



Child Protection Procedures

Guidance for School Staff

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Child Protection Procedures

1) Scope and purpose of these procedures

1.1 The purpose of this guidance is to provide workers with an overview of child protection definitions, responsibilities and procedures.

This guidance applies to all maintained, academy, independent, short stay, free schools and FE Colleges. Throughout the document all such establishments are referred to as 'schools'. The guidance should be read in conjunction with the school's Child Protection and Safeguarding Policy along with other relevant guidelines and procedures. They apply to the Headteacher/Principal, all staff (including supply, agency and peripatetic workers), volunteers and anyone working on behalf of *HEAMOOR CP SCHOOL* and explain what action should be taken if there are concerns that a child is, or might be, suffering harm. A child is a person under 18 years but the principles apply also to vulnerable young adults over 18 years.

Please refer to the South West Child Protection Procedures (SWCPP) <http://www.online-procedures.co.uk/swcpp/> and the Cornwall and Isles of Scilly Safeguarding Children Board (CIoSSCB) <http://www.safechildren-cios.co.uk> for more extensive information and guidance.

2) What is Child Protection?

2.1 Child protection is one very important aspect of safeguarding. It refers to the activity which is undertaken to protect children who are suffering, or at risk of suffering, significant harm.

2.2 The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention by statutory agencies in family life in the best interests of children. There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes it might be a single traumatic event but more often it is a compilation of significant events which damage the child's physical and psychological development.

3) Responsibilities and roles

3.1 All those who come into contact with children and families in their work (paid or unpaid), including those who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of children.

3.2 Governing bodies/proprietors are accountable for ensuring their establishment has effective policies and procedures in place and for monitoring the school's compliance with them. The procedures should be reviewed regularly and the governors/proprietors should provide information to the Local Safeguarding Children Board (LSCB), through annual safeguarding returns (Section 175/157 Education Act 2002), about how their duties in relation to safeguarding have been discharged. Each governing body should nominate an individual member to take the lead in safeguarding.

3.3 This school has a Designated Safeguarding Lead (DSL) with responsibility for child protection who is **MRS JODIE FLYNN** This is the person with whom you should normally discuss any concerns or disclosures and s/he should be able to offer appropriate advice and refer to other agencies as necessary. The officer providing cover in the absence of the DSL(s) is **MR TOM CALDWELL**. Throughout this document please read 'DSL' to relate to BOTH the DSLO and the officer providing cover for the DSL.

Please note: Part Four of the Schools' Child Protection and Safeguarding Toolkit – 'Additional information and sample forms' – provides more comprehensive detail of the Role and Responsibilities of the DSL.

3.4 The Children's Early Help, Psychology & Social Care Services and the Safeguarding Standards Unit can also offer advice and guidance on safeguarding and child protection matters.

3.5 All action should be taken in line with the following guidance:

- South West Child Protection Procedures
<http://www.online-procedures.co.uk/swcpp/>
- 'Working Together to Safeguard Children - March 2015' - Department for Education
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf
- 'Keeping Children Safe in Education - July 2015' – Department for Education
<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
- 'What to do if you're worried a child is being abused – advice for Practitioners' - March 2015
<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>
- 'Guidance for Safer working Practice for those working with Children and Young People in Education Settings' October 2015

<http://www.safeguardingschools.co.uk/wp-content/uploads/2015/10/Guidance-for-Safer-Working-Practices-2015-final1.pdf>

4) What is child abuse?

4.1 The following definitions are taken from *Keeping Children Safe in Education* – July 2015:

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.

i) 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.

ii) Emotional abuse - 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 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 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 ill-treatment of a child, though it may occur alone.

iii) 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.

iv) 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.

4.2 The following additional information in regard to Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM) and Preventing Radicalisation is taken from **Keeping Children Safe in Education July 2015**

i Child Sexual Exploitation (CSE)

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 seemingly 'consensual' relationships 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 cyberbullying 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.

ii Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

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.

Indicators

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. Warning signs that FGM may be about to take place, or may have already taken place, can be found in the Multi Agency Practice Guidelines <https://www.gov.uk/government/publications/female-genital-mutilation-guidelines> . Chapter 9 of these guidelines focuses on the role of schools and colleges.

