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Child Protection Policy

Responsibility: Alison Vigor

Date reviewed: November 2016 **Next review date: September 2017**

Malden Oaks fully recognises its responsibilities for child protection. This policy outlines these responsibilities and in particular that of the Designated Safeguarding Lead (DSL). It also outlines the procedures of the action to be taken where the abuse of a child is suspected.

The Designated Safeguarding Lead is Alison Vigor, the Deputy Headteacher. The Deputy Designated Safeguarding Leads are Samantha Axbey, the Headteacher and Louise Barnes, the Deputy Headteacher. The Nominated Management Committee member for child protection is Sarah Kieran. The role of the Nominated Management Committee member is to meet regularly with the DSL to monitor that appropriate policies and procedures are in place and that they are being implemented correctly. Compliance with the policy will be monitored by the DSL and through staff performance measures.

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The procedures used within Malden Oaks are outlined below:

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1. Introduction

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and taking action to enable all children to have the best life chances.

This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school.

In particular this policy should be read in conjunction with the Behaviour Policy, Behaviour principles, Behaviour procedures, Safe practise guidance, Restraint Policy, Anti-Bullying Policy Whistleblowing Policy, Data Protection Policy, RBK Dignity at Work Policy, Bullying at work Policy and procedures and E-safety Policy.

This policy applies to all children, staff, members of the management committee and volunteers in our school. The main elements of our policy are:

- Ensuring we practise safer recruitment in checking the suitability of staff and volunteers to work with children;
- Raising awareness of child protection issues and equipping children with the skills needed to keep them safe;
- Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse;
- Supporting pupils who have been abused in accordance with his/her agreed Child Protection Plan (or Child in Need Plan for lower level concerns);
- Establishing a safe environment in which children can learn and develop.
- We recognise that because of the day-to-day contact with children, all school staff are well placed to observe the outward signs of abuse and changes in behaviour. The school will therefore:
- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to;
- Ensure children know that there are adults in the school whom they can approach if they are worried;
- Include opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.
- All staff should, at all times, consider what is in the best interests of the child.

We will follow the procedures set out by the LSCB and take account of guidance issued by the DfE to safeguard children and promote their welfare.

2. STATUTORY FRAMEWORK

In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004

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- Education Act 2002 (section 175)
- The London Child Protection Procedures (2014)
- Keeping Children Safe in Education (DFE 2016)
- Keeping Children Safe in Education: information for all school and college staff (DFE 2016) – APPENDIX 3
- Working Together to Safeguard Children (DfE 2015)
- The Education (Pupil Information) (England) Regulations 2005
- Counter Terrorism and Security Act 2015 (Section 26)

Working Together to Safeguard Children (DfE 2015) requires all schools to follow the procedures for protecting children from abuse which are established by Kingston and Richmond Safeguarding Children Boards.

Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse - these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse. Schools should ensure that those groups or individuals who hire and / or use their building or grounds inside or outside of school hours, follow the local child protection guidelines and are aware of their duties, if children or vulnerable adults are using the building or grounds.

The school will also follow guidance in relation the specific safeguarding issues outlined in Appendix 2. This will include the Prevent Duty Guidance 2015, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism. Furthermore Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) will place a statutory duty upon **teachers, along with social workers and healthcare professionals, to report to the police** where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18.

Furthermore

Keeping Children Safe in Education (DfE 2016) places the following responsibilities on all schools:

- Schools should be aware of and follow the procedures established by the Local Safeguarding Children Board

- All staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions

- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse

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- A Designated Senior Person (referred to in 'Keeping Children Safe in Education (DFE, 2016) as Designated Safeguarding Lead') should have responsibility for co-ordinating action within the school and liaising with other agencies

- Staff with the designated safeguarding lead should undergo updated child protection training every two years

Keeping Children Safe in Education (DFE 2016) also states:

Governing bodies and proprietors should ensure there is an effective child protection policy in place together with a staff behaviour policy (code of conduct). Both should be provided to all staff – including temporary staff and volunteers – on induction. The child protection policy should describe procedures which are in accordance with government guidance and refer to locally agreed inter-agency procedures put in place by the LSCB, be updated annually, and be available publicly either via the school or college website or by other means.

3. THE DESIGNATED SENIOR PERSON (referred to in 'Keeping Children Safe in Education (DFE, April 2016)as Designated Safeguarding Lead')

Governing bodies and proprietors should ensure that the school or college designates an appropriate senior member of staff to take lead responsibility for child protection. This person should have the status and authority within the school to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.

The Designated Senior Person for Child Protection in this school is:

NAME: ALISON VIGOR

The Deputy Designated Safeguarding Leads for Child Protection in this school are:

NAME: LOUISE BARNES & SAMANTHA AXBEY

The broad areas of responsibility for the designated safeguarding lead are:

Managing referrals

This school recognises that it is an agent of referral and not of investigation.

