

# Trinity School



## Child Protection Policy and Procedures

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Date of Document:	October 2003
First Revision:	September 2004
Fifteenth Revision:	June 2019

Signed: ..... Chair/Vice Chair of Governors

## NAMED STAFF WITH SPECIFIC CHILD PROTECTION RESPONSIBILITIES

### DESIGNATED SENIOR PERSON FOR CHILD PROTECTION:

Veronica Jackson

### DEPUTY DESIGNATED SENIOR PERSON FOR CHILD PROTECTION:

Natasha Bridger  
Sue Ball - Head Teacher  
Chris Komodromos – Deputy Head Teacher  
Stephanie Ryan – LLC Deputy Manager  
Jo Long – LLC Manager

### NOMINATED GOVERNOR:

Glenda Spencer

## INTRODUCTION

**Safeguarding children** - the action we take to promote the welfare of children and protect them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play

Safeguarding and promoting the welfare of children is defined 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 to have the best outcomes.

**Child Protection** refers to the process undertaken to protect children who have been identified as suffering, or being at risk of suffering significant harm.

### **Working together to Safeguard Children 2018**

The Governors and staff of Trinity School take seriously the responsibility to safeguard and promote the welfare all the children and young people entrusted to our care. We recognise that all adults at this school have a full and active part to play in protecting and safeguarding the children in our care and that pupils' welfare and needs are paramount; this position underpins all our work and resolves any conflict of interests.

This policy has been developed in accordance with Department for Education's statutory guidance

- Keeping Children Safe in Education September 2018
- Working together to Safeguard Children July 2018
- The Governance Handbook

This policy is also based on the following legislation

- Education Act 2002 – Section 175
- The School Staffing (England) Regulations 2009
- The Children Act 1989 (and 2004 amendment)
- Serious Crime Act 2015 Section 5B(11) of the Female Genital Mutilation Act 2003
- Statutory Guidance on FGM
- The Rehabilitation of Offenders Act 1974

- Safeguarding Vulnerable Groups Act 2006
- Statutory guidance on the Prevent duty
- Childcare (Disqualification) and Childcare (Early Years Provision Free of Charge) Extended Entitlement) (Amendment) Regulations 2018
- Childcare Act 2006
- Statutory framework for the Early Years Foundation Stage
- The London Child Protection Procedures, London Safeguarding Children Board 5<sup>th</sup> Edition 2015
- Safeguarding Disabled Children Practice Guidance July 2009

***A copy of this policy, Keeping Children Safe in Education and The Prevent Duty are given to all staff at their induction. Staff can access these on the school intranet and are informed whenever the policy or documents are updated.***

## SCHOOL COMMITMENT AND AIMS

The school aims to ensure that:

- Appropriate action is taken in a timely manner to safeguard and promote children's welfare
- All staff are aware of their statutory responsibilities with respect to safeguarding
- Staff are properly trained in recognising and reporting safeguarding issues

In accordance with *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children 2018*, the school must ensure that appropriate procedures are in place for responding to situations in which they believe that a child has been abused or are at risk of abuse, including procedures to cover circumstances in which a member of staff is accused of, or suspected of, abuse.

Abuse is when a child is hurt or harmed by another person in a way that causes significant harm to that child and which may well have an effect on the child's development or wellbeing.

Significant harm can be caused by one traumatic event or a compilation of events that interrupt, change or damage the child's physical or psychological development.

### **At Trinity School we 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 that they will be listened to;
- providing suitable support and guidance so that pupils know how to approach adults if they are in difficulties or worried;
- including opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse;
- raising the awareness of all teaching, non-teaching staff and volunteers of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse;
- ensuring all staff are able to recognise and are alert to signs of abuse;
- ensuring all staff know to whom they should report any concerns or suspicions;
- ensuring there is an effective structured procedure in place to be followed by all members of the school community in cases of suspected abuse
- providing a systematic means of monitoring children who have been identified as "in need" or at risk of harm;
- keeping confidential records, which are stored securely and shared appropriately with other professionals;
- ensuring procedures are in place for dealing with allegations of abuse against members of staff and volunteers;
- establishing effective joint working relationships with all other agencies, involved in safeguarding children ("Working Together to Safeguard Children: A guide to inter-agency

working to safeguard and promote the welfare of children 2015) and that the school contributes effectively to assessments of need and support plans;

- operating safe recruitment procedures and making sure that all appropriate checks are carried out on new staff who work with pupils (see Safe Recruitment Policy);
- ensuring that all adults (including other community users of our facilities) have been checked as to their suitability;
- working with parents to build an understanding of the school's duty to safeguard and promote the welfare of all children, including the necessity for child protection policies and procedure, information sharing and work in partnership with other agencies.

