prevent the employment/deployment of unsuitable individuals
- understand and support with regards to the requirements of the Prevent duty and provide advice and support to staff on protecting children from the risk of radicalisation
- understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online
- share appropriate information with staff and volunteers in relation to a child looked after's (CLA's) legal status (whether they are looked after under voluntary arrangements with consent of parents or on an Interim Care Order or Care Order), their social worker and contact arrangements with birth parents or those with parental responsibility.
- be alert to the specific needs of children in need, those with special educational needs and young carers
- recognise the additional risks that children with SEN and disabilities (SEND) face, for example, from online bullying, grooming and radicalisation and be confident they have the capability to support SEND children to stay safe, including online
- ensure this safeguarding policy is available publicly and that parents are aware of it
- ensure that information around safeguarding concerns and incidents is shared when necessary, with the **DSL at Fairlands Primary School, who is Robert Staples, Headteacher**.

SAFEGUARDING TRAINING AND AWARENESS

The DSL and Deputy DSL(s) will receive formal safeguarding training every two years. In addition to this training, they will refresh their knowledge and skills by taking time to read and digest safeguarding developments regularly.

All staff and volunteers must attend training within two weeks of starting work. This will include a face-to-face explanation of this policy to ensure that they have read and understand its contents. They will then receive regular safeguarding and child protection updates from the DSL (for example, via email or staff meetings) as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

All staff and volunteers must have been trained before leading activities on site without the Manager present.

WHEN TO BE CONCERNED: THE INDICATORS OF ABUSE AND NEGLECT

Everyone should be aware of the four main categories of maltreatment: physical abuse, emotional abuse, sexual abuse and neglect.

They should also be aware of the indicators of maltreatment and specific safeguarding issues so that they are able to identify cases of children who may need help or protection:

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.	
Indicators in a child/ young person	
Bruises – shape, grouping, site, repeat or multiple	Withdrawal from physical contact
Bite-marks – site and size	Aggression towards others, emotional and

Burns and Scalds – shape, definition, size, depth, scars	behaviour problems
Improbable, conflicting explanations for injuries or unexplained injuries	Frequently absent from school
Untreated injuries	Admission of punishment which appears excessive
Injuries on parts of body where accidental injury is unlikely	Fractures
Repeated or multiple injuries	Fabricated or induced illness

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.

Indicators in a child/ young person	
Self-harm	Over-reaction to mistakes / Inappropriate emotional responses
Chronic running away	Abnormal or indiscriminate attachment
Drug/solvent abuse	Low self-esteem
Compulsive stealing	Extremes of passivity or aggression
Makes a disclosure	Social isolation – withdrawn, a 'loner' Frozen watchfulness particularly pre school
Developmental delay	Depression
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)	Desperate attention-seeking behaviour

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, because 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 caregivers); 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 a child/ young person	
Failure to thrive - underweight, small stature	Low self-esteem
Dirty and unkempt condition	Inadequate social skills and poor socialisation
Inadequately clothed	Frequent lateness or non-attendance at school
Dry sparse hair	Abnormal voracious appetite at school or nursery
Untreated medical problems	Self-harming behaviour
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold	Constant tiredness
Swollen limbs with sores that are slow to heal, usually associated with cold injury	Disturbed peer relationships

Sexual abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving 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 (also known as peer-on-peer abuse) in education and all staff should be aware of it and of their school or colleges policy and procedures for dealing with it.

Indicators in a child/ young person	
Self-harm - eating disorders, self-mutilation, and suicide attempts	Poor self-image, self-harm, self-hatred
Running away from home	Inappropriate sexualised conduct
Reluctant to undress for PE	Withdrawal, isolation, or excessive worrying
Pregnancy	Sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
Inexplicable changes in behaviour, such as becoming aggressive or withdrawn	Poor attention / concentration (world of their own)
Pain, bleeding, bruising, or itching in genital and /or anal area	Sudden changes in schoolwork habits, become truant
Sexually exploited or indiscriminate choice of sexual partners	

OTHER SPECIFIC SAFEGUARDING ISSUES

Everyone should have an awareness of safeguarding issues that can put children at risk of harm. Specific issues of concern include:

Child-on-child abuse

All adults should be aware that children can abuse other children and that it can happen both face to face and online.