Refer all cases of suspected abuse to the local authority children's social care and:

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- Police (cases where a crime may have been committed).
- Channel programme when there is a radicalisation concern.
- Liaise with the head teacher or principal to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations
- Act as a source of support, advice and expertise to all staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies

Training

The designated safeguarding lead should undergo formal training every two years. The DLS should also undertake Prevent awareness training. In addition to this training their knowledge and skills should be refreshed (for example via e-bulletins, meeting other DSLs or taking time to read safeguarding developments) at least annually to:

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments;
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
- Ensure each member of staff has access to and understands the school's child protection policy and procedures, especially new and part time staff;
- Be alert to the specific needs of children in need, those with special educational needs and young carers;
- Understand and support the school with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from radicalisation.
- Be able to keep detailed, accurate, secure written records of concerns and referrals;

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- Obtain access to resources and attend any relevant or refresher training courses;

- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, through any measures the school may put in place to protect them;

Raising Awareness

The DSL should ensure the school's policies are known, understood and used appropriately, and:

- Ensure the school child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with Management Commitee regarding this;

- Ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school in this;

- Ensure that safeguarding contact details will be kept prominently displayed in the school to ensure that all staff, children and parents have unfettered access to safeguarding support. The policy will be available as a hard copy, as required, including in staff areas.

- Link with the local LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding;

- Child Protection and safe practise refresher training is provided annually for all staff.

- Where children leave the school or college, ensure their child protection file is copied for any new school or college as soon as possible but transferred separately from the main pupil file.

4. THE MANAGEMENT COMMITTEE

The Management Committee must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in their school are effective and comply with the law at all times.

The nominated Management Committee member for child protection is:

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NAME: Sarah Kieran

In particular the Management Committee via the Nominated Governor/Committee Member for safeguarding must ensure:

The responsibilities placed on the Management Committee include:

- their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified
- ensuring that an effective child protection policy is in place, together with a staff behaviour policy, and that it is reviewed annually;
- ensuring all staff are provided with Part One of Keeping Safe in Education (DfE 2016) and are aware of specific safeguarding issues.
- appointing a Designated Safeguarding Lead who should undergo child protection training, at level 3, every two years.
- prioritising the welfare of children and young people and creating a culture where all staff are confident to challenge senior leaders over any safeguarding concerns;
- ensuring that children are taught about safeguarding in an age appropriate way.
- Ensuring appropriate filters and appropriate monitoring systems are in place to safeguard children from potentially harmful and inappropriate online material. Additional information can be found in Annex C of Keeping Children Safe in Education (DFE 2016)

The Headteacher, DSL and Nominated Committee Member will provide an annual report to the Management Committee detailing any changes to policy and procedures, and key school safeguarding data, such as serious incidents, numbers of children looked after or subject to child protection plans, and details of any allegations made against staff or volunteers, and subsequent action, permanent or temporary exclusions, children missing education, or those with concerning attendance records. The report should include an understanding of the special needs of students and matters of diversity and ethnicity.

5. SAFER RECRUITMENT

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The Management Committee and school leadership team are responsible for ensuring that the school follows recruitment procedures that help to deter, reject or identify people who might abuse children whether through volunteer or paid employment.

All recruitment panels will have at least one member who has completed Safer Recruitment training. The LSCB offers this level 4 training or alternatively, the NSPCC offers Safer Recruitment training: **http://www.nspcc.org.uk/Inform/trainingandconsultancy/onlinetraining/safer-recruitment-in-education_wda103382.html.**

The following statement is used on all adverts for new appointments:

This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Disqualification

The following guidance will be useful for recruitment panels as they consider references and employment.

Consider if the **reference** is:

- On Headed paper?
- From the person who you requested if from?
- From the last two employers?
- Signed by the author and is it an original signature?
- Has someone spoken to the referee?

DBS (Disclosure and Barring Service)

- The DBS form is completed online
- The employee must provide the Original DBS. Both sides of the original Disclosure should be **dated** and **signed** as 'original'.

Medical Clearance

- Please ensure that all new employees complete a Health Questionnaire.
- If an existing employee takes up a different post they may be subject to another medical clearance depending on the type of work carried out.

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National Insurance Numbers

- All employees require a permanent National Insurance number before they can commence work as opposed to the temporary number
- To obtain this they should call the: National Insurance help line on 01708 814 440, to make an appointment for an 'evidence of identity interview'. At the appointment they should request a form CA5404 which demonstrates that they have had their interview and are just awaiting their NI number. This will be acceptable to commence employment. The employee should be reminded to notify their Manager as soon as they have received their permanent number.

Right to work in the U.K.

- Does the employee have the necessary documentation to work in the UK?
- Have you taken a copy of all the documentation?

6. WHAT TO DO IF YOU ARE CONCERNED ABOUT A CHILD – STAFF RESPONSIBILITIES

Safeguarding and promoting the welfare of children is **everyone's responsibility**. In order to fulfil this responsibility effectively, all professionals should make sure their approach is **child centred.** This means that they should consider, at all times, what is in the best interests of the child,

Schools and their staff form part of the wider safeguarding system for children. This system is based on the principle of providing help for families to stay together where it is safe for the children to do so, and looking for alternatives where it is not, whilst acting in the best interests of the child at all times.

