



POLICY FOR CHILD PROTECTION

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Signed:

Date:

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1. INTRODUCTION

Keeping Children Safe in Education (DfE 2016) states:

“Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as: protecting children from maltreatment; preventing impairment of children’s health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children have the best outcomes.”

Our policy applies to all staff, governors and volunteers working in the school.

Purpose of a Child Protection Policy

To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children.
To enable everyone to have a clear understanding of how these responsibilities should be carried out.

Hillingdon Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures

Colham Manor follows the procedures established by the Hillingdon Safeguarding Children Board; a guide to procedure and practice for all agencies in Hillingdon working with children and their families.

School Staff & Volunteers

School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children. All school staff and volunteers will receive safeguarding children training, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. This training is refreshed every three years. It is good practice for the Designated Safeguarding Lead to deliver an annual update. Temporary staff will be made aware of the safeguarding policies and procedures by the Designated Safeguarding Lead.

Mission Statement

Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.

Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well being of a child.

Ensure children know that there are adults in the school whom they can approach if they are worried.

Ensure that children who have been abused will be supported in line with a child protection plan, where deemed necessary.

Include opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.

Contribute to the five outcomes which are key to children's wellbeing:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing

Implementation, Monitoring and Review of the Child Protection Policy

The policy will be reviewed annually by the Governing Body. It will be implemented through the school's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Safeguarding Lead and through staff performance measures.

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
- Education Act 2002 (section 175)
- Hillingdon Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures
- Working Together to Safeguard Children (HM Government 2017)
- The Education (Pupil Information) (England) Regulations 2005
- Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE 2011)
- Keeping Children Safe in Education (DfE 2017)
- Inspecting Education in the Early Years, Education and Skills Settings (DfE 2015)

Working Together to Safeguard Children (HM Government 2017) requires all schools to follow the procedures for protecting children from abuse which are established by the Hillingdon Safeguarding Children Board.

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 (Appendix 2)

Keeping Children Safe in Education (DfE 2017) places the following responsibilities on all schools:

- Everyone who comes into contact with children and their families has a role to play in safeguarding children. School and college staff are particularly important as they are in a position to identify concerns early and provide help for children, to prevent concerns from escalating. Schools and colleges and their staff form part of the wider safeguarding system for children. This system is described in statutory guidance '*Working Together to Safeguard Children 2017*'. Schools and colleges should work with social care, the police, health services and other services to promote the welfare of children and protect them from harm.
- Schools should be aware of and follow the procedures established by the Hillingdon Safeguarding Children Board
- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions.
- Safeguarding incidents could happen anywhere and staff should be alert to possible concerns being raised in school
- 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
- A Designated Safeguarding Lead should have responsibility for co-coordinating action within the school and liaising with other agencies
- Staff with designated responsibility for child protection should receive appropriate training

3. THE DESIGNATED SAFEGUARDING LEAD

The Designated Safeguarding Lead in this school is:

NAME: Simon Hawley (Headteacher)

A Deputy DSL should be appointed to act in the absence/unavailability of the DSL.

The Deputy Designated Safeguarding Lead in this school is:

NAME: Fiona Bootes (Assistant Headteacher)

It is the role of the Designated Safeguarding Lead for Child Protection to:

- Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date

- Ensure that all staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children effectively and that this is kept up to date by refresher training at three yearly intervals
- Ensure that new staff receive a safeguarding children induction within 7 working days of commencement of their contract
- Ensure that temporary staff and volunteers are made aware of the school's arrangements for safeguarding children within 7 working days of their commencement of work.
- Ensure that the school operates within the legislative framework and recommended guidance
- Ensure that all staff and volunteers are aware of the HSCB Inter-agency Child Protection and Safeguarding Children Procedures and any other relevant local guidance e.g. safe drop off/collection of children guidance.
- Ensure that the Headteacher is kept fully informed of any concerns
- Develop effective working relationships with other agencies and services
- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Common Assessment Framework (CAF) or refer to Children, Schools and Families social care.
- Liaise and work with Children's Services: Safeguarding and Specialist Services over suspected cases of child abuse
- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision
- Submit reports to, ensure the school's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child
- Ensure that the school effectively monitors children about whom there are concerns, including notifying Children's Services: Safeguarding and Specialist Services when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan
- Provide guidance to parents, children and staff about obtaining suitable support
- Discuss with new parents the role of the DSL and the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and how to access the child protection policy.

