



Child Protection Procedures

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Child Protection Procedures

1) What is Child Protection?

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

2) What is significant harm?

2.1 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. Decisions about significant harm are complex and require discussion with the statutory agencies.

3) Scope and purpose of these procedures

3.1 These procedures should be read in conjunction with the Safeguarding Policy. They apply to the Headteacher, all staff (including supply and peripatetic staff), volunteers and anyone working on behalf of St Ives First 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 of these procedures apply also to vulnerable young adults over 18 years.

4) Responsibilities and roles

4.1 All those who come into contact with children and families in their work, 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.

4.2 Governing bodies/proprietors are accountable for ensuring their establishment has effective policies and procedures in place and monitoring the school's compliance with them. The procedures should be reviewed annually and the governors of maintained schools should provide information to the Safeguarding Unit about how their duties in relation to safeguarding have been discharged. (A pro forma for reporting to the LA is available from the Safeguarding Unit.) Each governing body should nominate an individual member to take the lead in safeguarding and to work closely with the Designated Senior Person for Child Protection in school.

4.3 This school has a Designated Senior Person with responsibility for child protection who is Miss Laura Turner. This is the person with whom you should normally discuss any concerns or allegations and s/he should be able to offer appropriate advice and refer to other agencies as necessary. The Deputy Designated Senior Person is Miss Sarah Moore.

4.4 In addition, the Local Office Children's Social Care Teams or the Children's Services Safeguarding Unit can provide advice and guidance on safeguarding and child protection matters.

See Appendix 1 for useful contacts.

See Appendix 2 for the role and responsibilities of the Designated Senior Person for Child Protection.

4.5 All action is taken in line with the following guidance:

- Bournemouth, Dorset and Poole Inter-Agency Safeguarding Procedures & Guidance ('Yellow File')
- DSCF Guidance (2006) – Safeguarding Children and Safer Recruitment in Education
- Working Together to Safeguard Children 2006 – Guidance published by HM Government
- What to do if you're worried a child is being abused – Government Guidance – DfES 31553

5) What is child abuse?

5.1 It is generally accepted that there are four main forms of abuse. The following definitions are based on those from *Working Together to Safeguard Children* (HM Government 2006).

i) 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. Physical abuse, as well as being a result of an act of commission (doing something), can also be caused through omission or the failure to act to protect.

ii) **Emotional abuse**

Emotional abuse is the persistent emotional ill-treatment 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 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 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**

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. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Boys and girls can be sexually abused by males and/or females, by adults and by other young people. This includes people from all different walks of life.

iv) **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 and clothing, shelter including exclusion from home or danger, failure to ensure adequate supervision including the use of adequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

5.2 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 four definitions do not minimise other forms of maltreatment.

6) Recognising child abuse – signs and symptoms

6.1 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.

6.2 The following information is not designed to turn you into an expert but it will help you to be more alert to the signs of possible abuse. The examples below are not meant to form an exhaustive list.

i) **Physical abuse**

Most children will collect cuts and bruises in their daily lives. These are likely to be in places where there are bony parts of the body, like elbows, knees and shins. Some children, however, will have bruising which can almost only have been caused non-accidentally. An important indicator of physical abuse is where bruises or injuries are unexplained or the explanation does not fit the injury or there are differing explanations. A delay in seeking medical treatment for a child when it is obviously necessary is also a cause for concern. Bruising may be more or less noticeable on children with different skin tones or from different racial groups and specialist advice may need to be taken.

Patterns of bruising that are suggestive of physical child abuse include:

- bruising in children who are not independently mobile
- bruises that are seen away from bony prominences
- bruises to the face, back, stomach, arms, buttocks, ears and hands
- multiple bruises in clusters
- multiple bruises of uniform shape
- bruises that carry the imprint of an implement used, hand marks or fingertips

Although bruising is the commonest injury in physical abuse, fatal non-accidental head injury and non-accidental fractures can occur without bruising. Any child who has unexplained signs of pain or illness should be seen promptly by a doctor.

Other physical signs of abuse may include:

- cigarette burns
- adult bite marks
- broken bones
- scalds

Changes in behaviour which can also indicate physical abuse:

- fear of parents being approached for an explanation
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched
- reluctance to get changed, for example wearing long sleeves in hot weather
- running away from home

ii) **Emotional abuse**

Emotional abuse can be difficult to measure, and often children who appear well cared for may be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Children who live in households where there is domestic violence can often suffer emotional abuse. Emotional abuse can also take the form of children not being allowed to mix/play with other children.

The physical signs of emotional abuse may include:

- a failure to thrive or grow, particularly if the child puts on weight in other circumstances, e.g. in hospital or away from parents' care
- sudden speech disorders
- developmental delay, either in terms of physical or emotional progress.