When there are serious concerns about a child's welfare but no specific evidence of abuse:

A member of staff may become concerned about a child whose appearance, behaviour, health, academic progress, relationships or demeanour give rise to general worries about his or her care and well-being, but no specific evidence of abuse has occurred. In such cases, the following steps should be taken: **See Flowchart One**

The member of staff should refer to the Designated Safeguarding Lead for child protection.

The DSL/ Headteacher should consult with the child's parents/carers, or those with parental responsibility for the child and arrange to meet them as soon as possible in order to discuss the concerns. The DSL should make a written record of what the

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parents/carers said and how they reacted. If the parents/carers fail to respond to the request to discuss the concerns, that also should be noted.

The DSL / Headteacher should then decide whether the situation warrants a referral to the Single Point of Access (SPA).

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations.

A formal child protection referral is made:

i) It may be the case that evidence comes to light that abuse has occurred, or is at risk of occurring, by a person unrelated to the child and not someone involved in the child's family life. In such cases the referral should make this clear. The Single Point of Access (SPA) will then liaise with the Police Child Abuse Investigation Team on the best way to proceed.

ii) A request is made for a 'Child in Need' assessment, with the possibility of social work support being offered to the family. The DSL / Headteacher should outline the concerns in writing to the Single Point of Access (SPA) CAF

iii)No referral is necessary. This decision should be recorded, with reasons and dated. The DSL / Headteacher may decide that the matter should continue to be dealt with internally within the school. This may include, in appropriate cases, advising the parents/carer.

If a pupil who is/or has been the subject of a child protection plan changes school, the DSL will inform the social worker responsible for the case and transfer the appropriate records to the DSL at the receiving school, in a secure manner, and separate from the child's academic file and a receipt obtained.

The DSL is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

As a person who works with children, staff have a duty to refer safeguarding concerns to the designated safeguarding lead for child protection. However if:

- concerns are not taken seriously by an organisation or
- action to safeguard the child is not taken by professionals and
- the child is considered to be at continuing risk of harm

Then Staff should speak to a DSL in their school or contact the local SPA.

If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Anybody can make a referral. If the child's

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situation does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.

Action to be taken when a child discloses, or a member of staff suspects, that abuse has occurred outside school:

If a child makes a disclosure to a member of staff (or other adult) that they are suffering or at risk of suffering significant harm, or if a member of staff becomes aware of any information suggesting that child abuse may have occurred or is likely to occur, then the following steps must be taken: **(see Flowchart Two)**

The member of staff to whom the disclosure is made, or who becomes aware of actual or potential abuse, must refer the matter immediately to the DSL

The DSL should listen to what the child or young person wishes to say in response to the concerns and clarify any matters which are not clear in the child's account but **must not** conduct an in-depth interview or investigation of the allegation. The DSL must explain to the pupil at the outset of such a discussion that no promise of personal confidentiality can be made, even if the child should request this, as this would not be possible if there were a subsequent child protection enquiry. The DSL should explain to the child what could happen next.

The DSL should keep an accurate written and dated record of anything the child has said about the matter and this must be reported immediately to the Headteacher, where the head is not him or herself the DSL. The Headteacher/DSL, will make a referral and / or gain advice from the Single Point of Access (SPA).

If the decision is not to refer, the Headteacher/DSL must officially log the decision, the reasons for it and any subsequent action taken in respect of the child/young person who raised the matter initially.

Where it is decided that the matter should be referred, the school should immediately contact the Single Point of Access (SPA) or known case-holding social worker in the relevant team, depending on the pupil's place of residence. The school should state the cause for concern and any action so far taken.

Where, based on the information available, the Single Point of Access (SPA) decides that it is not appropriate to proceed further with a child protection enquiry, the social worker concerned will provide advice to the school on any other action that may be taken to promote the child's welfare within 24 hours. This could include intervention by other Social Services teams or workers, the Education Welfare Service, The Health Service or Voluntary agencies.

Where, based on the information available, Children and Families Services decide that a 'Section 47' investigation is needed, the school will be asked to complete a formal *Child*

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Protection Referral Form. A copy of this form is annexed to the main procedure guidance. It should be sent as soon as possible to the Duty Officer of the relevant SPA, or to the allocated Social Worker if the child already has one. A signed copy should be forwarded immediately afterwards by post.

The enquiry will start within 24 hours of the decision to do so being made. A Child Protection Strategy Discussion will be called, which in appropriate circumstances would involve the Police Child Abuse Investigation Team, to discuss the future handling of the case. School staff will normally be asked to attend this meeting to provide background information.

One outcome of the Strategy Discussion will be a decision on what information should be shared with the family, and by whom. Consideration will be given to the fact that such information sharing could in some circumstances, place the child in a position of risk of significant harm, or else could jeopardise a subsequent police investigation into an alleged offence.

The SPA will then have full responsibility for pursuing and concluding the enquiry, and for co-ordinating with the Police Child Abuse Investigation Team, medical personnel and other key workers. They will inform the school and all other key workers involved of subsequent developments.

