Alexandra House School

Safeguarding Children Policy

Introduction

At Alexandra House School we fully recognise our responsibilities with regard to Safeguarding Children. As a school, we strive to create a warm, welcoming learning environment where children are encouraged to reach their full potential. For this to happen, it is important that we ensure the welfare, protection and safety of every child in our care. Our policy applies to all staff and volunteers working in the school. We have a range of detailed procedures to follow if we suspect abuse or neglect.

All staff are conversant with these procedures and are informed that they have a legal duty to report information that might indicate that a child is suffering, has suffered or is likely to suffer some form of abuse, be it mental, verbal, physical or sexual.

The designated personnel taking the lead responsibility for Safeguarding Children are:

- the Headmistress
- the Designated Safeguarding Lead
- the School Director

They have received training in child protection which will be updated every year. In addition, the School Director undertakes an annual review of the policy and procedures.

There are five main elements to our policy:

1. We ensure that we practise safe recruitment in checking the suitability of staff and volunteers to work with children.
2. We raise awareness of safeguarding children issues and equipping children with the skills needed to keep them safe.
3. We develop and then implement procedures for identifying and reporting cases, or suspected cases of abuse or neglect.
4. We support pupils who have been neglected or abused in accordance with his/her agreed child protection plan.
5. We establish a safe environment in which children can learn and develop.

Aims

We recognise that because of the day-to-day contact with the children, school staff are well placed to observe the outward signs of abuse. The school will ensure that children know whom they can approach if they are worried. We include opportunities in the PSHE curriculum for children to develop the skills they need to recognize and stay safe from abuse. We take account of the guidance issued by the Department for Education and Skills and the Independent Schools Inspectorate.

1. We ensure that the Headmistress takes overall responsibility for the safety and protection of all the children within the school.

2. We ensure that all members of staff know the name of the designated members of staff for Safeguarding Children and what their roles entail.

3. We ensure that all staff and volunteers understand their responsibilities in being alert to the signs of abuse and for referring any concerns to the person responsible for Safeguarding Children. All staff will also receive training in child protection every year. Part-time members of staff and volunteers will be made aware of the arrangements by one of the designated persons at Induction.

4. We ensure that parents have an understanding of the responsibility placed upon the school and staff for children's protection by setting out its obligations in school documentation, which is readily available to them.

5. We ensure that written records of concerns about children are kept, even when there is no need to refer the matter immediately.

6. We ensure that all records are kept securely and separately from the main pupil files and in locked locations.

7. We ensure the development and the follow-up of procedures where an allegation is made against a member of staff or volunteer.

8. We ensure that safe recruitment practices are always followed.

9. We ensure that any deficiencies or weaknesses in the child protection arrangements are remedied without delay.

At Alexandra House School we recognize that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. The school may be the only stable, secure and predictable element in the lives of children at risk. When they are at school, their behaviour may be challenging and defiant or they may be withdrawn.

The school will endeavour to support the children/pupils through:

- the content of the curriculum
- the school ethos which promotes a positive, supportive and secure environment and gives children/pupils a sense of being valued
- ensuring that the children/pupils know that some behavior is unacceptable but that they are valued and are not to be blamed for any abuse which might have occurred
- liaison with other agencies that support the pupil
- We ensure that where a child/pupil on the Safeguarding Children register leaves the school, their information is transferred to their new school immediately.

Safe Recruitment of Staff

At Alexandra House School, where applicable, we will ensure that an enhanced Disclosure and Barring Service (DBS) background check is made on all staff, prior to them being employed in the school. All background checks will be made and kept by Mrs. Martina Beejadhur (Director). Decisions regarding the suitability of staff will be made using evidence from references: full employment history, qualifications, interviews, identity checks, character certificates (issued by Dept. of Public Prosecutor, Mauritius) and any others checks deemed necessary e.g. medical checks. Prospective employees will be informed that we expect them to declare all previous convictions/cautions as well as court orders which may disqualify them from working with children or affect their suitability to do so.

Accessible individual records will be kept on the premises containing the name and address of staff members and any volunteers and also information about recruitment, training and qualifications.

Staff training/Conduct

All staff within the school must have appropriate qualifications, training, skills and knowledge relevant to the job for which they have been employed. All staff will be fully informed about their roles and responsibilities which will be explained verbally and provided for them in written form. Guidance will be given to ensure that their behaviour and actions do not place pupils or themselves at risk of harm (for example in one-to-one tuition, sports coaching, conveying a pupil by car, engaging in inappropriate electronic communication).