Actions

If staff have a concern they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

Mandatory Reporting Duty

From 31 October 2015, Section 5B of the Female Genital Mutilation Act 2003 places a statutory duty upon teachers¹, along with social care workers and healthcare professionals, to report to the police visually confirmed or verbally disclosed incidents where FGM appears to have been carried out on a girl under 18.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469448/FGM-Mandatory-Reporting-procedural-info-FINAL.pdf

iii 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 child care, 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"). This guidance will be updated further to reflect the implications of the Prevent duty, which is expected to come into force later in 2015.

The Counter-Terrorism and Security Act 2015 will also place a duty on local authorities to ensure Channel panels are in place. The panel must include the local authority and chief officer of the local police. Panels will assess the extent to which identified individuals are vulnerable to being drawn into terrorism, following a referral from the police and where considered appropriate and necessary consent is obtained, arrange for support to be provided to those individuals. The Act will require 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 their area.

4.3 It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children are subjected to more than one form of abuse at any one time. These definitions do not minimise other forms of maltreatment.

5) Recognising child abuse – signs and symptoms

5.1 The South West Child Protection Procedures provide extensive information in relation to signs and symptoms to help recognise child abuse at <http://www.online-procedures.co.uk/swcpp/>

5.2 Recognising child abuse is not easy, and it is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk. You do, however, have a responsibility to act if you have a concern about a child's welfare or safety.

5.3 The following information will help you to be more alert to the signs of possible abuse.

¹ Section 5B(11) of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) provides a definition for the term 'teacher'.

i) Physical abuse

Physical abuse describes physical injuries to a child as a result of acts of commission or omission. This includes anything from a hand slap to death by suffocation. Injuries may be caused by blows, punches, kicks, shakes, bites, belts, scalds, burns, suffocation, drowning or poisoning.

Please note – illness fabricated or induced by carers is usually classified as physical abuse.

ii) Emotional abuse

Emotional abuse is part of all the other abuses but also occurs without them. A child witnessing family violence may be physically well cared for but emotionally distraught. Emotional abuse includes discouragement, ridicule, unfairness, hostility, threats and bullying.

Behaviours/symptoms suggestive of emotional abuse

- Continuous withholding of approval and affection by parent/carer
- Discipline severe and inappropriate, or non-existent, with few or no boundaries set
- Exploitation by parents/carer to fulfil their needs
- Continual self-deprecation
- Fear of new situations
- Impaired ability for play and enjoyment
- Lack of curiosity and natural exploration, air of detachment
- Inappropriate emotional responses to painful situations
- Delayed social and language skills
- Persistent head banging or rocking in a younger child
- Enuresis and encopresis (wetting and soiling)
- Compulsive stealing/scrounging
- Drug/solvent misuse
- Low self-esteem, feeling of worthlessness
- Social isolation (including from friends)
- Behavioural difficulties including aggression, disruptive behaviour
- Attention seeking
- Eating disturbances, poor growth
- Family history of domestic violence, mental illness of a carer or substance misuse
- Depression, withdrawal
- Frozen watchfulness
- Only happy at school or kept away
- Pseudo mature or explicit sexual behaviour
- Open masturbation or aggressive sex play with peers
- Stomach pains without medical explanation
- Self-harm, mutilation, overdose or attempted suicide

iii) Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (eg. rape or buggery) or non-penetrative acts. They may include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.

Physical injury may be part of sexual abuse, eg bites on the breasts or sadistic burns.

iv) Neglect

Neglect can be a difficult form of abuse to recognise, yet has some of the most lasting and damaging effects on children.

Failure to provide food, clothing, shelter, safekeeping, nurture and teaching may constitute neglect. In addition, a neglected child:

- May fail to grow and develop to his full potential
- Is at risk of long-term disability following accidents, respiratory disease
- Is at risk of poor mental health
- Is more likely to have inter-current infection especially chest infections, ear infections
- May have incomplete immunisations

Signs of possible neglect may include:

- Hunger; stealing food from other children
- Clothing which is dirty or inappropriate for the conditions
- Dirty body; smells; nails thick, yellow, dirty
- Hair thin, wispy
- Height, weight, mid-upper arm or head circumference demonstrate poor growth.
- Complaining of being tired all the time
- Not requesting medical assistance and/or failing to attend appointments
- Having few friends

NB: Many children and young people will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour.