Action where a child has serious injuries which require immediate treatment

If, within the context of these guidelines, a child has injuries which require immediate treatment, the DSL / Headteacher should arrange for the child to be taken to the casualty department of the nearest hospital. They should inform the hospital that child abuse is suspected. The DSL / Headteacher must also arrange for the parents, or those with parental responsibility, to be informed as soon as possible that the child has been taken to hospital. The subsequent reporting of suspected abuse should follow the steps described above.

Mandatory Reporting Duty

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) will place a statutory duty upon **teachers, along with social workers and healthcare professionals, to report to the police** where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions.

7. RECORDS AND MONITORING

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Well-kept records are essential to good child protection practice. Our school is clear about the need to record any concerns held about a child, the status of such records and when copies of these records should be passed to other agencies.

Any member of staff receiving a disclosure of abuse or noticing indicators of neglect must make an accurate record as soon as possible, noting what was said or seen, putting the event into context, and giving the date, time and location. All records will be signed and dated and will include the action and advice taken, including any differences of opinion. This should be presented to the DSL. If deemed necessary a referral should be made to SPA.

All records need to be given to the Designated Safeguarding Lead promptly. No copies should be retained by the member of staff or volunteer.

Any files notes should be kept in a confidential place in chronological order (separate to pupil records) [Locked Filing Cabinet in Deputy Headteacher's office] in this school. All child protection records are stored securely and confidentially and will be retained for ten years after the last entry. If a pupil transfers from the school, these files will be copied and forwarded to the pupil's new education setting, marked "confidential" and for the attention of the receiving school's DSL.

The Designated Safeguarding Lead will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

The Headteacher, the Designated Safeguarding Lead, the deputy Designated Safeguarding Lead, and the SENCO will meet fortnightly to review any new concerns and to log any actions taken with regard to children subject to CP plans, CIN plans, TAC plans, Children Looked After and any other children causing concern.

8. SUPPORTING PUPILS

It is the responsibility of the Designated Safeguarding Lead (DSL) to ensure that the school is represented at, and a report is submitted to, child protection conferences, child in need meetings, strategy meetings, core group meetings, and looked after children reviews. Whoever attends should be fully briefed on any issues or concerns. The school will commit to regular liaison with other professionals and agencies who support families and a commitment to honest and open communication with families. There is a recognition of the additional vulnerability of children with disabilities or special needs, and that children may become vulnerable due to matters of concern in the home environment: domestic abuse, mental health concerns or substance use.

We recognise 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

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of children at risk. When at school their behaviour may be challenging or they may be withdrawn. The school will endeavour to support the pupil through:

- The content of the curriculum;
- Well trained staff and volunteers, who are conversant with research, practice and procedures to promote children's welfare and keep them safe, both at home and in the community.
- The school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued;
- The school behaviour policy which is aimed at supporting vulnerable pupils in the school. The school will ensure that the pupil knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred;
- An effective whole school policy against bullying and that there are measures in place to prevent all sorts of bullying amongst pupils;
- Liaison with other agencies that support the pupil such as Children's Social Care, Child and Adolescent Mental Health Service, Education Welfare Service and Educational Psychology service;
- If a child leaves and the new school is not known, the relevant person in the LA Admissions Team should be alerted so that these children can be included on the database for missing pupils;
- Teachers are allowed to use reasonable force to control or restrain pupils under certain circumstances. Other people may do so, in the same way as teachers, provided that they have been authorised by the Headteacher to have control or charge of pupils. A member of the Senior Leadership Team will be called to support and take the lead if a child's behaviour is showing any signs of escalating to a level where the child's safety or that of others may be compromised. Calming and defusing behaviour management strategies will always be used first to de-escalate a violent or aggressive incident. Physical restraint will only be used as a last resort in situations where calming and defusing strategies have failed to de-escalate the situation and there is a risk of likely injury to the child concerned or others and/or likely significant damage to property. If there is information to suggest that a child is likely to behave in a way that may require physical control or restraint, a risk assessment is undertaken. (Refer to the policy 'Use of physical restraint').

9. WHISTLE BLOWING

The Whistleblowing policy is made available to all staff via the staff handbook. All staff must be aware of their duty to raise concerns about the attitude or actions of colleagues in line with the school's code of conduct / whistle-blowing policy. Any staff member can press for re-consideration of a case if they feel a child's situation does not appear to be improving. They must refer their concerns to the SPA directly, if they have concerns for the safety of a child.

10. ALLEGATIONS INVOLVING SCHOOL STAFF / VOLUNTEERS

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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 s/he 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, such as if they had a child protection concerns raised for their own children.

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 or Government document '*Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings*'.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he 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 Head Teacher.

If a child or young person makes an allegation of physical or sexual abuse against a teacher (other than the Headteacher) or a non-teaching member of staff, the following steps must be followed – **see Flowchart Three**

Where the allegation is not made directly to the Headteacher, the person to whom the disclosure is made must immediately inform the Headteacher. If it is the Headteacher against whom the allegation is made, alternative action should be taken as set out in **Flowchart Four.**

The Headteacher should report the matter to the relevant local SPA for the Designated Officer at the Local Authority, within 24 hours, who will offer any appropriate advice to the Headteacher and oversee the investigation, including strategy meetings.