## ROLES AND RESPONSIBILITIES

### General

All adults working with children have a responsibility to safeguard and promote their welfare. This includes a responsibility to be alert to possible abuse and to record and report concerns to staff identified with child protection responsibilities within the school. The names of those carrying these responsibilities for the current year are listed at the start of this document.

All staff will read and understand part 1 and Annex A of the Department for Education's statutory safeguarding guidance Keeping Children Safe in Education.

The School is responsible for ensuring that all action taken is in line with the London Child Protection Procedures and London Borough of Barking and Dagenham. The role of the school within this procedure is to contribute to the identification, referral and assessment of children in need, including children who may have suffered, are suffering, or who are at risk of suffering significant harm. The school may also have a role in the provision of services to children in need and their families.

The role of the school in situations where there are child protection concerns is **NOT** to investigate but to recognise and refer.

### Governing Body

The governing board will approve this policy at each review, ensure it complies with the law and hold the headteacher to account for its implementation.

The governing board will appoint a senior board level (or equivalent) lead to monitor the effectiveness of this policy in conjunction with the full governing board. This is always a different person from the DSL.

The chair of governors will act as the 'case manager' in the event that an allegation of abuse is made against the headteacher, where appropriate (see appendix 3).

All governors will read Keeping Children Safe in Education.

All governors receive training about safeguarding, to make sure they have the knowledge and information needed to perform their functions and understand their responsibilities.

As the chair of governors may be required to act as the 'case manager' in the event that an allegation of abuse is made against the headteacher, they receive training in managing allegations for this purpose.

### Head Teacher

The headteacher is responsible for the implementation of this policy, including:

- Ensuring that staff (including temporary staff) and volunteers are informed of our systems which support safeguarding, including this policy, as part of their induction
- Communicating this policy to parents when their child joins the school and via the school website
- Ensuring that the DSL has appropriate time, funding, training and resources, and that there is always adequate cover if the DSL is absent
- Ensuring that all staff undertake appropriate safeguarding and child protection training and update this regularly
- Acting as the 'case manager' in the event of an allegation of abuse made against another member of staff or volunteer, where appropriate
- Ensuring the relevant staffing ratios are met, where applicable for early year and primary aged pupils
- Making sure each child in the Early Years Foundation Stage is assigned a key person

### **Designated Senior Person for Child Protection**

The DSL is a member of the senior leadership team. The DSL takes lead responsibility for child protection and wider safeguarding.

During term time, the DSL will be available during school hours for staff to discuss any safeguarding concerns.

During non-term time named deputies are either present or on call when pupils are in school.

When the DSL is absent, the deputies will act as cover.

The DSL will be given the time, funding, training, resources and support to:

- Provide advice and support to other staff on child welfare and child protection matters
- Take part in strategy discussions and inter-agency meetings and/or support other staff to do so
- Contribute to the assessment of children
- Refer suspected cases, as appropriate, to the relevant body (local authority children's social care, Channel programme, Disclosure and Barring Service, and/or police), and support staff who make such referrals directly

The DSL will also keep the headteacher informed of any issues, and liaise with local authority case managers and designated officers for child protection concerns as appropriate.

The full responsibilities of the DSL and deputies are set out in their job description.

## **TRAINING**

### **All Staff**

All staff members will undertake safeguarding and child protection training at induction, including on whistle-blowing procedures, to ensure they understand the school's safeguarding systems and their responsibilities, and can identify signs of possible abuse or neglect. This training will be regularly updated to reflect current policies and guidance.

All staff will have training on the government's anti-radicalisation strategy, Prevent, to enable them to identify children at risk of being drawn into terrorism and to challenge extremist ideas.

Staff will also receive regular safeguarding and child protection updates (Safeguarding matters an in-house update sent out monthly during term time) but at least annually.

Contractors who are provided through a private finance initiative (PFI) or similar contract will also receive safeguarding training.

Volunteers will receive appropriate training, if applicable.

## **DSL and Deputies**

The DSL and deputies will undertake child protection and safeguarding training at least every 2 years.

In addition, they will update their knowledge and skills at regular intervals and at least annually (for example, through e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments).

They will also undertake Prevent awareness training.

## **Governors**

All governors receive training about safeguarding, to make sure they have the knowledge and information needed to perform their functions and understand their responsibilities.

As the chair of governors may be required to act as the 'case manager' in the event that an allegation of abuse is made against the headteacher, they receive training in managing allegations for this purpose.