6) Responding to a child who makes a disclosure or allegation

The person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred and should not conduct an investigation to establish whether the child is telling the truth. That is a task for the Children's Early Help, Psychology & Social Care Services and the Police following a referral to them of concern about a child. The role of the person to whom a child makes a disclosure or allegation is to act promptly on the information they have received. The Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information is shared appropriately.

If a child makes a disclosure or allegation you should:

- Stay calm and listen carefully to what is said. You do not need a 'witness'.
- Carefully explain that it is likely that the information will need to be shared with others - do not promise to keep secrets
- Allow the child to continue at her/his own pace and do not interrupt if they are freely recalling events
- Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer. Questions should be framed in an open manner and not 'lead' the child in any way. For example say, "Tell me what has happened", rather than, "Did s/he do..."
- Reassure the child that s/he has done the right thing in telling you. Explain what you will do next and with whom the information will be shared
- Do not ask the child to repeat the disclosure to anyone else in school or ask him/her to write a 'statement'

- Contact your DSL as soon as you can or, where such contact is not possible, ensure a referral is made without delay to the Multi Agency Referral Unit (MARU)
- Record in writing what was said, including the child's own words, as soon as possible – note the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated
- Do not discuss with parents/carers.

Guidance on Information Sharing is available at the following links:

- The South West Child Protection Procedures - <http://www.online-procedures.co.uk/swcpp/procedures/allegations-against-staff/record-keeping/information-sharing-confidentiality/>
- Information Sharing Advice for Practitioners providing safeguarding services to children, young people, parents and carers – March 2015 <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

7) Responding to concerns or suspicions of abuse

7.1 Any suspicion or concern that a child or young person may be suffering or at risk of suffering significant harm, **MUST** be acted on and discussed without delay with the DSL. Doing nothing is **not** an option. If the child/young person is felt to be in immediate danger, the Police should be called.

7.2 A careful and, as far as possible, verbatim record should be made of what you have seen/heard that has led to your concerns and the date, time, location and people who were present. Where physical injuries have been observed, these should be carefully noted but should not be photographed. Do not ask to see injuries that are said to be on an intimate part of the child's body.

7.3 Referrals/concerns should be made to the DSL using the **Referral/Concern Report Form** provided in **Part Four of the Schools' Child Protection and Safeguarding Toolkit – 'Additional information and sample forms'**.

7.4 If the DSL is not available you should discuss your concerns with either

- another senior member of staff or
- the Multi Agency Referral Unit (MARU)

The DSL must telephone the referral to the MARU without delay². The decision to notify parents that a referral is being made, will depend on the details of individual cases and will be made by the DSL. The DSL should keep a record of the conversation with the MARU, noting what actions have been/will be taken and by whom, giving the date and time of the referral. The referral should be confirmed in writing on the multi-agency referral form as soon as possible and within 48 hours.

7.5 Do not share information with your colleagues or investigate any further.

² It is recognised that whilst the Designated Lead is responsible for liaison with agencies, DfE Keeping Children Safe in Education July 2015 states that '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'**.

8) Responding to allegations or concerns about staff or volunteers

8.1 Employers have a duty of care to their employees and should ensure they provide effective support for anyone facing an allegation.

8.2 Rigorous recruitment and selection along with robust safeguarding procedures and adherence to safer practice guidance should help to protect both staff and students.

8.3 In all cases of allegations against a member of staff or a volunteer, the Headteacher/ Principal/ Chair of Governors, must contact the Local Authority Designated Officer (LADO) by ringing the MARU on 0300 1234 1116 and follow the procedures as outlined in the school's safeguarding and child protection policy.

