Chesswood Junior School

Child Protection Policy

It was developed by	**Deputy Head teacher**
Consultation	**Whole School Community**
Governing Sub Committee	**Pastoral**
It has been presented to the governors.	**November 2015**
Communication: This policy is hosted on the school website and available for copying from there.	
It will be reviewed:	**October 2015**
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Key Contacts:	
Designated Member of Staff for Child Protection (DMS):	**Andrew Jolley**
Deputy Designated Member of Staff for Child Protection (DMS):	**Ian Smith**
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School Vision

At Chesswood Junior School we inspire our whole school community to enjoy their learning adventure and have fun along the way. We ignite a passion for learning throughout the school community, securing excellence, empathy and equality in all that we do.

School Mission

We will strive to achieve the highest standards of academic achievement and behaviour within a vibrant, exciting learning environment so that all children leave this school with confidence and the ability to take advantage of future opportunities.

Agreement Links

This policy should be read in conjunction with the following school policies

- Behaviour Policy
- Anti-Bullying Policy
- Safer Recruitment Policy
- Equalities Policy
- Confidential Reporting Policy

Contents

1. Introduction

The purpose of this policy is to inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children and to enable everyone to have a clear understanding of how these responsibilities should be carried out. The Governing body takes seriously its responsibility to safeguard and promote the welfare of children in its care; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support children who are, or who may be, suffering harm.

We recognise that all adults, including temporary staff, volunteers and governors, have a full and active part to play in protecting children from harm, and that the child's welfare is our paramount concern. All staff members believe that our school should provide a caring, positive safe and stimulating environment that promotes the social, physical and moral development of the individual child. Staff members working with children are advised to maintain an attitude of 'it could happen to a child we know' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.

1.1. *Aims*

The aims of this policy are:

- To support the child's development in ways that will foster security, confidence and independence.
- To provide an environment in which children and young people feel safe, secure, valued and respected, and feel confident, and know how to, approach adults if they are in difficulties believing they will be effectively listened to.
- To raise the awareness of all teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse.
- To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the school, contribute to assessments of need and support packages for those children.
- To emphasise the need for good levels of communication between all members of

staff and between the school and other agencies.

- To have a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse.
- To develop and promote effective working relationships with other agencies, especially the Police and Children's Services.
- To ensure that all adults within our school who have substantial access to children have been checked as to their suitability in accordance with Part three of 'Keeping Children safe in Education' (DfE 2015).

1.2. *Commitment to Safeguarding*

As part of the ethos of the School the governors and staff are committed to:

- Maintaining children's welfare as our paramount concern
- Providing an environment in which children feel safe, secure, valued and respected; confident to talk openly and sure of being listened to
- Providing suitable support and guidance so that children have a range of appropriate adults who they feel confident to approach if they are in difficulties
- Using the curriculum to provide opportunities for increasing self awareness, self-esteem, assertiveness and decision making so that children have a range of contacts and strategies to ensure their own protection and understand the importance of protecting others
- Working with parents to build an understanding of the school's responsibility to safeguard children
- Ensuring the welfare of all children including the need for referral to other agencies in some situations.
- Ensuring all staff are able to recognise the signs and symptoms of abuse and are clear on what action to take if concerned
- Having a clear understanding of the school's procedures and lines of communication
- Monitoring children and young people who have been identified as "in need" including

the need for protection; keeping confidential records which are stored securely and shared appropriately with other professionals

- Developing effective and supportive liaison with other agencies

2. Statutory framework

The school will act in accordance with the following government legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002
- Keeping Children Safe in Education (DfE 2015)
- Working Together to Safeguard Children (2015)
- The Education (Child Information) (England) Regulations 2005
- The Counter-Terrorism and Security Act 2015 s. 26

3. LSCB Guidance and Procedure

The School works within the framework of Sussex Child Protection & Safeguarding Procedures, produced by West Sussex, East Sussex, and Brighton & Hove. Links to this are placed in the school electronic directory for staff access. The link is also placed below.

http://sussexchildprotection.procedures.org.uk/

http://www.westsussexscb.org.uk/

4. Roles and Responsibilities

4.1. *The Governing Body*

Governing bodies, trustees and proprietors 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 schools or colleges are effective and comply with the law at all

times.

