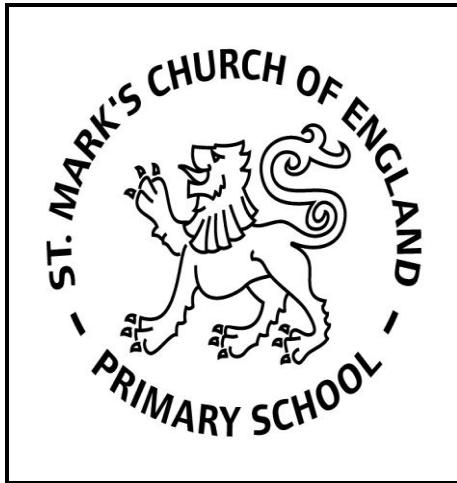
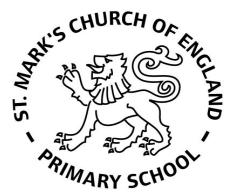


# Child Protection



'Thy Word is a Lamp to my Feet  
and a Light to my Path'  
Psalm 119 v 105

"Every Child, Every Chance, Every Day"



**Every Child, Every Chance, Every Day**

## **St Mark's CE Primary School** **Policy for Child Protection**

Governors and staff are committed to delivering the very best for our children. Our Vision is fundamental to our role as a Church of England School with its roots coming from the original blessing and verse presented to our school on its official opening in 1955.

***Thy word is a lamp to my feet and a light to my path.***

*Psalm 119 Vs 105*

***The following five components describe the desired outcomes we offer through it.***

- *Together, we will prepare you for life and learning*
- *Together, we will teach you to live within the values of God's word*
- *Together, we will safely lead you on your journey*
- *Together, we will guide you to a fulfilling future*
- *Together, we will forever help you to grow in confidence*

## Our Aims

1. To safeguard the children in our care
2. To have clear child protection procedures which are known by all the staff
3. To promote partnership working with parents and professionals
4. Providing help, support and protection

- Together, we will teach you to live within the values of God's word
- Together, we will safely lead you on your journey
- Together, we will guide you to a fulfilling future

**Parents, staff and all other stakeholders must understand that child protection is a shared responsibility and depends on strong multi-agency partnership and therefore the responsibility of us all.**

**When a referral is made it is done because the school is following statutory procedures and ultimately ensuring the safety of its pupils. At the beginning of each school year all staff are required to read and sign the most up to date version of the DFE 'Keeping Children Safe in Education' Document - Sept 2024**

**Safeguarding and Child protection procedures are also addressed through training on an annual basis.**

**This policy has been written in line the guidance given in the 'Working Together to Safeguard Children' document - Dec 2023**

At St Mark's C of E Primary, the Designated Safeguarding Team is made up of four members of staff as follows: -

**Designated Safeguarding Lead (DSL) – Liz Vitrano (EYFS Lead)**  
**Deputy DSL 2 – Sean McEleney (Head of School)**  
**Deputy DSL 3 – Martha Braithwaite (Headteacher)**  
**Deputy DSL 4 – Sarah Bearfoot (SENDCO)**

- Please note that this policy has links with our schools Safeguarding, Behaviour and Anti-Bullying policies.

## Concerns

A concern about a child or family may be your own following a disclosure, arrived at over a period of time, or it may be passed on to you by an adult or child. In any case it is the responsibility of every employee to report Child Protection Concerns or children's disclosures to the Designated Safeguarding Lead (DSL) or the Deputy Designated Safeguarding Lead (DDSL). There is **no** occasion where a disclosure should be kept to yourself! When a child or adult reaches the stage to share their worries, it may be a cry for help and should be treated as such. You should never state that you will keep a disclosure to yourself, but should clearly state in as supportive a manner as possible that

you have a responsibility to seek advice so that help may be found. All staff and visitors are responsible for lawfully sharing the information and concerns they hold and must not assume that someone else will pass on the information that may be critical to safeguard and promote the welfare of a child. It is not a matter in which we have any choice as a child's or family's safety may be dependent on us taking action.

It is better to report a disclosure or concern, no matter how unlikely it sounds rather than dismiss it out of hand, only to later discover there was truth in what was disclosed. Trust is more likely to be broken if we fail to act on a disclosure as the actual process of opening up is often the seeking of support and a way out. To fail to act is the real breaking of trust.