8.4 The process must be followed in all cases of allegations that might indicate a person would pose a risk of harm if they continue to work in regular or close contact with children in their present position, or in any capacity. It should be used in respect of all cases in which it is alleged that a teacher or member of staff (including volunteers) has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children

8.5 If you have reason to believe that a member of staff or volunteer has acted inappropriately or abused a child or young person, you must take action by discussing your belief or concern with the named senior officer in the school. The named senior officer is **MRS JODIE FLYNN**. Whilst it may be difficult to consider that a colleague may be unsuitable to work with children, the risk is far too serious for any member of staff to dismiss such a suspicion without taking action.

8.6 If the concern is about the Headteacher/Principal, it should be discussed with the Chair of Governors, or the LADO by ringing the MARU on 0300 1234 1116.

Part Four of the Schools' Child Protection and Safeguarding Toolkit – 'Additional information and sample forms' provides further information in regard to Managing Allegations against a Professional.

9) What happens after a referral is made to the MARU

9.1 The MARU is the single point of contact for anyone who is concerned about the welfare of a child in Cornwall. Its function is to provide professional advice and consultation and to determine whether the concern meets approved threshold criteria for statutory social work intervention. Information sharing is undertaken in line with agreed protocols to protect the confidentiality of individuals.

9.2 Where cases do not meet the threshold, referrers are provided with information, advice and guidance including signposting to targeted and preventative services within the locality-based Early Help Services.

9.3 Cases that meet the threshold are passed to the relevant team for a **statutory social work assessment** or for a **strategy discussion** in those cases where there is evidence of actual or potential risk of significant harm. The threshold decision should be made within 24 hours of receiving the Contact.

9.4 The person making the Contact is informed about the outcome in writing within two working days of the decision. The person making the contact should be

informed of the escalation policy if they disagree with the decision made within the MARU.

9.5 If there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, a **strategy discussion** will be arranged involving Children's Early Help, Psychology & Social Care Services, the police, education, health and other relevant and appropriate bodies such as the referring agency.

Professionals who are invited to attend, including school staff (normally the Headteacher/Principal or DSL), are required to produce a report, using the Signs of Safety template, which is available on the CioSSCB website at <http://www.safechildren-cios.co.uk/health-and-social-care/children-and-family-care/cornwall-and-isles-of-scilly-safeguarding-children-board/working-together/child-protection-conferences/>, prior to the conference and take an active part in the conference.

Full details of the Child Protection Conference process can be found at

<http://www.safechildren-cios.co.uk/media/11059813/Child-Protection-Conference-Process-December-2014-.pdf>

10) Children with disabilities

10.1 There are no different or separate procedures for children who are disabled. Children with disabilities are especially vulnerable to abuse, and adults who work with them need to take extra care when interpreting apparent signs of abuse or neglect.

10.2 Staff responsible for intimate care of children should undertake their duties in a professional manner at all times and in accordance with the school's Intimate Care policy.

11) Safer Working Practice

All adults who come into contact with children at this school should behave at all times in a professional manner which secures the best outcomes for children and also prevents allegations being made. Advice on safer working practice can be found in *Heamoor's* Code of Conduct. Each member of staff will be issued with a copy of Guidance for Safe Working Practice for those working in Education Settings, October 2015 – available at

<http://www.safeguardingschools.co.uk/wp-content/uploads/2015/10/Guidance-for-Safer-Working-Practices-2015-final1.pdf>

12) Training

12.1 Child protection must be an integral part of induction for all workers, volunteers, agencies and 3rd party providers of services to the school.

12.2 All workers must receive regularly updated **Single-Agency Child Protection Training**. This training must be delivered within the school setting and should provide workers with the most recent and relevant safeguarding guidance, legislation and good practice, both nationally and locally.

12.3 The Designated Safeguarding Lead (and those who provide cover for the DSL) must receive **Multi-Agency Child Protection Training**. This must be updated at least every 2 years. Multi-agency child protection training should be arranged through Reconstruct, the CioSSCB preferred provider, via the following

link <http://www.safechildren-cios.co.uk/health-and-social-care/children-and-family-care/cornwall-and-isles-of-scilly-safeguarding-children-board/learning/safeguarding-training/>

12.4 All governors should have access to Single Agency Training and it is advised that the designated Governor with responsibility for Child Protection and Safeguarding should receive **Multi-Agency Child Protection Training**.