It is essential that **all** staff understand the importance of challenging inappropriate behaviours between children, many of which are listed below, that are abusive in nature. Downplaying certain behaviours, for

example dismissing sexual harassment as “just banter”, “just having a laugh”, “part of growing up” or “boys being boys” can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.

Child-on-child abuse is most likely to include, but may not be limited to:

- Bullying (including cyberbullying, prejudice-based and discriminatory bullying).
- abuse in intimate personal relationships between children (sometimes known as ‘teenage relationship abuse’)
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm. (this may include an online element which facilitates, threatens and/or encourages physical abuse)
- Sexual violence, such as rape, assault by penetration and sexual assault. (this may include an online element which facilitates, threatens and/or encourages sexual violence)
- Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse.
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- consensual and non-consensual sharing of nude and semi-nude images and/or videos11 (also known as sexting or youth produced sexual imagery)
- upskirting, which typically involves taking a picture under a person’s clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm, and
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

In order to minimise the risk of child-on-child abuse, we will:

- have systems in place for any child to raise concerns with staff, knowing that they will be listened to, believed, and valued
- ensure victims, perpetrators and any other child affected by child-on-child abuse will be supported
- develops robust risk assessments where appropriate

Child-on-child sexual violence and sexual harassment

- We recognise that sexual violence and sexual abuse can happen anywhere, and all adults will maintain an attitude of ‘it could happen here.’ We recognise sexual violence and sexual harassment can occur between two children of any age and sex. It can occur through a group of children sexually assaulting or sexually harassing a single child or group of children and can occur online and face to face (both physically and verbally). Sexual violence and sexual harassment is never acceptable.
- All victims of sexual violence or sexual harassment will be reassured that they are being taken seriously, regardless of how long it has taken them to come forward, and that they will be supported and kept safe. A victim will never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment, or ever be made to feel ashamed for making a report.

- Abuse that occurs online will not be dismissed or downplayed and will be treated equally seriously and in line with relevant policies/procedures.
- We recognise that the law is in place to protect children and young people rather than criminalise them, and this will be explained in such a way to pupils/students that avoids alarming or distressing them.
- We recognise that an initial disclosure to a trusted adult may only be the first incident reported, rather than representative of a singular incident and that trauma can impact memory, so children may not be able to recall all details or timeline of abuse. All staff will be aware certain children may face additional barriers to telling someone, for example because of their vulnerability, disability, sex, ethnicity, and/or sexual orientation
- The DSL (or DDSL) is likely to have a complete safeguarding picture and will be the most appropriate person to advise on the initial response.
- The DSL will make an immediate risk and needs assessment which will be considered on a case-by-case basis which explores how best to support and protect the victim and the alleged perpetrator, and any other children involved/impacted
- The risk and needs assessment will be recorded and kept under review and will consider the victim (especially their protection and support), the alleged perpetrator, and all other children, and staff and any actions that are required to protect them.
- Reports will initially be managed internally and where necessary will be referred to Children's Services and/or the police.

Important considerations which may influence this decision include:

- the wishes of the victim in terms of how they want to proceed.
- the nature of the alleged incident(s), including whether a crime may have been committed and/or whether Harmful Sexual Behaviour has been displayed.
- the ages of the children involved.
- the developmental stages of the children involved.
- any power imbalance between the children.
- if the alleged incident is a one-off or a sustained pattern of abuse - sexual abuse can be accompanied by other forms of abuse and a sustained pattern may not just be of a sexual nature.
- that sexual violence and sexual harassment can take place within intimate personal relationships between children.
- understanding intra familial harms and any necessary support for siblings following incidents.
- whether there are any ongoing risks to the victim, other children, adult students, or school/ college staff
- any other related issues and wider context, including any links to child sexual exploitation and child criminal exploitation.