In order to recognise abuse; teachers need to be open to the possibility that it is happening. This means, amongst other things, being aware that abuse affects children of all ages, of both sexes, different races, cultures, disabilities and occurs in all social classes. Children from different cultural backgrounds may show their distress in different ways. Remember, it is not your job to assess or diagnose, it is your job to share your concern with the designated teacher as a matter of urgency.

- See APPENDIX 1 &2

### **Listening and talking to children**

Child abuse usually comes to the attention of teachers in four ways:

- A direct allegation from the child who has been abused;
- A third party (e.g. friend, other child, relative) report;
- Through the child's behaviour or presentation;
- Or because an injury to the child is observed

Listen carefully to the child. Take what he or she says seriously, as it is rare for children to make false allegations. Do not question the child or try to 'get to the root of the problem'. Listen while the child is telling you any worries but do not give any judgemental view. Talk to the child as you would normally, letting them know that they have done the right thing in telling someone.

Reassure the child that he/she was right to tell and is not to blame for what has happened. Do not ask questions or probe for information. Tell the child that you will not be able to keep any 'secrets' and will need to pass on the information they share.

Record as soon as possible after talking with the child, make a written record of what was said at the time. Log the incident on **CPOMS** and notify the DSL or another member of the safeguarding team. It is important to be aware that this may be used in any subsequent legal proceedings. It is also important to note down how the child was behaving, and the way in which they told you what happened as this may indicate how the child was feeling.

### **Recording Concerns- CPOMS (Child Protection Online Management System)**



From the Autumn Term 18/19, St Marks transitioned to using an online application for monitoring child protection, safeguarding and a whole range of pastoral and welfare issues.

When recording a concern, log-on to the CPOMS online system using the shortcut links on ANY of the school computer desktops. Use your LGFL email address and your personalised password to gain access to the CPOMS home page.

\*If you lose or forget your password, please notify the DSL and reset your password using the 'forgotten password' link on the main 'log-in screen.' You will then be given the option to send a password reset link to your attached LGFL Staff Email account.

All staff have received up-to-date training to log and record a concern on CPOMS. Staff at St Mark's C of E School are trained to follow the procedures below: -

- When logged onto CPOMS select the 'Add Incident' tab at the top right-hand side of the page.
- Select the relevant child in the 'student' box at the top of the online form- \*if you type the first letters of the child's name, their name and year group will appear in the box to select.
- Record the incident in the space provided noting the key information i.e., names, times and places. When recording what the child/adult has said use direct speech ("\_\_\_\_\_") and any dialogue between you and the child/adult.
- Select the appropriate category in the 'Category' section of the page- ensure that you select any drop-down options as sub categories.  
E.g., Cause for concern > Emotional Related/ Neglect Related.
- If appropriate, link a student(s) using the 'Linked Student(s)' box- this feature works the same as the 'student' box as stated above.
- If appropriate use the 'Body Map' drop down option to indicate any mark or injury relevant to the concern being logged.
- Select the date and time that the incident/ disclosure took place.
- Use the 'Alert Staff Members' option to send a notification to any relevant staff member- \*St Mark's CPOMS has been set up to send an automatic notification to all members of the Designated Safeguarding Team. (This does not guarantee that they will see the incident straight away.)
- If appropriate use the 'Files' tab to upload any documents/ evidence that may be attached to the concern. E.g., child's written response, photograph or picture.
- If appropriate use the 'Agencies Involved' tab by selecting agencies involved. E.g., LAC/ CLA Team (This is usually only relevant to incidents added by the Designated Safeguarding Team.)

The Designated Safeguarding Team have a second-tier access to CPOMS that allows them to monitor, track and report all concerns logged. It is the Designated Safeguarding Lead's responsibility to oversee the management of CPOMS.