Where the Strategy Discussion subsequently decides that a child protection enquiry should not be undertaken, this decision and any subsequent recommendations for other action will be recorded and reported back to the other parties concerned. The Strategy Discussion may decide to recommend that an internal investigation be carried out by the

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school or Education Service. If this internal investigation discovered other facts of a serious nature, it would always be possible to reconvene another Strategy Discussion. In appropriate circumstances, such cases might be referred to the Quality Assurance sub-group of the LSCB.
Where the Strategy Discussion decides that a child protection or criminal investigation should be pursued, this decision will be recorded and an action plan drawn up. The relevant Social Services locality team will then have full responsibility for pursuing and concluding the enquiry, co-ordinating with the Police Child Protection Team, medical personnel and other key workers. They will inform the school and all key workers involved of subsequent developments.

It is possible that the facts of a case may warrant an investigation of the member of staff concerned under the LA's disciplinary procedures. Such an investigation **must not** be conducted while any formal child protection enquiry or criminal investigation is being pursued.

If the Headteacher is the person against whom the allegation is made, then the procedures set out above must be adapted accordingly. The following alternative steps should be taken – **see Flowchart Four**

The initial report should be made to the Designated Teacher for child protection, not to the Headteacher. The member of the school's Management Committee nominated to take responsibility for child protection issues should also be informed, or the Chair of the Committee where no specific member has been given this responsibility. As before, a written and dated record should be made within 24 hours. The Designated Teacher or Nominated Committee Member should take responsibility for contacting at the SPA.

Where the Headteacher is also the school's Designated Teacher for child protection, the member of staff to whom the disclosure is made should initially inform only the Nominated Committee member (or Chair of the Management Committee), who should then make direct contact with the Designated Officer within the local authority, who will then advise as to how to take things forward.

Where the Strategy Discussion subsequently decides that a child protection enquiry should not be undertaken, this decision and any subsequent recommendations for other action will be recorded and reported back to the other parties concerned. The Strategy Discussion may decide to recommend that an internal investigation be carried out by the school or Education Service. If this internal investigation discovered other facts of a serious nature, it would always be possible to reconvene another Strategy Discussion. In appropriate circumstances, such cases might be referred to the Quality Assurance sub-group of the Area Child Protection Committee.

Where the Strategy Discussion decides that a child protection or criminal investigation should be pursued, this decision will be recorded and an action plan drawn up. The relevant Social Services locality team will then have full responsibility for pursuing and concluding the enquiry, co-ordinating with the Police Child Protection Team, medical

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personnel and other key workers. They will inform the school and all key workers involved of subsequent developments.

It is possible that the facts of a case may warrant an investigation of the member of staff concerned under the LA's disciplinary procedures. Such an investigation **must not** be conducted while any formal child protection enquiry or criminal investigation is being pursued, and only following advice from the Designated Officer with the Local Authority.

If the concerns are about the Head Teacher, then the Chair of the Management Committee should be contacted. The Chair is:

NAME: ROGER LOWE CONTACT NUMBER: 07770 629202

In the absence of the Chair of the Management Committee, the Vice Chair should be contacted. The Vice Chair in this school is:

NAME: ROBERT GREEN CONTACT NUMBER: 0208 339 0344

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The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The Head Teacher will not investigate the allegation itself, or take written or detailed statements, but refer the concern to the Designated Officer at the local authority at the SPA.

Kingston SPA CONTACT NUMBER: 0208 547 5008

Policy Review

This policy will be reviewed in full by the Management Committee on an annual basis.
The policy was last reviewed and agreed by the Management Committee as below:

NOVEMBER 2016

It is due for review 12 months from the above date.

APPENDIX 1 – Indicators of harm

PHYSICAL ABUSE

Physical abuse 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 the child

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a

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severe shaking injury or a direct injury such as a kick.
Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries
Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning
Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self harm even in young children.

Fabricated or Induced Illness
Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

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Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.
A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds
It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.
Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get but and there will be splash marks

Scars
A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Emotional/behavioural presentation
Refusal to discuss injuries
Admission of punishment which appears excessive
Fear of parents being contacted and fear of returning home
Withdrawal from physical contact
Arms and legs kept covered in hot weather

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Fear of medical help
Aggression towards others
Frequently absent from school
An explanation which is inconsistent with an injury
Several different explanations provided for an injury

Indicators in the parent

May have injuries themselves that suggest domestic violence
Not seeking medical help/unexplained delay in seeking treatment
Reluctant to give information or mention previous injuries
Absent without good reason when their child is presented for treatment
Disinterested or undisturbed by accident or injury
Aggressive towards child or others
Unauthorised attempts to administer medication
Tries to draw the child into their own illness.
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
May appear unusually concerned about the results of investigations which may indicate physical illness in the child
Wider parenting difficulties may (or may not) be associated with this form of abuse.
Parent/carer has convictions for violent crimes.