No member of staff will be permitted to work in the school under the influence of alcohol or whilst taking medication that is likely to impair their ability to care for the children appropriately.

All staff will be required to follow the course offered by Educare and to attend courses to update their knowledge every year. All staff will be regularly informed about any changes to the procedures to follow regarding Safeguarding Children and current legislation. All staff will have

a copy of the 'Safeguarding Children Policy' and be expected to follow the policy in their day-to-day roles and responsibilities.

At Alexandra House School we have a programme of **Induction Training** for all staff. Each new member of staff is provided with a named mentor to help them settle into school and become aware of the agreed procedures, policies and routines. The Headmistress will provide them with a Teachers' Manual containing all the relevant school information, their roles and responsibilities and copies of all school policies. New members of staff will be expected to remain in school after teaching hours i.e. from 14.00 to 16.00 hours to receive additional support from the Headmistress or a senior teacher. The number of weeks staff will be expected to attend these afternoon meetings will be dependent on individual experience and expertise, and the way in which they adapt to their new role.

The Role of School Based Staff

1. Due to the small number of pupils, all members of staff have particular opportunities to observe and get to know the children. If any member of staff or volunteer working in the school has a concern, this must be passed on to the Class Teacher and to one of the designated members of staff for Safeguarding Children. Staff should not assume or take for granted that someone else will be aware of what has been observed and have done something.

2. All staff should be vigilant in their day-to-day observations of the children in their care.

3. Staff may sometimes have no more than an uneasy feeling about a child but a clear observation, may help to crystallise matters, and should always be reported.

4. Significant changes in behaviour of both adults and children may be noted in:

    - the playground
    - the toilets
    - during PE/swimming lessons/when changing clothes
    - in classrooms, including the computer room, art room, library and multi-purpose hall.

5. Staff may, from time to time, be asked to monitor a particular child more carefully. This does not mean that the child is being abused but that he/she may need to be closely monitored for a variety of reasons.

6. All staff should be able to reassure alleged victims that they are being taken seriously and that they will be supported and kept safe. An alleged victim should never be given the impression that they are creating a problem by reporting abuse, sexual violence or sexual harassment. Nor should they ever be made to feel ashamed for making a report.

7. Close liaison must take place between the three designated persons with responsibility for Safeguarding Children.

NB: Children have the right to be told when information they have given in confidence needs to be passed on to another authority.

Mental Health and Wellbeing

All staff should be aware that mental health problems can be a sign that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Staff 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, it should be immediately referred to the designated safeguarding lead.

Signs, Symptoms and Disclosure

Concerns or suspicions may arise in a number of ways:

1. Direct observation of:

   a) physical injury

   b) poor physical condition (indicating lack of care, nourishment or hygiene)

   c) a child's behaviour towards an adult

   d) a child's behaviour towards another child

2. Observed changes in a child's attitude or behaviour including:

   a) attitudes to school work/activities

   b) standard of attainment

   c) concentration

   d) use of language (swearing or sexually explicit words)

   e) attention seeking behaviour with adults or children

   f) social behaviour, for example becoming aggressive or withdrawn

   g) inappropriate sexual behaviour

3. A direct allegation made by:

   a) the child him or herself

   b) another child

   c) an adult

   d) someone anonymously

Reporting Procedures

1. Any concerns about a child should be reported immediately to one of the designated members of staff. Any allegations of child abuse or neglect must always be given the highest priority. The designated personnel and the Headmistress will then decide on the appropriate course of action.

2. If a child makes a direct allegation i.e. says that he/she is being abused by anyone (including a colleague), OR a child makes a direct allegation that a friend has been/is being abused by anyone, (including a colleague) the following procedures should be used:

   a) Stay calm and listen carefully to the child and to any disclosures they wish to make. Question normally without pressurizing. Take careful note of what is said.

   b) Do not put words into the child's mouth.

   c) Provide reassurance to the child and let them know they were right to inform someone. Let the child know that the information they have given you will now have to be passed on.

   d) Report immediately as noted in point 1.

3. If a direct allegation is made or a concern is reported by an adult i.e. colleague, parent, helper or member of the community, the member of staff concerned should:-

   a) encourage the adult to report their concerns directly to the designated member of staff.

   b) tell them that they are obliged to do so in any case.

   c) make an accurate record of what was said as soon as possible. (see paragraph on recording)

   d) report the circumstances to the designated person.