**-See APPENDIX 4 (CPOMS Service Level Agreement)**

In the case where CPOMS is not available (E.g., Kitchen Staff, Professional visitors i.e Speech and Language, CAHMS, School Nurse etc.) a CP concern form must be completed and you must see one of the CP team in person immediately. If there are any concerns regarding a child, but no immediate action is required, we will ask you to monitor

(recorded on a CP concern form) the child over a period of time (usually 4 –6 weeks) CP concern forms are available in the staffroom and on the T-Drive. - **See APPENDIX 1**  
**Designated Safeguarding Lead (DSL) Follow-up**

Following your discussions with the DSL, they will investigate your concerns. This may involve a discussion with the child or family, or some other form of enquiry. This always takes the form of a supportive and caring enquiry, however if this is not appropriate a direct referral to Children's Social Care (CSC) may take place.

### **Discussions with Parents**

As a general principle, the school would wish to be open and honest when dealing with parents. Parents should be made aware of the school's child protection policy and the fact that this may require cases to be referred to Children's Services in the interests of the child. In the case of sexual or physical abuse parents should not be informed if a referral is made to CSC. (Unless directed otherwise by CSC)

### **Referral to Children's Social Care**

When the DSL or any other person in the Safeguarding Team makes a child protection referral the following information needs to be available. Failure to have this information at hand will delay any referral and could endanger a child's safety.

- a) Child's full name
- b) Child's address
- c) Contact number for child
- d) Sibling's name
- e) Background information on family
- f) Written concern form

Telephone **Children Social Care Team** 020 7527 7400 to seek advice or share a concern.

To make a direct referral send a secure email to: [csctreferrals@islington.gov.uk](mailto:csctreferrals@islington.gov.uk)

What to do if you cannot get through: -

- a) Keep trying
- b) If out of school hours or no response Telephone **Children Social Care Duty Care Team** 020 7527 0992 and ask them to forward your concerns.

### **Children Social Care Response**

After stating your concerns try and establish with CSC when they will be getting back to you with their course of action. Take the person's name and write it clearly on your referral sheet. In the case of a non-accidental injury, it may be necessary for a doctor to examine the injury as soon as possible. This means before home time. Parents may have to be consulted by CSC so the earlier in the day that you pass on your concern the safer a child may be, and the greater the chance that CSC has to act promptly.

CSC should get back to you. This may involve you waiting after school until they can contact you. If the referral is not considered very urgent, they may contact you the next day. Before you ring off confirm when you will be contacted and by whom.

### **Action by Children Social Care**

CSC action will take one of three forms:

#### **Action by School**

- Action by the School. The School's Safeguarding Team may be asked to undertake an investigation themselves and deliver advice to parents. In this case, a member of the Safeguarding Team, would then feedback to CSC. It is unlikely that any individual other than the DSL would be asked to do this or should volunteer to do this action; which needs exceptional tact, professionalism and confidence.

\*Do not allow yourself to be put in such a position without firstly seeking the advice of the DSL or another member of the Safeguarding Team.

#### **Action by Children Social Care**

- If the referral is accepted, CSC will take full responsibility for the follow-up, visiting the parents, interviewing the child and organising the necessary medical intervention. In such cases seek confirmation of a time and person who will feedback.

#### **Monitoring**

- Children Social Care may choose to monitor the situation in co-ordination with the school, health authority, or other agencies. School class records become very important on these occasions.

### **Child Protection Conference**

If a CPC is held, the school will be asked to provide information on the child, their siblings and the family using the specific local authority's format. It is important, for your own benefit, to ensure that you take this opportunity to state clearly and frankly your concerns or lack of concerns around a child and do not have second thoughts at a later date, about issues you may, or may not wish that you had mentioned. Each sibling's class teacher writes a report. The DSL or a member of the Safeguarding Team will always represent the school at CPC's. Other participants include the parents, social services, the Health Authority (Home Visiting Nurses and occasionally School Nurses and Doctors); an example of the Health Authorities reporting format is included in the appendix. The Police Child Protection Team and other professionals who may have had an association with the family, such as other schools and the Child and Family Consultation Service.