We will in most instances engage with both the victim's and alleged perpetrator's parents/carers when there has been a report of sexual violence; this might not be necessary or proportionate in the case of sexual harassment and will depend on a case-by-case basis. The exception to this is if there is a reason to

believe informing a parent/carer will put a child at additional risk. Any information shared with parents/carers will be in line with information sharing expectations, our confidentiality policy, and any data protection requirements, and where they are involved, will be subject to discussion with other agencies (for example Children's Services and/or the police) to ensure a consistent approach is taken.

Serious violence

We will be aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime.

- Increased absence
- Change in friendships or relationships with older individuals or groups
- Significant decline in performance
- Signs of self-harm or significant change in wellbeing
- Signs of assault or unexplained injuries
- Unexplained gifts/new possessions

Both CSE and CCE are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. CSE and CCE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation.

Mental Health

We will be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. We are, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following this policy, and speaking to the DSL or a DDSL.

Prevent: Safeguarding Children and Young People from Radicalisation

Children can be vulnerable to extreme ideologies and radicalisation. Similar to protecting children from other forms of harm and abuse, protecting children from radicalisation must be part of all school and college safeguarding approaches.

We are guided by the Prevent Duty under Section 26 of the Counter Terrorism and Security Act 2015 (the CTSA 2015), in the exercise of their functions to have "due regard to the need to prevent people from being drawn into terrorism

There are signs and vulnerability factors that may indicate a child is susceptible to radicalisation or is in the process of being radicalised. It is possible to protect vulnerable people from extremist thinking and intervene to safeguard those at risk of radicalisation. Staff must be alert to changes in children's behaviour, which could indicate that they may be in need of Prevent support.

We will act proportionately to the concern using the Prevent 'notice, check, share' approach, which may lead to the DSL making a Prevent referral. If there is an immediate threat, the police will be contacted via 999.

Local Hertfordshire County Council guidance on Prevent is featured at 5.3.9 of the Hertfordshire Safeguarding Children's Partnership CP procedures
https://hertsscb.proceduresonline.com/chapters/p_prevent_guide.html

Domestic Abuse

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. Domestic abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members.

We will treat any concerns around domestic violence in the same way as a safeguarding concern.