## **EQUALITY STATEMENT**

Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.

We give special consideration to children who:

- Have special educational needs (SEN) or disabilities (see section 9)
- Are young carers
- May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- Have English as an additional language
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- Are at risk of FGM, sexual exploitation, forced marriage, or radicalisation
- Are asylum seekers
- Are at risk due to either their own or a family member's mental health needs
- Are looked after or previously looked after

## RECOGNITION AND CATEGORIES OF ABUSE

Child abuse is defined within procedures as:

- **physical abuse**, including female genital mutilation
- **emotional abuse**, including that arising from domestic violence and forced marriage
- **sexual abuse**, including the sexual exploitation associated with child prostitution
- **physical abuse**, where the person with custody, or charged with care of the child, causes or knowingly fails to ensure the child is safe and thrives

All staff in school should be aware of the definitions and signs and symptoms of abuse (See Appendix 1)

Any child with a disability is by definition a 'child in need' under section 17 of the Children Act 1989 and disability has been shown to confer an increased level of vulnerability. Studies have shown that disabled children are 3.8 times more likely to be neglected, 3.8 times more likely to be physically abused, 3.1 times more likely to be sexually abused and 3.9 times more likely to be emotionally abused. In addition to the universal indicators of abuse / neglect, in the case of a disabled child the following abusive behaviours must also be considered:

- force feeding
- unjustified or excessive physical restraint
- rough handling
- extreme behaviour modification including the deprivation liquid, medication, food or clothing
- misuse of medication, sedation, heavy tranquillisation
- invasive procedures against the child's will
- deliberate failure to follow medically recommended regimes
- misapplication of programmes or regimes

## SPECIFIC SAFEGUARDING ISSUES

### Preventing Radicalisation

All staff should seek to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation.

The Counter-Terrorism and Security Act 2015 places a duty on school staff to have due regard to the need to prevent people from being drawn into terrorism. Known as the Prevent Duty.

School staff should use their professional judgement in identifying children who might be at risk of radicalisation or extremism and report any concerns to the Designated Safeguarding Lead.

The Department for Education also has a dedicated telephone helpline, 020 7340 7264, which school staff and governors can call to raise concerns about extremism with respect to a pupil. You can also email [counter.extremism@education.gov.uk](mailto:counter.extremism@education.gov.uk). Note that this is not for use in emergency situations.

In an emergency, call 999 or the confidential anti-terrorist hotline on 0800 789 321 if you:

- Think someone is in immediate danger
- Think someone may be planning to travel to join an extremist group
- See or hear something that may be terrorist-related

## Female Genital Mutilation (FGM)

Female Genital Mutilation comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is a form of child abuse with long-lasting consequences. It is illegal in the UK or for a child to be taken out of the UK and receive FGM in another country.

**Any teacher** who discovers (either through disclosure by the victim or visual evidence) that an act of FGM appears to have been carried out on a **pupil under 18** must immediately report this to the police, personally. This is a statutory duty, and teachers will face disciplinary sanctions for failing to meet it.

Unless they have good reason not to, they should also discuss the case with the DSL and involve children's social care as appropriate.

**Any other member of staff** who discovers that an act of FGM appears to have been carried out on a **pupil under 18** must speak to the DSL and follow our local safeguarding procedures.

The duty for teachers mentioned above does not apply in cases where a pupil is *at risk* of FGM or FGM is suspected but is not known to have been carried out. Staff should not examine pupils.

**Any member of staff** who suspects a pupil is *at risk* of FGM or suspects that FGM has been carried out must speak to the DSL and follow our local safeguarding procedures.

## Reporting FGM

If you discover that FGM appears to have taken place on a girl under 18:

- If you are responsible for teaching pupils, you have a statutory duty to report this to the police and will face disciplinary sanctions if you fail to report such cases
- [You should report it as soon as possible after a case is discovered](#), and ideally by the close of the next working day
- If you are not responsible for teaching pupils, you should tell the Designated Safeguarding Lead who will report it
- All staff should discuss any case of known FGM with the Designated Safeguarding Lead

## Child Sexual Exploitation (CSE) including trafficking for slavery and sexual practice

Child Sexual Exploitation 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 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.

CSE is a growing concern and any instances where a child is suspected of being at risk of exploitation should be dealt with sensitively and referred as for any other safeguarding concern.

The borough has an **Anti-Exploitation Lead** (formally known as CSE Champion) and the Designated Safeguarding Lead is the school's nominated lead.

## **Children missing from Education**

All children, regardless of their circumstances, are entitled to a full-time education which is suitable to their age, ability, aptitude and any special educational needs they may have.