- The Designated Safeguarding Lead should be aware of the guidance that is available in respect of female genital mutilation (FGM) and should be vigilant to the risk of it being practised. Further information is provided in Appendix 3 at the back of this document.

4. THE GOVERNING BODY

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment. It is recommended that a nominated governor for child protection is appointed to take lead responsibility.

The nominated governor for child protection is:

NAME Graham Wells (Chair of Governors)

Governing bodies must ensure that they comply with their safeguarding duties under legislation. They must ensure that the policies, procedures and training in their school are effective and comply with the law at all times.

The responsibilities placed on governing bodies 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 code of conduct.
- appointing a designated safeguarding lead who should undergo child protection training every two years.
- prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns.
- making sure that children are taught about how to keep themselves safe.

Governing bodies and proprietors should prevent people who pose a risk of harm from working with children by:

- adhering to statutory responsibilities to check staff who work with children.
- taking proportionate decisions on whether to ask for checks beyond that which is required.
- ensuring that volunteers are appropriately supervised
- making sure that at least one person on any appointment panel has undertaken safer recruitment training.
- ensuring there are procedures in place to handle allegations against members of staff and volunteers.
- making sure that there are procedures in place to handle allegations against other children

- putting in place appropriate safeguarding responses to children who go missing from education settings, particularly on repeat occasions.

Governing bodies and proprietors should ensure that allegations against members of staff and volunteers are referred to the Local Authority Designated Officer (LADO). There must be procedures in place to make a referral to the Disclosure and Barring Service (DBS) if a person in regulated activity has been dismissed or removed due to safeguarding concerns or would have been had they not resigned. This is a legal duty and failure to refer when the criteria are met is a criminal offence. For example, it is a criminal offence for an employer:

Governing bodies must appoint a designated teacher to promote the educational achievement of children who are looked after and ensure that this person has appropriate training. Governing bodies and proprietors should ensure that staff have the skills, knowledge and understanding necessary to keep looked after children safe.

Schools and colleges should create a culture of safe recruitment, which include the adoption of recruitment procedures that help deter, reject or identify people who might abuse children. Governing bodies and proprietors must act reasonably in making decisions about the suitability of prospective employees.

It is the governing body's responsibility to ensure that safe recruitment checks are carried out in line with statutory requirements, set out in the DfE guidance. There is no requirement for schools to carry out retrospective checks on current staff – the necessary checks are those that were in force at the time the appointment was made.

5. SCHOOL PROCEDURES - STAFF RESPONSIBILITIES

If staff members have concerns about a child they should raise these directly with the school's Designated Safeguarding Lead. This also includes situations of abuse which may involve staff members. The safeguarding lead will usually decide whether to make a referral to children's social care, but it is important to note that any staff member can refer their concerns to children's social care directly. Where a child and family would benefit from coordinated support from more than one agency (for example education, health, housing, police) there should be an inter-agency assessment. These assessments should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989. The early help assessment should be undertaken by a lead professional who could be a teacher, special educational needs coordinator, General Practitioner (GP), family support worker, and/or health visitor.

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 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. To make a referral, staff should telephone 01895250111 and ask for Children's Social Care.

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.

If the Designated Safeguarding Lead decides to make a referral to Children's Services: Safeguarding and Specialist Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.

Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

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

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

6. WHEN TO BE CONCERNED

All staff and volunteers should be aware that the main categories of abuse are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – **see Appendix 1 for details.**

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home
- Act in a way that is inappropriate to her/his age and development (full account needs to be taken of different patterns of development and different ethnic groups)
- Display insufficient sense of 'boundaries', lack stranger awareness
- Appear wary of adults and display 'frozen watchfulness'

7. DEALING WITH A DISCLOSURE

If a child discloses that he or she has been abused in some way, the member of staff / volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to Children’s Services: Safeguarding and Specialist Services
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Safeguarding Lead without delay

Support

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Safeguarding Lead.

8. CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children’s Services: Safeguarding and Specialist Services and the Police).
- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child’s age/stage of development that they cannot promise complete

confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.

- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

9. COMMUNICATION WITH PARENTS

Colham Manor Primary School will:

Undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the child at further risk of harm.

Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

Parents can request a copy of the policy from the school office or find it available on the school website.