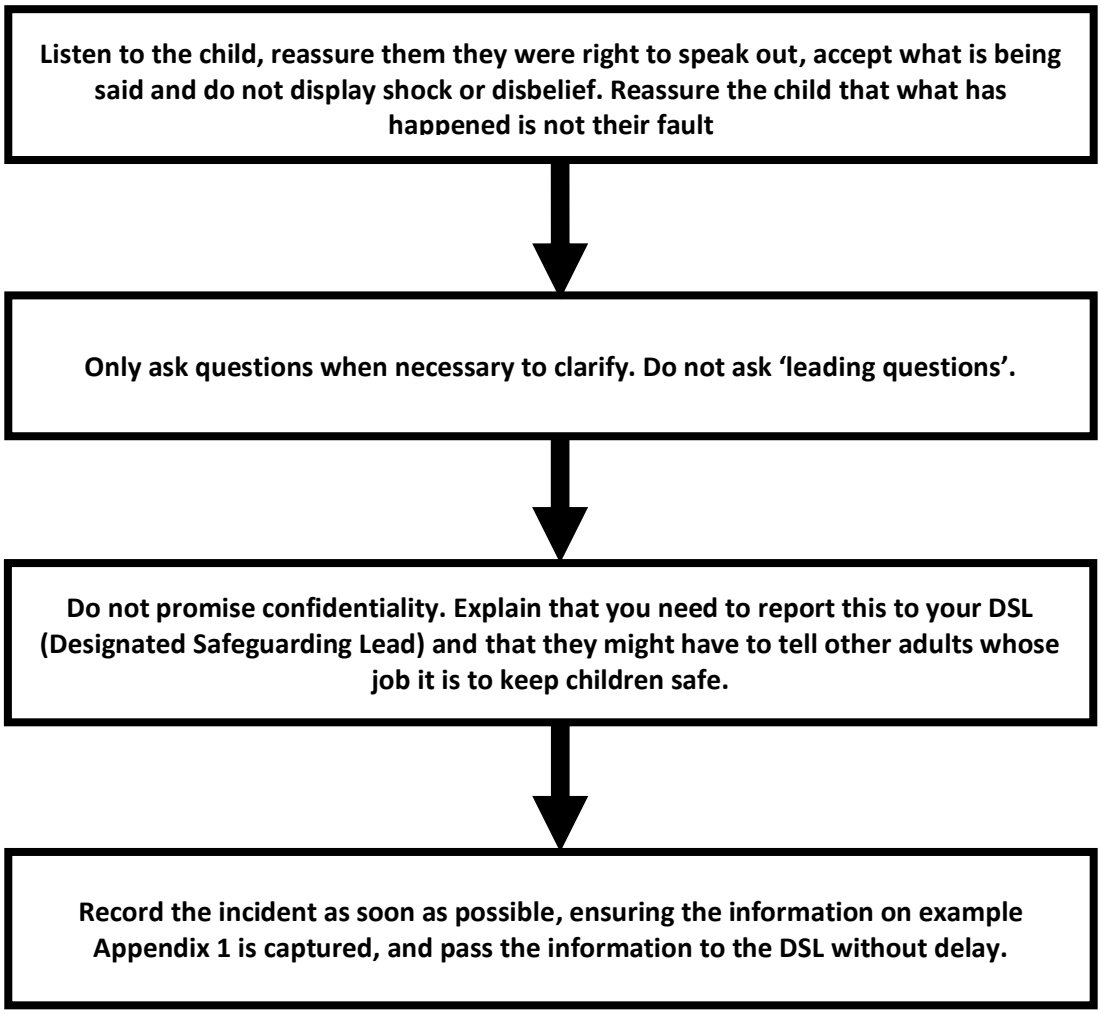
Female genital mutilation (FGM)

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

If any member of staff discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the DSL will have to report this to the police via 101.

DEALING WITH A DISCLOSURE

What to do if a child discloses that they have been abused



DEALING WITH ALLEGATIONS INVOLVING STAFF/VOLUNTEERS

Everyone should feel able to raise concerns about poor or unsafe practice and potential failures in our safeguarding arrangements. This might include making an allegation about a member of staff or volunteer.

An allegation is any information which indicates that a member of staff/volunteer may have:

- behaved in a way that has, or may have harmed a child
- possibly committed a criminal offence against/related to a child
- behaved towards a child or children in a way which indicates they would pose a risk of harm if they work regularly or closely with children

This applies to any child the member of staff/volunteer has contact within their personal, professional or community life.

In the first instance, all such concerns must be raised with the Manager, [NAME OF THIRD PARTY MANAGER] via [CONTACT DETAILS].

In the event of allegations of abuse being made against the Manager, or where you feel that genuine concerns are not being addressed, allegations should be reported directly to headteacher of Fairlands Primary School, Robert Staples via head@fairlands.herts.sch.uk,. As with any safeguarding allegation, they will follow their safeguarding policies and procedures, including informing the Local Authority Designated Officer (LADO) as necessary.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. They should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