It is the duty of all parents/carers to inform the school of any absence on the first day following the school Attendance Policy. Office Staff will contact parents/carers who do not contact the school and inform the Designated Safeguarding Lead.

A child going missing from education is a potential indicator of abuse or neglect. Any children who go missing should be reported to the Designated Safeguarding Lead to take appropriate action, following the guidelines in the school Attendance Policy.

## **Operation Encompass/Domestic Violence**

This is a project run jointly between schools and the Metropolitan Police Service.

Operation Encompass is the notification to schools that a child (under 18) has been exposed to, or involved in any domestic incidence. This will ordinarily be done by the start of the next school day.

Operation Encompass will ensure that a Designated Safeguarding Lead (DSL) is informed. At Trinity School Veronica Jackson and Natasha Bridger are the DSLs who will be informed.

The DSL can then use the information that has been shared, in confidence, to ensure the wellbeing of the child. The school may be able to make provisions or adjustments to assist the child and the family.

## **Other Specific Safeguarding Issues**

- Bullying including cyberbullying
- Child missing from home or care
- Domestic Violence
- Drugs
- Fabricated or induced illness
- Faith Abuse
- Forced Marriage
- Gangs and Youth Violence
- Gender-based violence/violence against women and girls (VAWG)
- Hate
- Mental Health
- Missing children and adults
- Private Fostering
- Relationship abuse
- Sexting and internet related abuse
- Trafficking

For all of the specific safeguarding concerns individual factsheets are available from the Designated Safeguarding Lead.

## **WHEN TO BE CONCERNED**

Concerns for a child or young person may come to the attention of staff in a variety of ways, for example through observation of behaviour, injuries or disclosure. The following should trigger concern:

- when there is a suspicion that an injury maybe non-accidental
- when there are signs of neglect
- when a child displays behaviour unusual for that particular child, for example - aggression, withdrawal, depression, or demonstration of inappropriate sexual behaviour
- when a child fails to thrive

- when a child discloses abuse, or describes something, which may be associated with abuse (sexual and non sexual abuse)
- when you are worried about a child / young person for any reason
- ill fitting equipment (e.g. callipers, sleep board that may cause injury or pain, inappropriate splinting)
- undignified age or culturally inappropriate intimate care practices
- missing from school

## RESPONDING TO CONCERNS

There is no individual discretion allowed to any member of staff who has knowledge or suspicion that a child might be at risk of child abuse. In child protection matters the child protection procedures must be followed at all times. Any knowledge or suspicion the child may be at risk must be reported to the Designated Senior Person for Child Protection immediately, to ensure help and to ensure any intervention necessary to protect the child is accessed as early as possible.

Ensure that the following guidelines are observed at all times:

1. If a child makes a disclosure of abuse allow them to make the disclosure at their own pace and in their own way
2. Avoid interrupting except to clarify what the child is saying
3. Do not try to persuade a child to talk to you, ask leading questions or probe for information that they do not volunteer
4. Do not repeatedly ask or modify questions and thus unintentionally indicate that you are pleased with the child's disclosure
5. Reassure the child or young person that they have been heard and explain what you will do next and to whom you will talk
6. Record in writing the conversation as soon as possible.
7. If a child wants to show you an injury then try to have another member of staff present
8. Do not set up a play or role-play situations or make suggestions about how incidents or injuries happened
9. Remember you cannot promise confidentiality so do not make promises that any disclosure will be a secret between you and a child
10. Inform the Designated Senior Person for Child Protection as soon as possible

## PROCEDURES

Refer any concerns or suspicions of abuse immediately to the Designated Senior Person for Child Protection or in their absence their Deputy.

Complete a written referral on the green 'Record of Concern' form. Copies of this form are available from outside the main school office.

Where there is suspicious bruising or other physical injuries mark on the outline body map the size and location of any injury.

Respond to requests for information regarding child protection issues from outside agencies as directed by the Headteacher or Designated Senior Person for Child Protection.

Monitor and report any evidence of suspected abuse as and when requested to do so by the Designated Senior Person for Child Protection according to child protection procedures.

Whilst minor single concerns may not be referred to the social services it is helpful if staff continually monitor such situations and record issues using the internal forms.

## REFERRALS TO SOCIAL SERVICES

It is the responsibility of the Designated Senior Person for Child Protection to decide when to make a referral to the Social Services.

The Designated Senior Person for Child Protection has a responsibility to refer a child to Social Services when it is believed or suspected that the child:

- has suffered significant harm
- is likely to suffer significant harm

To help with the decision of whether or not to make a referral she / he will consult with the Head Teacher/Deputy Head Teacher or Children's Services who offer opportunities for consultation as part of the Child in Need / Child Protection process.