## **Register as a Child Protection Plan**

If the decision is made to register it may be under one or several of the following categories:

- **Physical Abuse** is the actual or likely injury to a child, or failure to prevent physical injury or suffering to a child (including deliberate poisoning, suffocation, Munchausen's Syndrome by proxy and female genital mutilation).
- **Emotional Abuse** is the actual or likely severe adverse effect on the behaviour or emotional development of a child caused by persistent or severe emotional ill treatment or rejection. (All abuse involves some emotional ill treatment. This category should only be used when it can be demonstrated to be a distinct form of abuse.) Use 'Working Together' definitions.
- **Neglect** is the persistent or severe neglect of a child. Or the failure to protect a child from exposure to any kind of danger, including cold or starvation, or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive.
- **Sexual Abuse** is the involvement of dependant, developmentally immature children and adolescents in sexual activities which they do not comprehend, to which they are unable to give consent, that violate the taboos of family life or are illegal. The key elements in the definition of child sexual abuse are:
  - The betrayal of trust and responsibility
  - Abuse of power for the sexual gratification of the abuser
  - Inability of the child to consent

## **Child Protection Plan**

It is the responsibility of the chair to draw up a CPP to meet the needs of the children. This will initially involve all the participating services, including the school. It will also involve the setting of dates for further 6 monthly CPCC's. Also, strategy & professionals' meetings for the involved professionals, this includes the school. The school is involved in considerable support and monitoring whilst a child is on the Child Protection Register. This continues until a child is removed from a plan, and then it continues at a less intense level until the children leave the school. A child may not be placed on the Child Protection Register, but may be considered to be a child in need of services.

## **School Staff**

### **Protection of Staff**

- For their own protection, it is advisable that if a member of staff is alone with a child, they should leave the door to the room open. However, this is not the case if the room has a door with a glass panel so that the interior of the room is visible from the outside.
- If a member of staff feels uneasy about comments made by, or the actions of a child they should report this to the Designated Safeguarding Team.
- School cameras/ iPods should be used for all recording/photography purposes both in and out of school. These images should only be printed out at school and staff should not under any circumstances take photos or images of children home.

- The use of mobile phones by staff to take photos of children both in and out of school is not permitted

### **Allegations against staff**

- There are occasions when pupils accuse teachers, or other members of staff, of physically or sexually abusing them.
- In some cases, those allegations are false or unfounded. Regrettably, however in some cases the allegations are true.
- The school is aware that such allegations may be made and has procedures in place for dealing with them in line with DFE guidelines.
- Any instance of a pupil being abused by a teacher or any other member of staff is particularly serious. On the other hand, for an innocent person to be subject to what may be a lengthy period of suspensions and investigation is a serious ordeal.
- Procedures for dealing with such allegations should not compromise child protection, but should help to keep the damaging effects of false allegations to a minimum.
- All allegations should be brought to the attention of the Head Teacher immediately. If the Head Teacher is suspected, they must be reported to the Designated Safeguarding Lead (DSL) who must report to the Local Authority Designated Officer (LADO) and the Chair of Governors.

### **Child on Child Abuse**

- There are also occasions when pupils accuse peers, or other children, of physically or sexually abusing them.
- In all instances, all allegations should be brought to the attention of the DSL immediately.

### **Early Years**

As an Early Years provider delivering the Early Years Foundation Stage (EYFS), the school aims to meet the specific safeguarding and child protection duties set out in the Childcare Act 2016 and related statutory guidance.

The school will ensure that children taught in Early Years are able to learn and develop and are kept safe and healthy so that they are ready for school by providing a safe, secure learning environment that safeguards and promotes their welfare, and takes appropriate action where there are child protection concerns.

### **Intimate and pastoral care**

Children's dignity will always be preserved and a level of privacy ensured. The normal process of nappy changing should not raise child protection concerns. There are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process, but we ensure that staff do not leave themselves vulnerable and will always work in an open environment by avoiding private or unobserved situations.

### **Physical contact with pupils**

It is unnecessary and unrealistic to suggest that teachers should touch pupils only in emergencies. Particularly with younger pupils, touching them is inevitable and can give welcome reassurance to the child. However, teachers must bear in mind that even perfectly innocent actions can be misconstrued. Children may find being touched uncomfortable or distressing for a number of reasons. It is important for teachers to be sensitive to a child's physical contact and act appropriately. It is also important not to touch pupils, however casually, in ways or on parts of the body that might be considered indecent.