To this effect the Governing Body will ensure that:

- They designate a governor for child protection who will oversee the school's child protection policy and practice

  The nominated governor for Chesswood Junior School is:

  Name: Jill Aldous

  - The School has a child protection policy and procedures in place that are in accordance with local authority guidance and locally agreed inter-agency procedures, and the policy is made available to parents on request
  - A senior member of the school's leadership team is designated to take lead responsibility for child protection (and deputy)
  - The School contributes to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified. This includes allowing access for children's social care from the host local authority and, where appropriate, from a placing local authority, for that authority to conduct, or to consider whether to conduct, a section 17 or a section 47 assessment
  - The school operates safe recruitment procedures and makes sure that all appropriate checks are carried out on staff, governors and volunteers who work with children, in accordance with guidance set out in 'Keeping Children Safe in Education 2015'
  - Ensuring that at least one member of an appointing panel will have undertaken safer recruitment training
  - An up to date single central record of all staff and volunteers and the dates of all appropriate safeguarding checks is maintained accurately
  - Staff undertake appropriate child protection training
  - The adequacy of resources committed to child protection, and the staff and governor training profile is monitored
  - Making sure that the child protection policy is accessible to parents and available on request

- This policy and practice complements other policies e.g. anti-bullying, including cyber bullying and health and safety, to ensure safeguarding
- Due consideration is given as to how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum
- They recognise that neither it, nor individual governors, have a role in pursuing or managing the processes associated with individual cases of child protection, nor a right to know details of such cases, except when exercising their disciplinary functions in respect of allegations against staff
- A governor is nominated, normally the chair, to be responsible for liaising with the LA and /or partner agencies in the event of allegations of abuse being made against the head teacher
- Where services or activities are provided on the school premises by another body, the body concerned has appropriate policies and procedures in place in regard to safeguarding children and child protection and liaises with the school on these matters where appropriate
- They remedy, without delay, any deficiencies or weaknesses regarding child protection arrangements

The nominated governor for child protection should agree with the Governing Body how these responsibilities should be monitored and reported

4.2. *Designated Child Protection Governor*

The Governor designated with responsibility for child protection will:

- Develop a full understanding in all members of the Governing Body of their responsibilities in relation to child protection.
- Ensure that governors know where to find information on safeguarding.
- Be familiar with current legislation and guidelines on child protection and safer recruitment, and be aware of changes to the regulations.

- Undertake appropriate training on child protection and understand the different types of child abuse
- Liaise regularly with the designated teacher for child about procedures in the school.
- Monitor the effectiveness of the school's policy, practice and procedures in relation to child protection.
- To oversee and ratify the completion of any remedial action required if monitoring has revealed any weakness in practice and procedure
- Ensure that all staff have received the appropriate level of training and that this has been updated in accordance with agreed time intervals
- To ensure that the governing body receives an annual report on the implementation of the school's safeguarding and child protection policy and procedures
- Ensure that all staff and governors fully understand their responsibilities and know the correct course of action if they have concerns.

The Child Protection Governor should understand that they will not necessarily be given details of individual cases.

4.3. *Designated Senior Member of Staff with Responsibility for Child Protection*

The Designated Senior Member of Staff with Responsibility for Child Protection will be responsible for:

- Coordinating child protection action within school
- Ensure the child protection policy is updated and reviewed annually and work with the governing body regarding this
- Ensure that all staff have access to and understand the school's child protection policy
- Liaising with other agencies and professionals
- Acting as a source of support , advice and expertise within the educational establishment; Acting as a consultant for staff to discuss concerns
- Providing, with the Head Teacher, an annual report for the governing body, detailing

any changes and reviews of relevant policy and procedures; training undertaken by the DMS, and by all staff and governors; number and type of incidents/cases, and number of children subject to a child protection plan