Where there are concerns about the immediate safety of a child or young person a referral will be made immediately by telephone to the Social Services Assessment Team. The Multi-Agency Referral Form will also be completed and e-mailed to Social Services within 24 hours.

Some concerns may need to be monitored over a period of time before a decision to refer to Social Services is made.

In all but the most exceptional cases parents / carers will be made aware of the concerns felt for a child or young person at the earliest possible stage.

If a child or young person is referred, the Designated Senior Person for Child Protection will ensure that the Headteacher and other relevant staff are informed of this.

If, after consultation with the Designated Senior Person for Child Protection, a member of staff feels that appropriate action is not being taken in respect of his or her concerns for a child s/he should refer directly to Social Services. The Headteacher should be informed of this decision.

## NOTIFYING PARENTS

Where appropriate, we will discuss any concerns about a child with the child's parents. The DSL will normally do this in the event of a suspicion or disclosure.

Other staff will only talk to parents about any such concerns following consultation with the DSL.

If we believe that notifying the parents would increase the risk to the child, we will discuss this with the local authority children's social care team before doing so.

In the case of allegations of abuse made against other children, we will normally notify the parents of all the children involved.

## RECORDS AND MONITORING

Staff can play a vital role in helping children in need or at risk by effective monitoring and record keeping. Any incident or behavioural change in a child or young person that gives cause for concern should be recorded on a Record of Concern form, copies of which are kept in the pupil's file.

It is important that records are factual and reflect the words used by the child or young person. Opinion should not be given unless there is some form of evidence base, which can also be quoted. Records must be signed and dated with timings if appropriate. It is important to remember that any issues are confidential and staff will be party to the issues on a 'need to know' basis. This will be judged against the Eight Golden Rules for Information Sharing (See Appendix 2)

Records relating to actual or alleged abuse or neglect are securely stored in separate locked filing cabinets within the safeguarding office apart from normal pupil records and with access confined to specific staff, i.e. the Designated Senior Persons for Child Protection and Deputies. The Designated Senior Person for Child Protection is responsible for such records and for deciding at what point these records should be passed over to other agencies.

Child protection records are reviewed regularly to check whether any action or updating is needed. This includes monitoring patterns of complaints or concerns about any individuals and ensuring these are acted upon.

## CHILDREN SUBJECT TO CHILD PROTECTION PLANNING AND CHILDREN IN NEED

The Designated Senior Person for Child Protection will inform members of staff who have direct pastoral responsibility for children and young people who are 'Subject to Child Protection Planning' or 'Children in Need'. These children and young persons must be monitored very carefully and the smallest concern should be recorded on a 'Record of Concern' form and passed immediately to the Designated Senior Person for Child Protection for the phase.

Any pupil 'Subject to Child Protection Planning' who is absent without explanation on the first day will be referred to the Social Services Department.

## MOVEMENT OF CHILDREN

The Designated Senior Persons for Child Protection will in the case of children who are 'Subject to Child Protection Planning' or 'Children in Need' ensure:

- complete records are sent on to the receiving school, whether a child changes as a natural progression or for any other reason
- accurate information is collected and shared with other agencies including the statutory or voluntary organisations with whom families have contact
- that their counterparts in the receiving authority have been sent a copy of all relevant records within five days of being notified of the move of the child
- relevant records are requested from their counterparts in originating authorities when notified of a move into the school
- monitoring of the attendance and development of children whose names are currently 'Subject to Child Protection Planning' or 'Children in Need' and informing the SSD of proposed or actual changes of school.
- child protection material, is transferred separately from a child's main school records and direct to the relevant member of staff in the receiving school, with any necessary discussion or explanation.
- a record is kept of the date of such transfer of sensitive files and of the person to whom they are transferred.

## ALLEGATIONS OF ABUSE AGAINST TEACHING AND NON-TEACHING STAFF

If suspicions of abuse relate to any member of the school's staff or volunteer they must be reported to the Headteacher, Mrs Sue Ball.

If suspicions of abuse, relate to a Designated Person for Child Protection, they should be reported directly to the Headteacher, Mrs Sue Ball.

The Headteacher on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO).

If suspicions of abuse, relate to the Headteacher they must be reported to the Chair of Governors who will in turn consult with the Local Authority Designated Officer (LADO).

Further information regarding the procedure for managing situations involving members of staff can be found in Guidance on Disciplinary Procedures. The Headteacher holds copies of this document.