Questioning Children

Do not question a child in any detail as this is a specialist role and inappropriate questioning may be detrimental to the child and/or in any legal case which may be brought. However, if a child wishes to talk, then listening and providing assurance to the child is appropriate followed by immediate referral to one of the designated personnel.

Physical Examination/Treatment

Observe as much as is possible re the injury without making a detailed physical examination. Make a record using an appropriate sketch body map (see attached). Do not examine the child intimately in any way.

Where it is felt that immediate medical treatment is necessary, refer to a First Aider and record the action taken as set out in our Health and Safety Policy.

Monitoring/ Record Keeping/Confidentiality

It is essential that accurate records are kept where there are concerns about the welfare of a child. The records should be kept in a secure (locked) confidential file, which is separate from the children's school records. All staff involved in Safeguarding Children issues MUST follow the agreed school procedures and also respect the need for confidentiality.

Recording

1. Make a record of anything that is felt to be of importance/significance within 24 hours.
2. Records should be objective and based on evidence. Record the date, time and place of the incident. Make a note of anyone else who was present or involved. Wherever possible, use the exact words heard in conversation. Use a body map/sketch (see attached) to record bruises/marks.
3. Note any non-verbal observations e.g. if a child is pale, shaking, unable to make eye contact.
4. Keep notes factual and as accurate as possible. The notes should distinguish between fact, observation, allegation and opinion.
5. Record what action has been taken.

Staff must inform one of the designated members of staff of:

- poor attendance and punctuality
- concerns about appearance/dress/signs of neglect
- changed or unusual behaviour
- concerns about health and emotional well-being
- deterioration in educational progress
- discussion with parents about concerns relating to their child
- concerns about home conditions/situations
- concerns about child regarding child abuse (bullying)

Parents/ Carers

If there are concerns about a child, they should be discussed initially with one of the Designated Safeguarding Children Personnel and the Headmistress who will determine whether the concerns amount to a child protection issue. If it is not considered to be a child protection issue, then the parents may be informed. If it is considered to be a child protection issue, then a referral has to be made in written form to the Child Protection Board.

Child Protection Board

Since the school staff are not qualified to investigate serious issues where a child may need protection, we work in close collaboration with C-Care Clinic Darné to ensure that professional personnel are involved. The management of C-Care Clinic Darné have agreed to form part of a Child Protection Board which is made up as follows:

- A child psychologist
- A paediatrician
- The designated personnel of Alexandra House School
- A psychiatrist if deemed necessary by the child psychologist

Child Protection Conference

If the designated personnel are concerned that a child may be in need of protection, then a Child Protection Conference needs to be convened immediately with all members of the Child

Protection Board. It will be for the Child Protection Board to determine as to how, when, where and by whom concerns will be communicated to parents/carers. Reports should be made available to parents prior to a Child Protection Conference unless to do so would place the child at risk of significant harm.

N.B. If a parent arrives in school before the members of the Child Protection Board, it must be remembered that the school has no right to prevent the removal of a child. However, if there are clear signs of physical risk or threat the Police should be called.

Child Protection Act (Mauritius)

If the Child Protection Board finds that a child is in need of protection, under Mauritian law we are obliged to contact the Child Protection Unit of the Mauritian Government who will then take the matter into their hands. (Please see attached Child Protection Act)

Guidance on Allegations against School Staff

If an allegation is made concerning a member of staff, the Headmistress must inform the School Director. If the allegation concerns the Headmistress, the member of staff concerned will inform the School Director. A Strategy Meeting will be convened and will include the designated personnel and the Child Protection Board.

The Strategy Meeting will:

- consider the nature of the allegation
- share information including the extent of any joint enquiry already undertaken
- consider the result of a medical examination (where applicable)
- consider the response of the staff involved
- determine any additional action required to safeguard the welfare of the child attending school
- consider any previous allegations made against the member of staff
- consider any implications for a child in his or her own household
- consider interviewing other children
- ensure that the member of staff receiving the complaint/allegation inform the headmistress and other designated personnel immediately.

Once Child Protection issues have been identified and a referral made, then on no account will the child involved be further interviewed by other school staff members. There will be a clear understanding that members of staff, against whom allegations have been made, will not be informed of the details of the allegation without prior consultation with the authorities.

There will be **three stands of enquiry** to be followed regarding allegations against staff.

1. The Child Protection Enquiry
2. Police investigation to determine whether a crime has been committed
3. Staff disciplinary procedures.