- **Managing referrals and concerns regarding children:**
    - Referring all cases of suspected abuse to the West Sussex Children's Access Point and to the Police (cases where a crime may have been committed).
    - Sending a written record of the referral to the Children's Access Point by the end of the working day the referral is made
    - Keeping written records of concerns about a child even if there is no need to make an immediate referral
    - Ensuring that all such records are kept confidentially and securely and are separate from child records, and if these are stored electronically, that they are differently password protected from the child's other files, and accessible only by the head teacher/designated leads
    - Liaise with the head teacher (or Deputy DMS if Head teacher is DMS) to inform him of issues especially new or on-going child protection investigation enquiries 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
    - Ensuring that either they, or an alternative appropriate staff member, attends Child Protection Conferences, core groups, or other multi-agency planning meetings, contributes to assessments, and provides a report
    - Managing and monitoring the school's part in Child care / protection plans
    - Ensuring that any child who is subject to a child protection plan and who is absent without explanation for two days or more is referred to their key worker's Social Care Team. In some cases any absence may be a cause for concern and warrant immediate reporting
    - 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 child file. (The original child protection files being

retained by the school)

- **Ensuring that all staff are appropriately trained:**

The Designated Member of Staff for Child Protection should undertake the initial designated member of staff training and subsequent refresher courses 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
- Be alert to those children within the school who are at risk of: domestic violence; female genital mutilation; being missing from education; child trafficking; radicalisation; bullying (which includes race/hate or homophobic behaviour).
- Have a working knowledge of how the local authority conducts 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.
- Be alert to the specific needs of children in need, those with special educational needs and young carers
- Be able to keep detailed, accurate, secure written records of concerns and referrals
- The designated teacher will know how and where to access any necessary emotional or professional support both personally and in relation to staff involved in child protection cases
- Obtain access to resources and attend any relevant or refresher training courses.
- In any protection measures taken, encourage a staff culture of listening to children, to take account of their wishes and feelings
- Link with the West Sussex Local Safeguarding Children Board (LSCB) to make sure staff are aware of training opportunities and the latest local policies on safeguarding
- Organising child protection training for all staff every three years

4.4. *All Staff and Adults within School*

All staff and adults within school should:

- Understand their role in promoting the welfare of all pupils
- Fully comply with the school's policy and procedures
- Be aware of signs or symptoms of abuse (see appendix 1) and be aware of how to deal with a disclosure (see appendix)
- Refer any concerns or disclosures to the Senior Member of Staff with Designated Responsibility for Child Protection
- Understand that the role of the school in situations where there are child protection concerns is not investigate but to recognise or listen and refer

5. Procedures

Our school procedures for safeguarding children will be in line with the West Sussex Safeguarding Board guidance and procedures and takes full account of national legislation and any guidance issued by the Department of Children, Schools and Families.

5.1. *Procedural Responsibilities*

The School will ensure that:

The school will ensure that:

- All members of the governing body understand and fulfil their

responsibilities.

- All staff have clear access to and an understanding of the child protection policy.
- There is a designated senior member of staff for child protection, **Andrew Jolley**, who has undertaken the initial designated member of staff training and subsequent refresher courses every two years delivered through the Safeguarding Unit.
- There are senior members of staff, **Ian Smith** and **Jeremy Himsworth**, who will act in the designated teacher's absence.
- Every member of staff and governor is aware of the name of the designated member

of staff who is responsible for child protection.

- All members of staff are provided with Child Protection Training.
- All members of staff, volunteers, and governors know the signs and symptoms of concern, how to respond to a pupil who discloses abuse and what to if they are concerned about a child.
- All staff and volunteers understand their responsibilities in being alert to the signs of abuse and for referring any concerns to the designated teacher responsible for child protection.
- All parents/carers have an understanding of the responsibilities placed on the school and staff for child protection by setting out its obligations in the school prospectus.
- Our lettings policy will seek to ensure the suitability of adults working with children on school sites at any time.
- We will ensure that our selection and recruitment of staff meet the requirements as set down in Safer Recruitment guidance. We will ensure that there is at least one member of each interview panel has completed the safer recruitment course.
- The designated senior members of staff for child protection, or other staff as appropriate, attend multi agency meetings including review meetings, core meetings and Child Protection Conferences.