## CODE OF PRACTICE

All school staff should take care not to place themselves in a vulnerable position in relation to child protection. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults or to ensure that another appropriate adult is in the vicinity and is aware of the task being undertaken.

All school staff should work towards providing an environment and atmosphere for children and young people to enable them to feel safe to communicate. However, staff must never promise a child to keep certain information confidential. It must be explained that staff have certain duties to help keep that child safe, which may involve informing others.

## RECRUITMENT AND SELECTION OF STAFF

A separate policy, Safeguarding Pupils, Safe Recruitment Policy and Procedures covering recruitment. The school's processes conform to the DfES guidance Keeping Children Safe in Education, 2018.

Our recruitment procedures acknowledge our responsibilities for protecting children from unsuitable people through safe recruitment practices. The school positively welcomes support and guidance from the LEA.

## WHISTLEBLOWING

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

All staff should be aware of their duty to raise concerns, where they exist, about attitudes or actions of colleagues. The school has adopted the London Borough of Barking and Dagenham Whistle Blowing policy a copy of which is on the school intranet.

## PREVENTION

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

The school community will therefore:

- establish and maintain an ethos, which is understood by all staff, which enables children to feel secure and encourages them to talk knowing that they will be 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.
- provide across the curriculum, opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help.

## PHYSICAL INTERVENTION / POSITIVE HANDLING

Specific guidance on physical intervention / positive handling by staff is set out separately, as part of our Behaviour Policy. This Policy states that staff must only ever use physical intervention as a last resort, e.g. when a child is endangering him/herself or others or causing substantial property damage and that, at all times it must be the minimal force necessary to prevent injury to another person. Such events should be recorded making use of the school's Physical Intervention Record form and signed by a witness. This record is checked by both the Deputy Headteacher and the Designated Senior Person for Child Protection. Parents/carers are informed of all Physical Interventions.

Staff who are likely to need to use physical intervention should be appropriately trained.

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.

## ANTI-BULLYING

Our policy on the prevention and management of bullying is set out in a separate policy and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures.

## RACIST INCIDENTS

Our policy on racist incidents is set out in a separate policy and acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures.

## HEALTH AND SAFETY

Our Health & Safety policies, set out in separate documents, reflect the consideration we give to the protection of our children both physically within the school environment and, for example, in relation to internet use, and when away from the school when undertaking school trips and visits.

## SUPERVISION AND SUPPORT

Any member of staff affected by issues arising from concerns for children's welfare or safety can seek support from the Designated Senior Person for Child Protection.

The Designated Senior Persons for Child Protection can put staff and parents in touch with outside agencies for professional support if they so wish.

## MONITORING AND REVIEW

All school personnel and Governors will have a copy of this policy which will be reviewed annually.

A copy of the All London Child Protection Procedures 2015 is kept in the office of the Designated Senior Person for Child Protection and contains details of procedures and the categories and definitions of abuse.

If you are in doubt about any aspect of child protection procedure please ask for advice.

## DEFINITIONS AND SIGNS AND SYMPTOMS OF ABUSE TAKEN FROM LONDON CHILD PROTECTION PROCEDURES, 4TH EDITION

### 4.1 CONCEPT OF SIGNIFICANT HARM

4.1.1 Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

4.1.2 There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

4.1.3 Each of these elements has been associated with more severe effects on the child, and / or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

4.1.4 Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

4.1.5 Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

### 4.2 DEFINITIONS OF CHILD ABUSE AND NEGLECT

#### PHYSICAL ABUSE

4.2.1 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 fabricates the symptoms of, or deliberately induces, illness in a child

#### EMOTIONAL ABUSE

4.2.3 Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
- Imposing age or developmentally inappropriate expectations 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;
- Seeing or hearing the ill-treatment of another;

- Serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children;
- Exploiting and corrupting children.

4.2.4 Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

4.2.5 See section 5. Children in specific circumstances who may be at risk of suffering emotional abuse.

## SEXUAL ABUSE

4.2.6 Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts.

4.2.7 Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 Sexual Offences Act 2003. See section 5.23. ICT-based forms of abuse, section 5.39. Sexually active children and section 5.40. Sexually exploited children.

4.2.8 Sexual abuse includes non-contact activities, such as involving children in looking at, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

## NEGLECT

4.2.10 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.

4.2.11 Neglect may occur during pregnancy as a result of maternal substance abuse.

4.2.12 Once a child is born, neglect may involve a parent 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);
- Ensure access to appropriate medical care or treatment.