Indicators in the family/environment

Marginalised or isolated by the community
History of mental heath, alcohol or drug misuse or domestic violence
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

EMOTIONAL ABUSE

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Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.
Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators in the child

Developmental delay
Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
Aggressive behaviour towards others
Child scapegoated within the family
Frozen watchfulness, particularly in pre-school children
Low self esteem and lack of confidence
Withdrawn or seen as a 'loner' - difficulty relating to others
Over-reaction to mistakes
Fear of new situations
Inappropriate emotional responses to painful situations
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
Self harm

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Fear of parents being contacted
Extremes of passivity or aggression
Drug/solvent abuse
Chronic running away
Compulsive stealing
Low self-esteem
Air of detachment – 'don't care' attitude
Social isolation – does not join in and has few friends
Depression, withdrawal
Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
Low self esteem, lack of confidence, fearful, distressed, anxious
Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
Abnormal attachment to child e.g. overly anxious or disinterest in the child
Scapegoats one child in the family
Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
Wider parenting difficulties may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

Lack of support from family or social network.
Marginalised or isolated by the community.
History of mental heath, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

NEGLECT

Neglect is 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

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health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- ***provide adequate food, clothing and shelter (including exclusion from home or abandonment);***
- ***protect a child from physical and emotional harm or danger;***
- ***ensure adequate supervision (including the use of inadequate care-givers); or***
- ***ensure access to appropriate medical care or treatment.***

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature
Underweight
Frequent hunger
Dirty, unkempt condition
Inadequately clothed, clothing in a poor state of repair
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
Swollen limbs with sores that are slow to heal, usually associated with cold injury
Abnormal voracious appetite
Dry, sparse hair
Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea
Unmanaged / untreated health / medical conditions including poor dental health
Frequent accidents or injuries

Development

General delay, especially speech and language delay
Inadequate social skills and poor socialization

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Emotional/behavioural presentation

Attachment disorders
Absence of normal social responsiveness
Indiscriminate behaviour in relationships with adults
Emotionally needy
Compulsive stealing
Constant tiredness
Frequently absent or late at school
Poor self esteem
Destructive tendencies
Thrives away from home environment
Aggressive and impulsive behaviour
Disturbed peer relationships
Self harming behaviour

Indicators in the parent

Dirty, unkempt presentation
Inadequately clothed
Inadequate social skills and poor socialisation
Abnormal attachment to the child .e.g. anxious
Low self esteem and lack of confidence
Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
Child left with adults who are intoxicated or violent
Child abandoned or left alone for excessive periods
Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

History of neglect in the family
Family marginalised or isolated by the community.
Family has history of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of

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the family
Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
Lack of opportunities for child to play and learn

SEXUAL ABUSE
Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).
Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child Sexual Exploitation

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion,

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intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse. **(Keeping Children Safe in Education – DfE, 2016)**

Indicators in the child

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas
Recurrent pain on passing urine or faeces
Blood on underclothes
Sexually transmitted infections
Vaginal soreness or bleeding
Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

Makes a disclosure.
Demonstrates 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
Self-harm - eating disorders, self-mutilation and suicide attempts
Poor self-image, self-harm, self-hatred
Reluctant to undress for PE
Running away from home
Poor attention / concentration (world of their own)
Sudden changes in school work habits, become truant
Withdrawal, isolation or excessive worrying
Inappropriate sexualised conduct
Sexually exploited or indiscriminate choice of sexual partners
Wetting or other regressive behaviours e.g. thumb sucking
Draws sexually explicit pictures
Depression

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Indicators in the parents

Comments made by the parent/carer about the child.
Lack of sexual boundaries
Wider parenting difficulties or vulnerabilities
Grooming behaviour
Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.
History of mental heath, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Family member is a sex offender