5.2. *Procedures Following a Concern*

- If any member of staff is concerned about a child he or she must inform the Designated Member of Staff for Child Protection.

- 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. Do not add comments or opinion although observations about a child's demeanour or emotional state may be recorded.

- The Designated Member of Staff will decide whether the concerns should be referred

to Children's Access Point. If it is decided to make a referral to the CAP this will be discussed with the parents, unless to do so would place the child at further risk of harm. (The CAP is able to provide advice on this question).

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

- The Designated Member of Staff is responsible for making the senior leadership team aware of trends in behaviour that may affect child welfare. If necessary, training will be arranged.

- Staff have a duty to refer safeguarding concerns to the Designated Member of Staff 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 the DMS or Headteacher in their school and/or contact a manager in the Children's Access Point.

- If, at any point there is a risk of immediate serious harm to a child, a referral should be made to the Children's Access Point 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.

- If the allegations concern harm perpetrated by children in the school then staff should follow section 8.7 of the West Sussex Child Protection and Safeguarding Procedures - Children who Harm Other Children.

5.3. *Dealing with Disclosure*

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

- Listen to and take seriously any disclosure or information that a child may be at risk of harm. Accept what the child says
- stay calm, the pace should be dictated by the child without them being pressed for detail by asking leading questions such as “did x touch you there?” It is our role to listen - not to investigate.
- Not investigate but, wherever possible, elicit enough information to pass on to the designated person in order that he can make an informed decision of what to do next
- use open questions such as “Is there anything else you want to tell me?” or “yes?” or “and?” Try to keep questions to a minimum and of an ‘open’ nature e.g. ‘Can you tell me what happened?’ rather than ‘Did x hit you?’
- be careful not to burden the child with guilt by asking questions like “Why didn’t you tell me before?” but you could ask ‘Have you spoken to anyone else about this?’
- acknowledge how hard it was for the child to tell you.
- do not criticise the perpetrator, the child might have a relationship with them. Do not express feelings or judgements, or show signs of shock, horror or surprise
- do not promise confidentiality, but reassure the child that they have done the right thing, explain whom you will have to tell (the designated lead) and why; and, depending on the child’s age, what the next stage will be. It is important that you

avoid making promises that you cannot keep such as “I’ll stay with you all the time.” or “It will be all right now.”

- Clarify the information.
- Reassure and support the person as far as possible.
- Explain that only those who ‘need to know’ will be told.

Recording the Information:

- Make some brief notes at the time or immediately afterwards; record the date, time, place and context of disclosure or concern. Record facts and what is said but not your assumption or interpretation.
- If it is observation of bruising or an injury try to record detail, e.g. “right arm above elbow”., or use of diagram. Do not take photographs!
- Note the non-verbal behaviour and the key words in the language used by the child (try not to translate into ‘proper terms’).
- Statements and observations should be recorded, not personal opinion or assumptions.
- It is important to keep these original notes and pass them on to the designated member of staff who may ask you to contribute to the writing of a referral.
- Notes should be dated and signed.
- Records should be passed to the Designated Senior Member of Staff (or Deputies) as soon as possible. Copies of the notes should not be made and retained by other members of staff.

5.4. *Record Keeping*

Record files will be maintained by the Designated Senior Member of Staff. They will ensure that the records are:

- Kept up to date.

- Stored securely. Record files will be locked in a secure location. Electronic files and information will be password protected.
- Shared with appropriate agencies as required.
- Transferred to any new school that the child may move on to, marked clearly as confidential and for the attention of the Designated Senior Person with responsibility for child protection.

6. When to Be Concerned

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

6.1. *Types of Abuse*

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

Physical abuse: a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious

bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Sexual abuse: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet) by establishing a close relationship or friendship. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect: the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy 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.

For further details of these categories please see Appendix 1.