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

4.2.14 See section 5. Children in specific circumstances who may be at risk of suffering neglect.

## 4.3 RECOGNITION OF ABUSE AND NEGLECT

4.3.1 The factors described below are frequently found in cases of child abuse or neglect. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm;
- Indicates a need for careful assessment and discussion with the agency's nominated child protection person;
- May require consultation with and/or referral to the LA children's social care and / or the police.

4.3.2 The absence of such indicators does not mean that abuse or neglect has not occurred.

4.3.3 In an abusive relationship the child may:

- Appear frightened of the parent;
- Act in a way that is inappropriate to their age and development.

4.3.4 The parent may:

- Persistently avoid routine child health services and/or treatment when the child is ill;
- Have unrealistic expectations of the child;
- Frequently complain about / to the child and may fail to provide attention or praise (high criticism / low warmth environment);
- Be absent or leave the child with inappropriate carers;
- Have mental health problems which they do not appear to be managing;
- Be misusing substances;
- Persistently refuse to allow access on home visits;
- Persistently avoid contact with services or delay the start or continuation of treatment;
- Be involved in domestic violence;
- Fail to ensure the child receives an appropriate education.

4.3.5 Professionals should be aware of the potential risk of harm to children when individuals (adults or children), previously known or suspected to have abused children, move into the household.

## RECOGNIZING PHYSICAL ABUSE

4.3.6 The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury;
- Several different explanations provided for an injury;
- Unexplained delay in seeking treatment;
- The parent/s are uninterested or undisturbed by an accident or injury;
- Parents are absent without good reason when their child is presented for treatment;
- Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury);
- Frequent use of different doctors and accident and emergency departments;
- Reluctance to give information or mention previous injuries.

## BRUISING

4.3.7 Children can have accidental bruising, but the following must be considered as indicators of harm unless there is evidence or an adequate explanation provided. Only a paediatric view around such explanations will be sufficient to dispel concerns listed below:

- Any bruising to a pre-crawling or pre-walking baby;
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding;
- 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;
- 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);
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting;
- Bruising around the face;
- Grasp marks on small children;
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

## **BITE MARKS**

4.3.8 Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

4.3.9 A medical opinion should be sought where there is any doubt over the origin of the bite.

## **BURNS AND SCALDS**

4.3.10 It can be difficult to distinguish between accidental and non- accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious, e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine);
- 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 (a child getting into hot water of its own accord will struggle to get out and cause splash marks);
- Old scars indicating previous burns / scalds which did not have appropriate treatment or adequate explanation.

4.3.11 Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

## **FRACTURES**

4.3.12 Fractures may cause pain, swelling and discolouration over a bone or joint, and loss of function in the limb or joint.

4.3.13 Non-mobile children rarely sustain fractures.

4.3.14 There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type;
- 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;
- There is an unexplained fracture in the first year of life.

## **SCARS**

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

## **RECOGNIZING EMOTIONAL ABUSE**

4.3.16 Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical.

4.3.17 The indicators of emotional abuse are often also associated with other forms of abuse. Professionals should therefore be aware that emotional abuse might also indicate the presence of other kinds of abuse.

4.3.18 The following may be indicators of emotional abuse:

- Developmental delay;
- Abnormal attachment between a child and parent (e.g. anxious, indiscriminate or no attachment);

- Indiscriminate attachment or failure to attach;
- Aggressive behaviour towards others;
- Appeasing behaviour towards others;
- 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.

## RECOGNIZING SEXUAL ABUSE

4.3.19 Sexual abuse can be very difficult to recognise and reporting sexual abuse can be an extremely traumatic experience for a child. Therefore both identification and disclosure rates are deceptively low.

4.3.20 Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and / or fear. According to a recent study<sup>36</sup> three-quarters (72%) of sexually abused children did not tell anyone about the abuse at the time. Twenty-seven percent of the children told someone later, and around a third (31%) still had not told anyone about their experience/s by early adulthood.

4.3.21 If a child makes an allegation of sexual abuse, it is very important that they are taken seriously. Allegations can often initially be indirect as the child tests the professional's response. There may be no physical signs and indications are likely to be emotional / behavioural.

4.3.22 Behavioural indicators which may help professionals identify child sexual abuse include:

- Inappropriate sexualised conduct;
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age;
- Contact or non-contact sexually harmful behaviour;
- Continual and inappropriate or excessive masturbation;
- Self-harm (including eating disorder), self mutilation and suicide attempts;
- Involvement in sexual exploitation or indiscriminate choice of sexual partners;
- An anxious unwillingness to remove clothes for e.g. sports events (but this may be related to cultural norms or physical difficulties).