10. RECORD KEEPING

When a child has made a disclosure, the member of staff/volunteer should:

- Make brief notes as soon as possible after the conversation. Use the school record of concern sheet wherever possible.
- Not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions

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

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

11. USE OF MOBILE PHONES, CAMERAS AND WEARABLE DEVICES

Colham Manor Primary School allows staff to bring in personal mobile telephones

and devices for their own use but must ensure that these are left inside their bag or locker throughout contact time with children. Under no circumstances may staff contact a current parent/carer or pupil using their personal device. Staff bringing personal devices into the school must ensure there is no inappropriate or illegal content on the device.

Cameras

Photographs taken for the purpose of recording a child or groups of children participating in activities or celebrating their achievements is an effective form of recording their progression and celebrating learning, particularly in the EYFS. However, it is essential that photographs are taken and stored appropriately to safeguard the children in our care.

Under no circumstance may staff use their mobile phone or personal camera to take photographs within the setting. Should a member staff fail to comply with this it will result in disciplinary action.

Only the designated school cameras may be used to take any photograph within the setting or on outings. Images taken must be deemed suitable and must never put the child/children in any compromising positions that could cause embarrassment or distress or harm.

All staff are responsible for the location of the cameras. Cameras must be locked away at the end each day. Images taken and stored on the camera must be downloaded as soon as possible, ideally once a week, and the images deleted from the camera's memory card. Wherever possible staff should not save photographs involving children to the hard drives on the school laptops or i-pads and should never do this on their personal computers. Photographs can be saved on either the school network or the Managed Learning Environment (MLE).

Under no circumstances must cameras of any kind be taken into the bathrooms without prior consultation with the Headteacher. If photographs need to be taken in a bathroom, i.e. photographs of the children washing their hands, permission must be obtained from the Headteacher and staff be supervised whilst taking the specific photograph. At all times the camera must be placed in a prominent place where it can be seen. Failure to adhere to the contents of this policy will lead to disciplinary procedures being followed.

Wearable Devices

The use of mobile and wearable devices is growing at a fast rate. These devices can access the internet and other APPs in a similar way to a Smart phone. The school does not encourage pupils to wear Smart watches or similar devices to school. Staff who chose to use wearable devices must adhere to the same guidance used in line with Smartphones. Staff should not access on-line content via a wearable device whilst teaching. This includes checking messages and e-mails. Failure to adhere to this policy will lead to disciplinary procedures being followed.

Other useful Policies

This policy should be read in conjunction with other school policies:

- Behaviour and Discipline Policy
- Physical intervention policy
- Toileting policy.
- Whistleblowing Policy
- E-Safety Policy

APPENDIX 1 - INDICATORS OF HARM
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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
- Petechiae 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 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

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 out 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

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 health, 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

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

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 health, 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 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 socialisation

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 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.

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

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 health, 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.

APPENDIX 2 – DEALING WITH ALLEGATIONS MADE AGAINST STAFF / VOLUNTEERS

Appendix 2 contains information on the procedure for dealing with complaints or allegations made against a member of staff.

INVESTIGATION

When a matter of concern regarding conduct arises, it is important that a thorough investigation takes place to establish the facts as soon as possible. It is important to be able to demonstrate that any subsequent disciplinary action is based on reasonable attempts to investigate all the circumstances surrounding the alleged incident.

Where the allegation involved the conduct of the headteacher, it is important the allegation is raised with the Chair of Governors, Mr. Graham Wells.

The extent of the investigation will depend on the nature and seriousness of the alleged misconduct. For example, in the case of poor timekeeping, a meeting with the employee and a record of attendance may be the only form of investigation required prior to a decision on whether or not to convene a formal disciplinary hearing.

In other cases the alleged misconduct may be of a more serious nature and will require a more detailed investigation. With such cases, the headteacher may need to appoint a senior member of staff to carry out the investigation. The Investigating Officer should be neutral and independent and not otherwise involved in deciding the outcome of the case. It is strongly recommended that the headteacher should not, unless absolutely unavoidable, carry out investigations as this will automatically exclude them, on grounds of impartiality and objectivity, from taking part in any subsequent disciplinary hearing.

It is important to identify the types of evidence needed and this will be determined by the nature of the alleged misconduct. The investigation will usually require the person making the allegation and any witnesses to the alleged incident to be interviewed as soon as possible in order to obtain as accurate an account of events as possible. However there may be other forms of evidence that may be relevant e.g., documentary evidence.