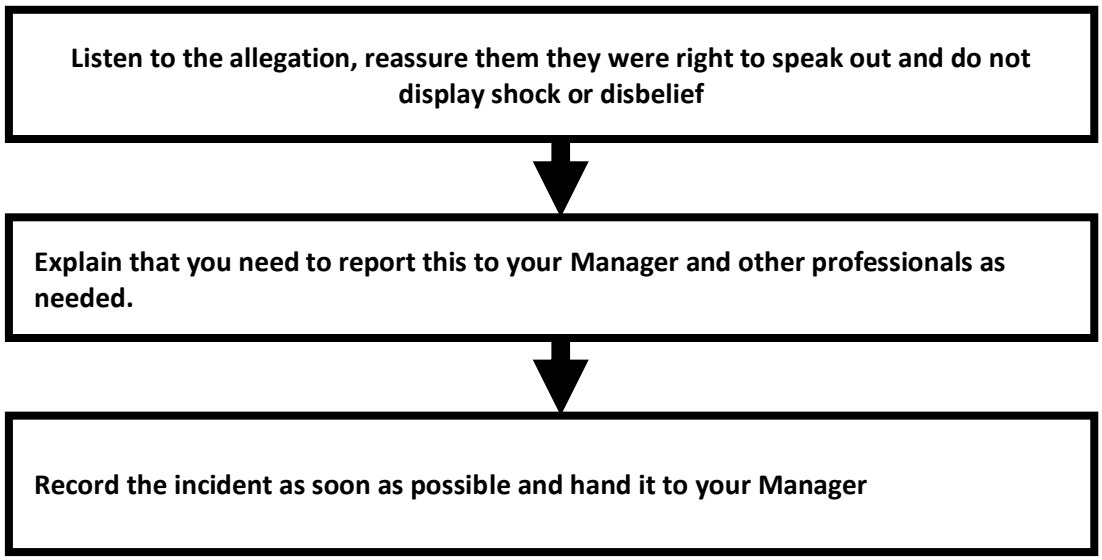
Actions to be taken include making an immediate written record of the allegation using the informant's words – including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Manager.

If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.

SAFER WORKING PRACTICE

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook/school code of conduct/staff behaviour policy and Safer Recruitment Consortium document, ***Guidance for safer working practice for those working with children and young people in education settings (February 2022)*** available at https://www.saferrecruitmentconsortium.org/

What to do if an allegation is made against staff/volunteers



SUPPORT

Dealing with a disclosure or an allegation can be stressful. Anyone who must deal with these scenarios should, therefore, consider seeking support for themselves and discuss this with the Designated Senior Lead, or their line manager.

APPENDIX 1 – RECORD OF CONCERN FORM

<table>
<tr><td colspan="2">Name of child or young person:</td><td colspan="2">Date of birth and age:</td></tr>
<tr><td>Male/female :</td><td>Ethnic Origin :</td><td>Disability: Y/N</td><td>Religion :</td></tr>
<tr><td>Day & date:</td><td>Month:</td><td>Year:</td><td>Time recorded /</td></tr>
<tr><td colspan="4">Initial report of the concern / s: In factual terms – what did the child say? How are they feeling? Any comments about their behaviour? Are there any obvious signs of injuries or pain? (if so, use body map and attach) Are any other children or adults involved? Clarify using open ended questions to clarify, who, what when how etc</td></tr>
<tr><td colspan="4">Additional information: Your views on what you know about the child e.g. any previous concerns? How are they doing in school? How do they get on with others, staff their peers, Any comments on their presentation, their personal circumstances (such as health, development and whether they have any additional needs), their identity, race, religion and/or if known, their social relationships with their family, friend and wider networks?</td></tr>
<tr><td colspan="4">Your response and actions to the concern: What you have said to child and agreed to do?</td></tr>
</table>

Name : **Role or position:** **Signature :** ***If not an employee of the provision, please ensure you provide your contact details, should the DSL need to contact you regarding your concern.***

DSL's immediate response and actions taken: *Include sharing and gathering information, verification, speaking to child, parents or carers and gauging their response. This may also include undertaking a professional consultation. Has any immediate risk assessment been identified or carried out?*	
Parents / carers are they aware of concern and intended actions to support or safeguard child? Consent, do you have this? *If not to both why?*	
Information shared with any other member of staff /other agencies? *Who, what, how and your rationale for this?*	
Outcome for the child: *What level of intervention is required to safeguard and promote the child's welfare?*	
Feedback given to member of staff reporting concern: *Basic outline of the plan for the child, Consider 'need to know'*	
Name of DSL: **Your role or position:**	**Date, day and time of this recording :** **Your signature :**