6.2. *Other Aspects of Risk requiring Specific Attention*

In addition school staff should be aware of the specific safeguarding issues listed below. Schools should ensure that, where such risks may be more likely, that staff are guided on how to understand and act accordingly where there is concern about:

- child sexual exploitation (CSE) - see also Appendix 1 page 24
- bullying including cyber bullying
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM) – see also Appendix 1 page 25
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- private fostering
- preventing radicalisation - see also Appendix 1 page 25
- sexting
- teenage relationship abuse
- trafficking
- self-harm

Links too many of these topics can be found in 'Keeping Children Safe in Education

Keeping children safe in education: for schools and colleges' Page 11

7. Supporting Children at Risk

The school recognises that children who are abused or witness violence may find it difficult to develop a sense of self worth and to view the world as benevolent and meaningful. They may feel helplessness, humiliation and some sense of self-blame.

This school may be the only stable, secure and predictable element in the lives of children at risk. Nevertheless, when at school their behaviour may be challenging and defiant or they may be withdrawn. We recognise that some children actually adopt abusive behaviours and that these children must be referred on for appropriate support and intervention.

The school will endeavour to support the pupil through:

- The content of the curriculum to encourage self-esteem and self-motivation
- The school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued
- Recognising that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
- Liaising and working together with all other support services and agencies involved in the safeguarding of children.
- A commitment to developing a productive and supportive relationship with parents to further the best interests of a child.
- Providing continuing support to a pupil about whom there have been concerns who leaves the school by ensuring that appropriate information is forwarded under confidential cover to the pupil's new school and ensuring the school medical records are forwarded as a matter of priority.

8. Supporting Staff

It is recognised that staff working in a school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting. The school will support such staff by providing an opportunity to talk through their anxieties with the DMS and to seek further support as appropriate. WSCC school staff have access to a free, 24/7 and confidential counselling service.

9. Confidentiality

All staff and volunteers in school should be fully aware of and understand the issues which arise regarding confidentiality when dealing with safeguarding concerns. At Chesswood:

- All staff in the school have a professional responsibility to share relevant information with other agencies in order to safeguard children
- As a general principle all matters relating to child protection are confidential and should only be shared on a 'need-to-know' basis. The Head teacher or DMS will

disclose any child protection related information about a child to other members of staff on a need to know basis only.

- Staff in receipt of information about children and their families in the course of their work should share that information only within appropriate professional contexts.
- All staff are aware that they cannot promise a child to keep secrets if doing so might compromise the child's safety or wellbeing. If a child confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the child sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies for the child's sake. Within that context, the child should however, be assured that the matter will be disclosed only to people who need to know about it.
- The intention to refer a child to Children's Services will be shared with parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, the Duty Manager at the Assessment Team at Children's Services will be consulted.
- Child Protection records should be kept securely.

10. Allegations Against Staff

- 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 with in their personal, professional or community life.

- 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, school behaviour policy 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 staff members have concerns about another staff member then this should be referred to the head teacher.

- Where there are concerns about the head teacher or principal this should be referred to the chair of governors, chair of the management committee or proprietor of an independent school as appropriate The Chair of Governors in this school is

NAME: **Robin Thelwell**

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

NAME: **Jill Aldous**

Contact with the Chair or the Vice Chair of Governors can be made through the school office. If for any reason this causes a delay (for example the office is closed) then the concerns should be referred to the Children's Access Point.

- 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 or Chair will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer on 0330 222 3337:

- If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay. If it is decided that the allegation meets the threshold for safeguarding, the next steps will take place in accordance with section 8.2 of the Sussex Child Protection and Safeguarding Children Procedures.

- If, at the completion of the allegations management process, the school dismisses an individual (or would have, had the person not left first) because the person poses a risk of harm to children, the school must make a referral to the Disclosure and Barring Service. This is a legal duty and failure to refer when the criteria are met is a criminal offence.

- If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration, (or to the Chair of Governors where the allegation made is against the head teacher) via the school's internal procedures.

11. Confidential Reporting (Whistleblowing)

We recognise that children cannot be expected to raise concerns in an environment where staff themselves fail to do so.