Where a serious allegation has been made, the school will consider whether a member of staff will be suspended whilst enquiries are completed. Suspension does not presume the 'guilt' of a member of staff or prejudice the outcome of the enquiry.

Where members of staff or others are under suspicion, the Headmistress will act in accordance with the wishes of the investigators in order to ensure that there is a proper investigation and that all pupils are fully protected. This may mean suspending staff from duty and instituting disciplinary proceedings, including the possibility of dismissal, in addition to any action taken by the Police.

The Action Plan agreed at the Strategy Meeting will be circulated within 3 working days and full minutes of the meeting circulated as soon as practicable after the meeting. If a further meeting is required, a date will be fixed to consider the outcome of any action plan agreed.

The welfare of the child is paramount and on no account will the child be subjected to multiple interviews.

The school recognizes that it has a duty of care in respect to its employees. The Headmistress will endeavour to support the staff member concerned and arrange appropriate support whilst enquiries into the allegation are concluded. There should be urgent, initial consideration by the Headmistress of whether or not there is sufficient substance in an allegation to warrant an investigation.

Partnership with Parents

Alexandra House School believes that it is essential to work in partnership with parents/carers. We endeavour to keep parents abreast of their child's progress at school, including any concerns about their academic, emotional and physical development, and their behaviour. Confidential information about the children and their home or personal circumstances may be exchanged between staff and parents during consultations. Parents can be assured that any such information they provide the school with will only be used by the members of staff directly involved with their child's learning and care, and where requested kept confidential. The school will not disclose any personal information about the staff, other parents or pupils with parents.

Staff however, will be happy to share any information with parents about their own child's personal and social development in school.

The school recognizes that any decision by the Headmistress not to refer to the Child Protection Board will be properly recorded and form part of the inspection of the school.

Safeguarding Children

Guidance for all staff and volunteers working at Alexandra House School

Types of child abuse and their symptoms

Child abuse can be categorized into four distinct types:

1. Physical Abuse
2. Sexual Abuse
3. Emotional Abuse
4. Physical Neglect
5. Peer on Peer Abuse
6. There are also children considered to be of Grave Concern/At Risk – this is not a distinct category but is dealt with separately. A child can be at risk from any combination of the five categories.

These different types of abuse require different approaches. A child suffering from physical abuse may be in immediate and serious danger. Action should, therefore, be taken immediately. With other forms of abuse, there is a need to ensure that adequate information is gathered. There is also a need to make sure that grounds for suspicion have been adequately investigated and recorded. The need to collate information must be balanced against the need for urgent action. If there are reasonable grounds for suspicion then a decision to monitor the situation should be taken after consultation with the designated persons. A situation that should cause particular concern is that of a child who fails to thrive without any obvious reason. In such a situation, a medical investigation will be required to consider the causes. Each of the five categories above will now be explored in more detail.

1. **<u>Physical Abuse</u>**

   This involves physical injury to a child, including deliberate poisoning, where there is definite knowledge or a reasonable suspicion that the injury was inflicted or knowingly not prevented.

Typical signs of physical abuse:

- **Bruises and abrasions** – especially about the face, head, genitals or other parts of the body where they would not be expected to occur given the age of the child. Some types of bruising are particularly characteristic of non-accidental injury especially when the child's explanation does not match the nature of injury or where it appears frequently.

- **Slap Marks** – these may be visible on cheeks and buttocks.
- **Twin bruises on either side of the mouth or cheeks**- can be caused by pinching or grabbing, sometimes to make a child eat or stop a child from speaking.
- **Bruising on both sides of the ear –** this is often caused by grabbing a child who is attempting to run away. It is very painful to be held by the ear, as well as humiliating and this is a common injury.
- **Grip marks on arms or trunk** – gripping bruises on arm or trunk can be associated with shaking a child. Shaking can cause one of the most serious injuries to a child i.e. brain haemorrhage, as the brain hits the inside of the skull. X–Rays and other tests are required to fully diagnose the effects of shaking. Grip marks can also be indicative of sexual abuse.
- **Black eyes**–are most commonly caused by an object such as a fist coming into contact with the eye socket. N.B a heavy bang on the nose, however, can cause bruising to spread around the eyes but a doctor will be able to tell if this has occurred.
- **Damage to the mouth** – e.g. bruised/cut lips or torn skin where the upper lip joins the mouth.
- **Bite marks**
- **Fractures**
- **Poisoning or other misuse of drugs** –e.g. over use of sedatives.
- **Burns and/or scalds** – a round, red burn on tender, non protruding parts like the mouth, inside arms and on the genitals will almost certainly have been deliberately inflicted. Any burns that appear to be cigarette burns should be a cause for concern. Some types of scalds known as 'dipping scalds' are always cause for concern. An experienced person will notice skin splashes caused when a child accidentally knocks over a hot cup of tea. In contrast, a child who has been deliberately 'dipped' in a hot bath will not have splash marks.