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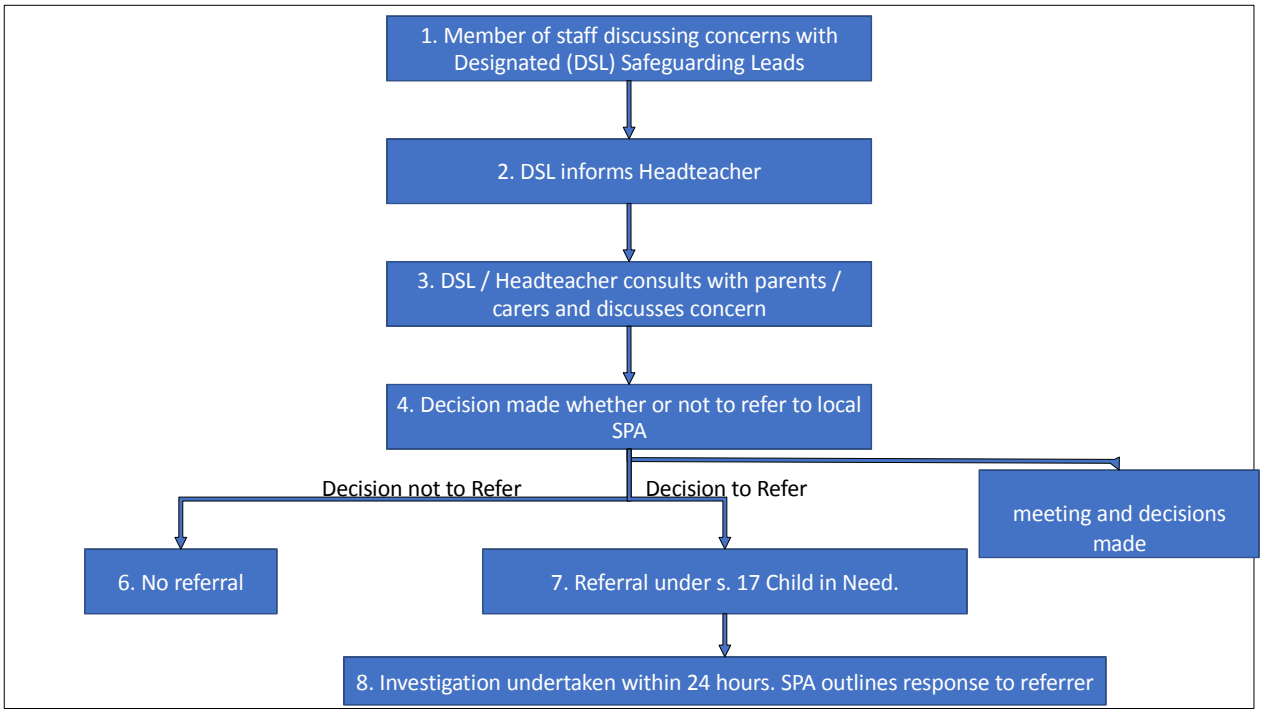
APPENDIX 2 – Flowcharts

Flowchart One: When there are serious concerns about a child's welfare but no specific evidence of abuse:



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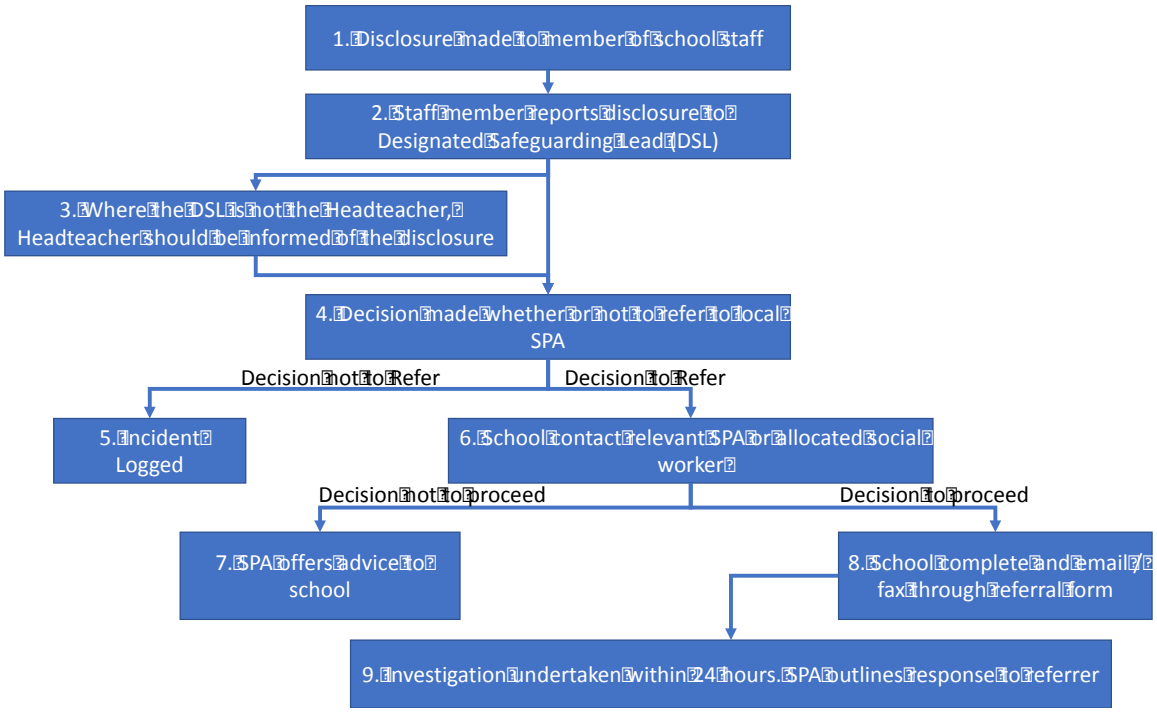
Flowchart Two: Action to be taken when child / young person discloses, or a member of school staff suspects, that abuse has occurred outside of school:



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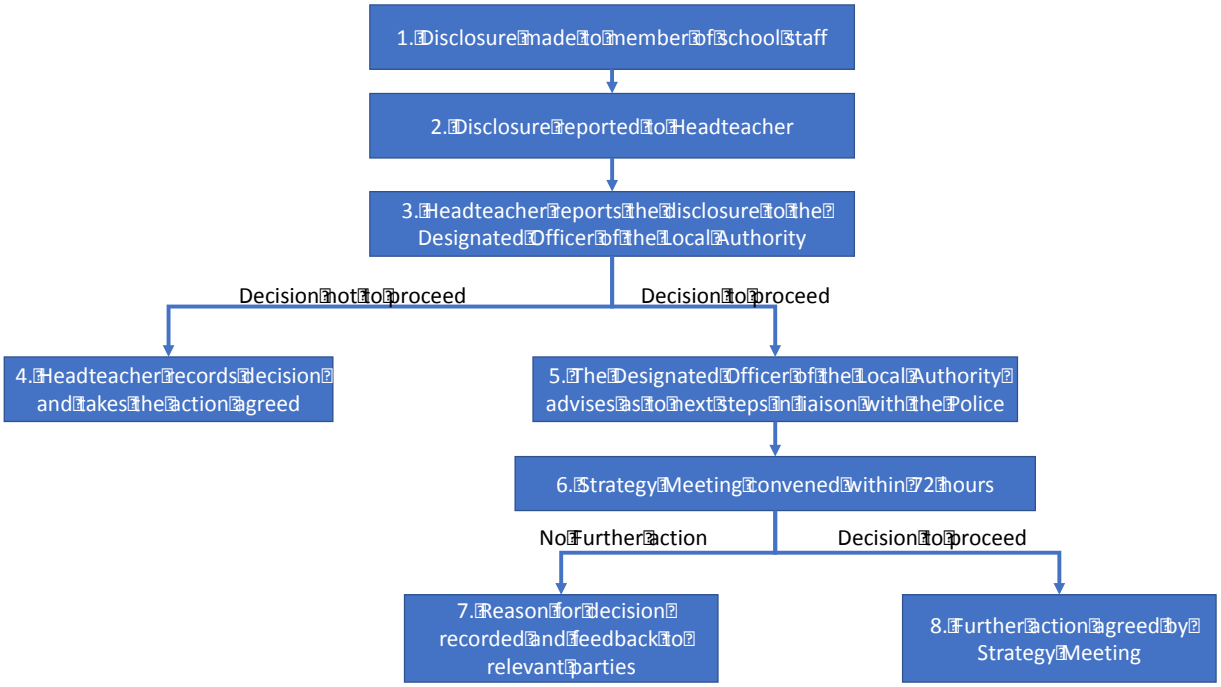
Flowchart Three: Allegations of abuse by a member of school staff or volunteer (teaching or non-teaching)



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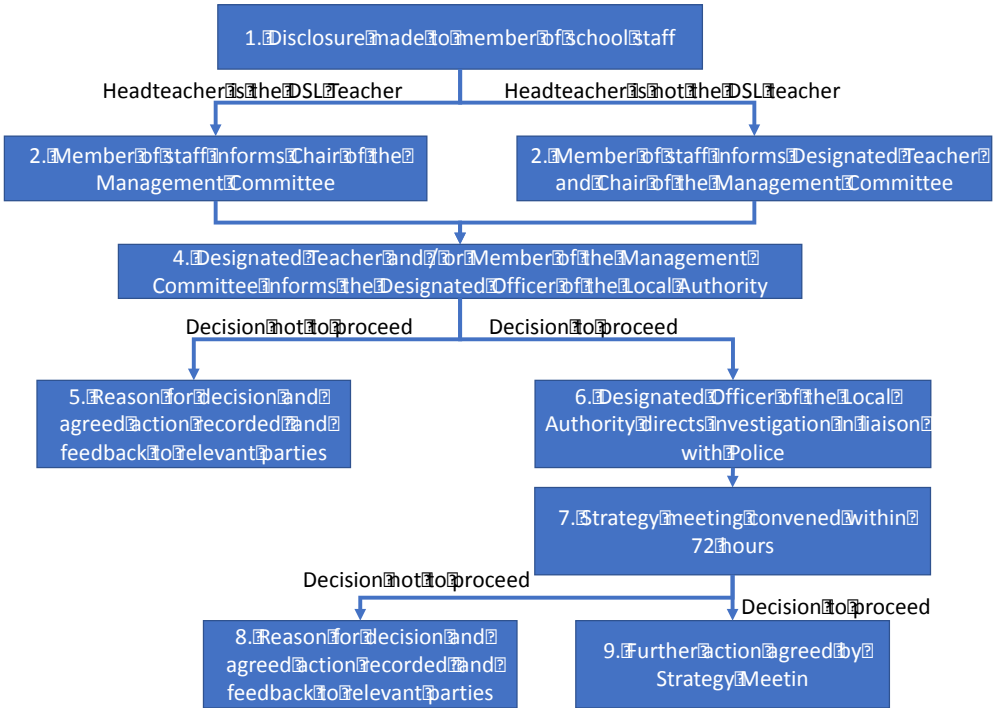
Flowchart Four: Referral procedure for when a child / young person discloses to a member of school staff an allegation of abuse by a Headteacher:



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APPENDIX 3 – Keeping Children Safe in Education

- Information for all school & college staff – DFE 2016