In extreme cases, which do occur, a teacher might have to physically restrain a pupil to prevent him or her causing injury to him or herself, to others or to property. In such instances no more than the minimum necessary force should be used and the teacher should seek to avoid causing injury to the pupil. We follow the guidance given in the 'Working Together to Safeguard Children' document- Dec 2023 and 'Use of Reasonable Force in Schools- Feb 2023.

### **Photography/ Use of Mobile Phones**

The use of cameras is not permitted by parents unless it is a class assembly or whole school performance event. Parents are not allowed to take pictures of children on the school site without permission from the head teacher. Staff are not permitted to use personal phones outside of the staff room and no pictures of children should ever be taken with a mobile phone. Members of the Designated Safeguarding Team have permission to use their mobile phones for second tier access to CPOMS. (Authentication Codes) This is essential for security when using the online software.

### **Social Media**

Staff member' professional reputation is clearly valuable to their current and future career and consequentially managing an online reputation is an essential part of being a teacher. Always think carefully before making any posts, status updates or having discussions regarding the school, its staff, pupils or parents in an online environment – even if your account is private. Comments made public could be taken out of context and could be very damaging. Staff must think about the language they use – abrupt or inappropriate comments, even if they were made in jest, may lead to complaints. Anything that is put online is potentially public and permanent. Staff must not liaise with pupils on line. Staff must also report any concerns they may witness on social media about a child. Staff are advised to always follow the school's Code of Conduct Policy.

### **Extremism and Radicalisation**

St Mark's C of E Primary School values freedom of speech and the expression of beliefs / ideology as fundamental rights underpinning our society's values. Both children and teachers have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion.

The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The

normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation. Our school is clear that this exploitation and radicalisation should be viewed as a child protection/safeguarding concern.

St Mark's C of E Primary School seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

In the event of a safeguarding incident relating to extremism and radicalisation, staff members must inform the Head Teacher (Special Point of Contact-SPOC) and the Designated Safeguarding Lead.

\*For further information, please see the school's Extremism and Radicalisation policy.

## APPENDIX 1

### Guidelines on Detecting Abuse

#### How can you detect abuse?

The following guidelines refer to children across the whole school range and suggest that something may possibly be wrong, and require further investigation. Most of the signs listed could, of course, have an alternative explanation, but if a child shows several different signs or any one to a marked degree the possibility of abuse should not be ruled out.

It is important to realise that these lists are possible indicators of abuse. Many of the signs could have other explanations.

#### Signs of physical abuse

- Unexplained injuries or burns, particularly if they are recurrent
- Improbable excuses given to explain injuries
- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Untreated injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted
- Bald patches
- Withdrawal of physical contact
- Arms and legs being covered in hot weather
- Fear of returning home
- Fear of medical help
- Self-destructive tendencies
- Aggression towards others
- Running away

#### Signs of emotional abuse

- Physical, emotional and mental development lags
- Admission of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation
- Sudden speech disorders
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. Rocking, thumb sucking, hair twisting)
- Self mutilation
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug / solvent abuse
- Running away
- Compulsive stealing, scavenging

### **Signs of neglect**

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Being left alone at home
- Poor state of clothing
- Emaciation
- Frequent lateness or non-attendance at school
- Untreated medical problems
- Destructive tendencies
- Low self-esteem
- Neurotic behaviour
- No social relationships
- Running away
- Compulsive stealing or scavenging

### **Signs of Sexual Abuse- including grooming & child sexual exploitation**

- Sudden changes in behaviour or school performance
- Displays of affection in a sexual way inappropriate to age
- Tendency to cling or need constant reassurance
- Tendency to cry easily
- Regression to younger behaviour such as thumb sucking, playing with discarded toys, acting like a baby
- Complaints of genital itching or pain
- Distrust of familiar adult, or anxiety about being left with a relative, baby sitter, or lodger
- Unexplained gifts or money
- Depression and withdrawal
- Apparent secrecy
- Wetting, day and night
- Sleep disturbances or nightmares
- Chronic illnesses, especially throat infections and venereal disease
- Anorexia or bulimia
- Self-mutilation, attempted suicide, frequently running away
- Unexplained pregnancy
- Fears of undressing for PE
- Phobias or panic attacks

Not all sexually abused children will exhibit clear signs of disturbance. Some will be model pupils, displaying none of the characteristic effects of sexual abuse.