2. Sexual Abuse

The involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate the social taboos of family roles.

Typical signs of sexual abuse:

- a detailed sexual knowledge inappropriate to the age of the child

- behaviour that is excessively affectionate or sexual towards other children or adults
- Attempts to inform by making a disclosure about sexual abuse often begin by the initial sharing of limited information with an adult. It is also very characteristic of such children to have an excessive pre-occupation with secrecy and to try to bind the adults to secrecy and confidentiality.
- a fear of medical examinations
- a fear of being alone – this applies to friends/family/neighbours/baby sitters etc.
- a sudden loss of appetite, compulsive eating, anorexia nervosa or bulimia nervosa
- excessive masturbation which is especially worrying when it takes place in public.
- promiscuity
- sexual approaches or assaults – on other children or adults
- Urinary tract infections (UTI), sexually transmitted disease (STD) are all cause for immediate concern in young children, or in adolescents if his/her partner cannot be identified
- bruising to the buttocks, lower abdomen, thighs and genital/rectal areas. Bruises may be confined to grip marks where a child has been held so that sexual abuse can take place.
- discomfort or pain particularly in the genital or anal areas
- the drawing of pornographic or sexually explicit images

3. Emotional Abuse

The severe adverse effect on the behaviour and emotional development of a child caused by persistent or severe emotional ill treatment or rejection. All abuse involves some emotional ill treatments – this category should be used where it is the main or sole form of abuse.

4. Physical Neglect

The persistent or severe neglect of a child (e.g, by exposure to any kind of danger, including cold and starvation) which results in serious impairment of the child's health or development, including non-organic failure to thrive. Persistent stomach-aches, feeling unwell and apparent anorexia can be associated with physical neglect. However, typical signs of Physical Neglect are:

- **Underweight** - A child may be frequently hungry or pre-occupied with food, or in the habit of stealing food or intending to procure food. There is particular cause for concern where a persistently underweight child gains weight when away from home, for example, when in hospital or on a school trip. Some children lose weight or fail to gain weight during school holidays when school lunches are not available and this is a cause for concern.

- **Inadequately clad** - a distinction needs to be made between situations where children are inadequately clad, dirty or smelly because they come from homes where neatness and cleanliness are unimportant and those where the lack of care is preventing the child from thriving.

Physical Neglect is a difficult category because it involves the making of a judgement about the seriousness of the degree of neglect. Much parenting falls short of the ideal but it may be appropriate to invoke child protection procedure in the case of neglect where the child's development is being adversely affected.

Child on child abuse

1. It is essential that all staff understand the importance of challenging inappropriate behaviours between peers, many of which are listed below, that are actually 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 normalizes abuse leading to children accepting it as normal and not coming forward to report it.

2. 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 peers
- 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 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 videos (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
- 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).

Grave Concern/At Risk

This is not a separate category of child abuse as such but covers a number of situations where a child may be at risk. This includes children whose situations do not currently fit the above categories but where social and medical assessments indicate that they are at a significant risk of abuse. Grave concern may be felt where a child shows symptoms of stress and distress (see below) and any of the following circumstances apply:

- There is a known child abuser in the family.
- Another child in the family is known to be abused.
- The parents are involved with pornographic material to an unusual degree.
- There is an adult in the family with a history of violent behaviour.
- The child is exposed to potential risk or exploitation via the Internet e.g. pornographic chat rooms.