4.3.23 Physical indicators associated with child sexual abuse include:

- Pain or itching of genital area;
- Blood on underclothes;
- Pregnancy in a child;
- 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.

4.3.24 Sex offenders have no common profile, and it is important for professionals to avoid attaching any significance to stereotypes around their background or behaviour. While media interest often focuses on 'stranger danger', research indicates that as much as 80 per cent of sexual offending occurs in the context of a known relationship, either family, acquaintance or colleague<sup>37</sup>.

## RECOGNIZING NEGLECT

4.3.25 It is rare that an isolated incident will lead to agencies becoming involved with a neglectful family. Evidence of neglect is built up over a period of time. Professionals should therefore compile a chronology and discuss concerns with any other agencies which may be involved with the family, to establish whether seemingly minor incidents are in fact part of a wider pattern of neglectful parenting.

4.3.26 When working in areas where poverty and deprivation are commonplace professionals may become desensitised to some of the indicators of neglect. These include:

- Failure by parents or carers to meet essential physical needs (e.g. adequate or appropriate food, clothes, warmth, hygiene and medical or dental care);
- Failure by parents or carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment);
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause;
- Failure of child to grow within normal expected pattern, with accompanying weight loss;
- Child thrives away from home environment;
- Child frequently absent from school;
- Child left with inappropriate carers (e.g. too young, complete strangers);
- Child left with adults who are intoxicated or violent;
- Child abandoned or left alone for excessive periods.

4.3.27 Disabled children and young people can be particularly vulnerable to neglect

4.3.28 Although neglect can be perpetrated consciously as an abusive act by a parent, it is rarely an act of deliberate cruelty. Neglect is usually defined as an omission of care by the child's parent, often due to one or more unmet needs of their own. These could include domestic violence (see section 5.11), mental health issues (see section 5.29), learning disabilities (see section 5.30), substance misuse (see section 5.31), or social isolation / exclusion (see section 5.1.1 to 5.1.4), this list is not exhaustive.

While offering support and services to these parents, it is crucial that professionals maintain a clear focus on the needs of the child.

# SIGNS AND INDICATORS

Neglect	Emotional	Physical	Sexual
<ul style="list-style-type: none"> <li>• Tired/listless</li> <li>• Unkempt</li> <li>• Poor hygiene</li> <li>• Untreated medical conditions</li> <li>• Medical appointments missed</li> <li>• Constantly hungry or stealing food</li> <li>• Over eats when food is available</li> <li>• Poor growth</li> <li>• Poor/late attendance</li> <li>• Being regularly left alone or unsupervised</li> <li>• Dressed inappropriately for the weather condition</li> <li>• Having few friends and/or being withdrawn</li> <li>• Ill equipped for school</li> </ul>	<ul style="list-style-type: none"> <li>• Failure to thrive</li> <li>• Attention seeking</li> <li>• Over ready to relate to others</li> <li>• Low self esteem</li> <li>• Apathy</li> <li>• Depression/self harm</li> <li>• Drink/drug/solvent abuse</li> <li>• Persistently being over protective</li> <li>• Constantly shouting at, threatening or demeaning a child</li> <li>• Withholding love and affection</li> <li>• Regularly humiliating a child</li> </ul>	<ul style="list-style-type: none"> <li>• Unexplained injuries</li> <li>• Injuries on certain parts of the body</li> <li>• Injuries in various stages of healing</li> <li>• Injuries that reflect an article used</li> <li>• Flinching when approached</li> <li>• Reluctant to change</li> <li>• Crying/ instability</li> <li>• Afraid of home</li> <li>• Behavioural extremes</li> <li>• Apathy/depression</li> <li>• Wanting arms and legs covered even in very hot weather</li> </ul>	<ul style="list-style-type: none"> <li>• Age inappropriate sexual behaviour/knowledge/ promiscuity</li> <li>• Wary of adults/ running away from home</li> <li>• Eating disorders/depression/ self harm</li> <li>• Unexplained gifts/ money</li> <li>• Stomach pains when walking or sitting</li> <li>• Bedwetting</li> <li>• Recurrent genital discharge</li> <li>• Sexually transmitted diseases</li> </ul>



EIGHT **GOLDEN RULES** FOR INFORMATION SHARING

1. **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **If there are concerns that a child may be at risk of significant harm or an adult at risk of serious harm**, then it is your duty to follow the relevant procedures without delay. Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.
3. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
4. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
5. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You should go ahead and share information without consent if, in your judgement, that lack of consent can be overridden in the public interest, or where a child is at risk of significant harm. You will need to base your judgement on the facts of the case.
6. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
7. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
8. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.