During any fact-finding interviews, care should be taken to adopt a probative approach and to avoid using leading questions. Any questions should encourage people to recall their version of events in their own words.

Witnesses must be advised of the purpose and confidential nature of the interview and that they must not discuss the investigation with people outside of it.

Witnesses must be informed that they may be required to give evidence at any subsequent disciplinary hearing. Reasonable notice should be given of the interview (1 working day). Interviews should be documented in writing showing the date and time of interview with signature of witness.

Where a child is a witness to an alleged incident, it is the responsibility of the headteacher, in conjunction with the parents/carer, to determine whether they may be interviewed or questioned. Any such interview will only be carried out following advice from the Local Authority Designated Lead Safeguarding Officer. However, this does not preclude the headteacher asking the child to give a written account of events.

The employee should be notified of the allegation(s) and asked to attend a meeting with the Investigating Officer. He/she should be informed that the meeting is not a disciplinary hearing but an opportunity for him/her to respond to the allegation(s) and to assist in establishing the facts. The employee should be given reasonable notice of the meeting and advised that he/she may be accompanied by a friend, work colleague or trade union representative. At the meeting, any explanations put forward by the employee, including whether there are any special circumstances to be taken into account must be considered and investigated. If the employee unreasonably refuses to participate in the investigatory meeting, he/she should be informed that a decision will be based on the remaining evidence gathered.

At the end of the investigation, it is advisable to have a further meeting with the employee to obtain a further statement on presentation of the facts of the investigation. Where discussion with the employee results in further information being obtained which needs investigating, the investigation must continue for the information to be explored. It may be necessary to reconvene the meeting with the employee following the investigation of the information.

Once the investigation has been concluded, the Investigation Officer will submit their findings in the form of an investigation report which should clearly identify options for action by the Headteacher and/or Governing Body. If the recommendation is to proceed to a formal disciplinary hearing, the Investigating Officer will be required to present the case at any such hearing. Where there is no case to answer all reference to the alleged misconduct will be removed from the employee's file.

CHILD PROTECTION RELATED INVESTIGATION

Investigations relating to child protection issues will be in accordance with the principles set out in the LEA's London Child Protection Procedures.

The procedures referred to in Section 15, of the LA's London Child Protection Procedures for dealing with allegations against teaching and other LA staff must be adhered to.

The headteacher is responsible for immediately contacting the Lead Child Protection Officer.

The Lead Officer has the responsibility to contact the various agencies and to arrange a 'Strategy Meeting' as soon as possible after learning of the allegations.

The Strategy Meeting may recommend invoking the formal disciplinary process.

SUSPENSION

In certain circumstances it may be deemed necessary to suspend the employee from all school duties during an investigation for the following or other reasons:

- The investigation may be prejudiced by the employee remaining at work
- There are serious concerns raised by the nature of the allegation(s) under investigation
- It may be considered unreasonable to expect the employee to be at work whilst an investigation is going on around them

In certain circumstances the Headteacher may agree to a period of voluntary absence with pay or transfer to alternative work, as opposed to suspension. Circumstances where this might occur include those where the period of investigation is short and the nature of the alleged offence is of a less serious nature.

Suspension should be for the minimum amount of time possible in all circumstances and will be with full contractual pay. Suspension is a neutral act and has absolutely no implication of guilt. Both the headteacher and the governing body have authority to suspend an employee but only the governing body has the authority to end a suspension.

The employee will be notified in writing of the suspension giving reasons for the suspension. Being suspended from work can be very distressing for an employee and he/she can be left feeling very vulnerable. He/she must be reassured that suspension is a neutral act and does not imply guilt and is invariably to save them the distress of being present amidst an investigation which involves them. It is recommended that the employee is given details of any employee assistance programme that the school may have in place so that he/she can access support if needed. It is recommended that the Headteacher appoint a designated person who will maintain regular contact with the employee and he/she will keep the employee up to date about events in the workplace. The employee must be informed of this designated point of contact in case he/she wishes to communicate with the school.

If a suspended employee is to return to work, consideration must be given to what help and support might be appropriate (e.g. a phased return to work and/or provision of a mentor) to assist the employee in their return to work.