The Symptoms of Stress and Distress

When a child is suffering from any one of the previous five 'categories of abuse' or if the child is 'at risk' he/she will nearly always suffer from/display signs of stress/distress. An abused child is likely to show signs of stress and distress as listed below:

- a lack of concentration and fall-off in school performance
- aggressive or hostile behaviour
- moodiness, depression, irritability, listlessness, fearfulness, tiredness, temper tantrums, short concentration span, acting withdrawn or crying at minor occurrences
- difficulties in relationships with peers
- regression to more immature forms of behaviour e.g. thumb sucking
- self-harm or suicidal behaviour

- low self-esteem
- wariness, insecurity, running away or truancy - children who persistently run away from home may be escaping from sexual physical abuse
- disturbed sleep
- general personality changes such as unacceptable behaviour or severe attention seeking behaviour

Parental Signs of Child Abuse

Particular forms of parental behaviour that could raise or reinforce concerns are:

- implausible explanations of injuries
- unwillingness to seek appropriate medical treatment for injuries
- injured child kept away from school until injuries have healed without adequate reason
- a high level of expressed hostility to the child
- grossly unrealistic assumptions about child development
- general dislike of child-like behaviour
- inappropriate labelling of child's behaviour as bad or naughty
- leaving children unsupervised when they are too young to be left unattended
- neglect to carry out medical care or medical advice given resulting in an adverse effect on the child.

Links to other Policies and Procedures

- Anti-Bullying
- Collection
- Health and Safety
- Child Development Unit from Ministry of Child Development and Family Welfare
- Child Protection Act

The Alexandra House School Safeguarding Children

Staff Referral Form

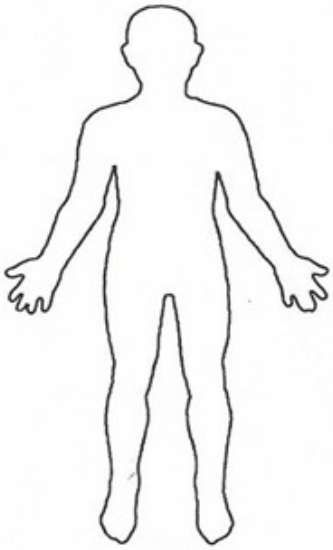
<table>
<tr><td colspan="6">School's Internal Form: Please complete and return as soon as possible to the Headmistress.</td></tr>
<tr><td>Name of child</td><td>Class</td><td>Date</td><td>Time</td><td colspan="2">Person/s present</td></tr>
<tr><td colspan="6">Details of conversation with child/observations of child/specific concerns:
Please remember to write in child's own words wherever possible/or appropriate.</td></tr>
<tr><td colspan="4">Name of referring staff:</td><td colspan="2">Signature:</td></tr>
<tr><td colspan="4">Any other staff member present:</td><td colspan="2">Signature:</td></tr>
<tr><td colspan="6">Please keep all original notes signed and dated.

This section to be completed by Headmistress:</td></tr>
<tr><td colspan="4">Referred to:</td><td colspan="2">Date received:</td></tr>
<tr><td colspan="3">Tick as appropriate:</td><td></td><td colspan="2" rowspan="7">Comments:</td></tr>
<tr><td colspan="3">First referral</td><td></td></tr>
<tr><td colspan="3">Additional referral</td><td></td></tr>
<tr><td colspan="3">Register check</td><td></td></tr>
<tr><td colspan="3">Advice sought</td><td></td></tr>
<tr><td colspan="3">External referral made</td><td></td></tr>
<tr><td colspan="3">Staff notified</td><td></td></tr>
</table>

Record of Concern

Star Primary School

FRONT OF BODY



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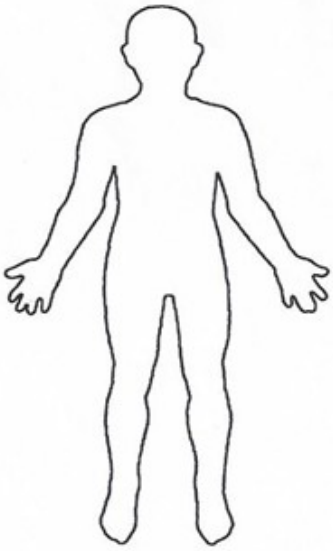
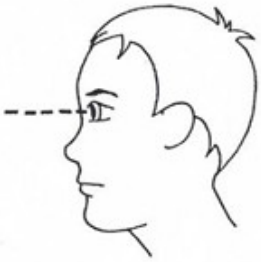


FACE

HEAD



Please use RED PEN to indicate on diagrams where marks are, please describe nature of marks giving as much detail as you can.

_____

_____

_____

Reported to: ☐ **Head Teacher** ☐ **Deputy Head** ☐ **Assistant Head Teacher (CPO)**

Action taken by person indicated above:

_____

_____

_____

_____

_____

_____

_____ **Signed:**

_____ **Date:** _____

Head Teacher Notified on: _____

Comments: _____

_____

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_____

Signed: _____ **Date:** _____