## Safeguarding against female genital mutilation (FGM)

### Guidelines on Detecting Abuse

Female genital mutilation (FGM) is a surprisingly common form of abuse in the UK.

Female genital mutilation (FGM) is 'a collective term for all procedures involving the partial or total removal of external female genitalia for cultural or other non therapeutic reasons'.

**In the UK, where it is considered to be child abuse, FGM is illegal. It is also illegal to take a child abroad for FGM purposes.**

***As FGM is a form of child abuse, it will be dealt with according to our existing child protection policy***

However with FGM we should not reveal that the school have any concerns, as this could increase the risk to the girl.

#### i. Female Genital Mutilation (FGM) mandatory reporting duty

Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should also still consider and discuss any such case with the DSL and involve children's social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures. [Summary of the FGM mandatory reporting duty](#)

### Four types of FGM

- **clitoridectomy** – partial or total removal of the clitoris
- **excision** – partial or total removal of the clitoris and the labia minora, with or without the excision of the labia majora
- **infibulation** – narrowing of the vaginal opening
- **all other harmful non-medical procedures** to female genitalia.

The practice is normally carried out on girls between the ages of 4 and 13, although the majority of cases are thought to take place between the ages of 5 and 8.

### Countries where FGM is practised

FGM is practised in 28 African countries and in parts of the Middle East and the Far East. It continues to be practised in some communities in Western Europe.

Countries in which FGM is particularly common practice include:

- Burkina Faso
- Djibouti
- Egypt
- Eritrea
- Ethiopia
- The Gambia
- Guinea
- Liberia
- Mali
- Mauritania
- Sierra Leone

- Somalia
- Sudan.

One of the difficulties is that FGM-practising families may not see it as an act of abuse. It is accepted practice in some communities, and this can make it very difficult for a girl or any other member of her family to come forward. Not having undergone FGM can be considered to make a girl unsuitable for marriage.

### **The impact on girls**

The procedure has no health benefits and can cause:

- severe bleeding
- infection
- problems urinating
- potential childbirth complications leading to deaths of newborn babies.
- The impact of undergoing FGM is not only physical; the fact that the procedure has been inflicted on the girl by her family makes it particularly traumatic.

### **Identifying FGM**

The time when FGM is most likely to take place is at the start of the summer holidays, as there is then sufficient time for the girl to recover before returning to school.

#### **Risk factors**

- where the family is less integrated within UK society
- where the mother or other women in the extended family have also been subject to FGM
- where a girl has been withdrawn from sex education lessons and there is a reluctance for her to be informed about her body and her rights.

#### **Indicators that FGM is imminent**

- Indicators that it might be about to take place include:
- being a girl between the ages of 5 to 8 within a community where FGM is practised
- when a female family elder visits, particularly if she arrives from another country
- a girl talking about a 'special procedure' or saying that she is attending a special ceremony to become a woman
- a girl being taken out of the country for a prolonged period.

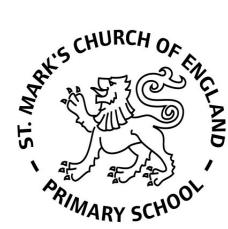
#### **Indicators that it has taken place**

- Indications that FGM has already taken place include:
- a girl having difficulty walking, sitting or standing
- she spends longer than normal going to the toilet
- she spends long periods of time away from the classroom during the day because of bladder or menstrual problems
- prolonged or repeated absences from school or college
- withdrawal or depression when a girl returns to school after a prolonged period of absence
- reluctance to undergo normal medical examinations.

### **Support for the girl**

If a girl does make a disclosure, it is important to note that it must be reported to social care even if it is against the girl's wishes, as it is child abuse and against the law. However, the reasons for this should be explained.

St Mark's school will always seek to support the girl involved



# Child Protection Concern Form

Date	
Names of child	Names of siblings
Detail of concern	
Name and signature of person reporting	
Seen by designated officer (PRINT)	
Signature of designated officer	
Action/comments	6 Week follow up

Reviewed and ratified by Governing body	Autumn Term 2025		
Next Revision (Please highlight as appropriate)	<b>Annual</b>	Biennial	Tri-annual
To be reviewed	Autumn Term 2026		