ROLE OF THE COMPANION

Employees have a statutory right to be accompanied, regardless of length of service, by a friend, work colleague or a trade union representative at a disciplinary hearing and any subsequent appeal hearing. If the companion is a work colleague, he/she should be afforded reasonable paid time off. This should cover time to attend the hearing and also time to familiarise themselves with the case and confer with the employee before and after the hearing.

A companion has the right to address the hearing in order to:

- Confer with the employee
- Put across the employee's case
- Sum up the employee's case
- Respond on the employee's behalf to any view expressed at the meeting
- A companion does not have the right to:
 - Answer questions on the employee's behalf
 - Address the hearing if the employee does not wish him/her to do so
 - Prevent the Investigating Officer from explaining his/her case

Given the importance of the companion's role, it is good practice to allow him/her to ask questions and participate as fully as possible.

DISABILITY DISCRIMINATION ACT (DDA)

Reasonable adjustments should be made for employees or their companions who have a disability within the meaning of the DDA, to ensure they are not disadvantaged and can participate fully in the disciplinary processes. The nature of the reasonable adjustments, which have to be considered, will depend on an assessment of all the facts and circumstances of each case.

KEEPING RECORDS

It is important, and in the interests of both the school and the employee, to keep written records during the disciplinary process. Records should include:-

- The complaint against the employee
- The employee's defence or mitigation
- Findings made and the actions taken
- The reasons for actions taken
- Whether an appeal was lodged
- The outcome of the appeal
- Any grievance raised during the disciplinary procedure; and
- Any subsequent developments

Records should be treated as confidential and should be retained in accordance with the data protection principles.

GUIDANCE ON NOTE TAKING

Formal note taking at hearings is not a requirement of either the disciplinary or appeal procedure but is advisable to do so. If the Chairperson of the Committee makes the decision that notes will be taken, the provision of the note-taker will be the responsibility of the Committee/School.

The panel and Personnel Adviser may take notes at hearings for their own purposes, which are adequate to enable for key decisions to be made. These are informal notes and are not for distribution to attendees.

The outcome of the hearing must be fully documented, including the issues that were considered (including mitigation) in reaching the decision and the detailed rationale behind the decision.

Tape recording of meetings will not be used unless there are exceptional circumstances, i.e., in the case of a person with a disability when a tape recording may be necessary and regarded as a reasonable adjustment.

COLLABORATION OF GOVERNING BODIES

The Collaboration Regulations (the School Governance (Collaboration) (England) Regulations 2003, S.I. 2003/1962) enable the governing bodies of two or more maintained schools to work

together in relation to staffing functions including dismissals. These provisions allow schools to draw on a wider pool of governors for the purposes of the disciplinary processes.

A school wishing to use collaborated governors should seek advice from Personnel regarding the engagement of collaborated governors and the procedure to follow.

APPENDIX 3 – FURTHER INFORMATION ON CHILD SEXUAL EXPLOITATION AND FEMALE GENITAL MUTILATION

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, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyber bullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse. It is important to recognise that exploitation can occur within peer groups.

The DfE provides a definition of CSE which is below:

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Female Genital Mutilation

Female Genital Mutilation (FGM): professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. (This list is not exhaustive).

- Kenya
- Somalia
- Sudan
- Sierra Leon
- Egypt
- Nigeria
- Eritrea
- Yemen
- Afghanistan
- Kurdistan,
- Indonsia
- Pakistan

Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 11-12 of the Multi-Agency Practice Guidelines referred to above. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care. Should a member of school staff be aware that FGM will or has taken place, they have a legal responsibility to inform the police.

APPENDIX 4 – ROLE OF THE 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 broad areas of responsibility for the designated safeguarding lead are:

Managing referrals

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

- The local authority designated officer (LADO) for child protection concerns (all cases which concern a staff member);
- Disclosure and Barring Service (cases where a person is dismissed or left due to risk/harm to a child); and/or
- Police (cases where a crime may have been committed).

Liaise with the headteacher 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 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 receive appropriate training carried out every two years in order 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 or college's child protection policy and procedures, especially new and part time staff.
- Be alert to the specific needs of children in need,⁴⁹ those with special educational needs and young carers.
- Be able to keep detailed, accurate, secure written records of concerns and referrals.
- 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, in any measures the school or college may put in place to protect them.

Raising Awareness

The designated safeguarding lead should ensure the school or college's policies are known and used appropriately:

- Ensure the school or college's child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors 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 or college in this.
- Link with the local LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- 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.