Staff members and volunteers are encouraged to raise any concerns that they may have regarding poor or unsafe practice directly with the schools' management team. The School has in a whistleblowing policy Confidential Reporting Policy (whistleblowing policy). This enables any member of staff or volunteers to make complaints about conduct within the school to a person outside the school on a confidential basis and without fear that their confidentiality will be breached. This policy will rarely be applicable where a referral of abuse or risk to a child needs to be reported

unless that abuse or risk arises within the school itself. Referrals in such cases should be made to the head teacher or as indicated in this policy. Where the circumstances are such that a member of staff believes that a complaint can only safely be made to person outside the school then reference should be made to the school's Confidential Reporting Policy.

12. Physical Intervention

Our policy on physical intervention by staff is set out separately, and acknowledges that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person. Such events should be recorded and signed by a witness. Staff who are likely to need to use physical intervention will be appropriately trained in the Team Teach technique.

We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.

13. Bullying

Our policy on bullying (this includes homophobic and gender related bullying) is set out in a separate document.

14. Racist Incidents

Our policy on racist is set out in a separate document.

15. Prevention

We recognise that the school plays a significant part in the prevention of harm to our children by providing them with good lines of communication with trusted adults, supportive friends and an ethos of protection.

The school community will therefore:

- Establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
- Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.

- Include across the curriculum, including Personal, Social, Health and Economic Education and Citizenship (PSHCEd and C), opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for hel

16. Appendices

1. Indicators of Harm

1.1. *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
- Petechial 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 surgeries 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

1.2. *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 cyber bullying), 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 surgeries 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

1.3. *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 socialization

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, and 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 surgeries 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

1.4. *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 surgeries 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

Specific Safeguarding Issues:

Please see page 9 of this policy for a list of specific issues relating to safeguarding and details of links to government web-sites with more information regarding these issues.

In addition the following information is from Keeping Children Safe in Education 2015 page 12:

1.5. *Further Information on Child Sexual Exploitation, Female Genital Mutilation and Preventing Radicalisation*

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 also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

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. 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.

Preventing Radicalisation: The Counter-Terrorism and Security Act, which received Royal Assent on 12 February 2015, places a duty on specified authorities, including local authorities and childcare, education and other children's services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty"). The Prevent duty comes into force on 1st July 2015.

The Counter-Terrorism and Security Act 2015 also places a duty on local authorities to ensure Channel panels are in place. Channel forms a key part of the Prevent strategy, and is a multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism. The panel must be chaired by the local authority. Panels assess the extent to which identified individuals are vulnerable to being drawn into terrorism, and where considered appropriate, and necessary consent is obtained, arrange for support to be provided to those individuals. The Act requires partners of Channel panels to co-operate with the panel in the carrying out of its functions and with the police in undertaking the initial assessment as to whether a referral is appropriate. Schools and colleges which are required to have regard to Keeping Children Safe in Education are listed in the Act as partners of the panel. The relevant provisions of the Act came into force on 12 April 2015 but many local authorities already have Channel panels set up. In West Sussex, two panels operate, meeting monthly - one specifically for Crawley, and the other for the rest of West Sussex.

2. Child Protection Quick Reference Checklist

Child Protection Referral Quick Reference Checklist

- Concerns or incident identified or disclosure made.
- If disclosure is made then the adult listens to the child and records what is said (using the words of the child).
- Concerns Referred to the Designated Senior Member of Staff for Child Protection (or deputies in his absence) without delay, either vie CPLO e-mail or verbally.
- Designated Senior Member of Staff to assess the information and contact Children's Social Care with details of the concern.
- Designated Senior Member of Staff to have information to hand about the child including date of birth, address, names and address or parents or carers, race, religion, language and any known special needs the child has.
- The time and date of the referral should be noted as should what if any, action is requested of the school by Children's Social Care.
- Parents should be contacted and informed (unless doing so puts the child at increased risk) that a referral has been made. Consent should be sought where possible.
- A written confirmation of the referral should be sent to Children's Social Care within 24 hours.
- If there is no acknowledgement by Children's Social Care of the referral within a further working 24 hours then Children's Social Care should be contacted to establish the current status of the referral.