Changes in behaviour which can also indicate emotional abuse include:

- neurotic behaviour, e.g. sulking, hair twisting, rocking
- being unable to play
- fear of making mistakes
- self harm
- fear of parents being approached.

iii) **Sexual abuse**

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers.

Usually, in cases of sexual abuse it is the child's behaviour which may cause you to become concerned, although physical signs can also be present. In all cases, children who talk about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

- pain or itching in the genital/other areas
- bruising or bleeding near genital/other areas
- sexually transmitted disease
- vaginal discharge or infection
- stomach pains
- discomfort when walking or sitting down
- pregnancy.

Changes in behaviour which can also indicate sexual abuse include:

- sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares

- running away from home
- sexual knowledge which is beyond their age or developmental level
- sexual drawings or language
- bedwetting
- eating problems such as overeating or anorexia
- self harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money
- not being allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults

iv) **Neglect**

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

The physical signs of neglect may include:

- constant hunger, sometimes stealing food from other children
- being constantly dirty or smelly
- loss of weight, or being constantly underweight
- inappropriate dress for the conditions.

Changes in behaviour which can also indicate neglect may include:

- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being left alone or unsupervised

6.3 The above list is not meant to be definitive but as a guide to assist you. It is important to remember that 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.

6.4 There may well be other reasons for changes in behaviour, such as a death or the birth of a new baby in the family, relationship problems between parents/carers, undiagnosed medical conditions etc.

7) Responding to the child who makes an allegation

- Listen carefully to what is said
- Stay calm
- Find an appropriate opportunity to 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 the child is freely recalling events
- You do not need to find a 'witness'

- Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer. Questions should be framed 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 Designated Senior Person or deputy DSP as soon as you can or, where such contact is not possible, ensure a referral is made without delay to the appropriate Social Care office
- Record in writing what was said, including the child's own words, as soon as possible – note 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. The Designated Senior Person will agree with the Social Care team when parents/carers should be contacted and by whom

Further advice on information sharing can be found in 'What to do if you're worried a child is being abused', Appendix 3

7.1 Remember

It is important that everyone in the school is aware that 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 Social Care and the Police following a referral to them of concern about a child. Your role is to act promptly on the information you have received.

8) Responding to concerns or suspicions of abuse

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

8.2 A careful 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. As far as possible, record verbatim what was said and by whom. 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.

See Appendix 3 for record keeping

8.3 If the Designated Senior Person or deputy DSP is not available you should discuss your concerns with either

- another senior member of staff or
- the Social Care team responsible for the area where the child lives or
- a Safeguarding Officer at the Safeguarding Unit

8.4 The Designated Senior Person should telephone the referral to the appropriate Social Care duty team without delay, prior to any discussion with parents/carers. The Designated Senior Person should keep a record of the conversation with Social Care, noting what actions will be taken and by whom, giving the date and time of the referral. The referral should be confirmed in writing on the inter-agency referral form as soon as possible and at least within 48 hours.

9) Responding to allegations or concerns about staff or volunteers

9.1 Rigorous recruitment and selection and other safeguarding procedures, and adhering to safer practice guidance will hopefully mean that there are relatively few allegations against or concerns about staff or volunteers. However, if there is any reason to believe that another 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 Headteacher. Even though it may seem difficult to believe that one of your colleagues 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.

9.2 If the concern is about the Headteacher, it should be discussed with the Chair of Governors or the Safeguarding Officer at the Safeguarding Unit.

9.3 In all cases of allegations against staff or volunteers, the Headteacher/Chair of Governors, must follow the correct procedure (see school policy or Ch 5 of 'Safeguarding Children and Safer Recruitment in Education').

10) What happens after a referral is made to Children's Services Social Care?

- Referral

Once a referral is received by the Social Care team, a manager will decide on the next course of action, within one working day. When there is concern that a child is suffering, or at risk of suffering significant harm, this will be decided more quickly and an initial assessment will be conducted

- Initial Assessment

The Initial Assessment must be completed at least within 7 working days of receiving the referral, and will determine what should happen next.

- Strategy Discussion

If there is reasonable cause to suspect actual or likely significant harm, the Social Care Manager and the Police (and other agencies as appropriate) will hold a Strategy Discussion or meeting to decide whether to initiate a child protection enquiry (s47 enquiry) and whether a joint criminal investigation is required.

- S47 Enquiries

The process of the investigation is determined by the needs of the case, but the child/young person will always be seen as part of that process. On occasions, this will mean the child/young person is jointly interviewed by the Police and Social Care, sometimes at a special suite where a video-recording of the interview is made.

- The Child Protection Conference

If, following the s47 enquiries, the concerns are substantiated and the child is judged to be at continuing risk of significant harm, a Child Protection Conference (CPC) will normally be convened. The CPC must be held within 15 days of the Strategy Discussion and staff invited to attend (normally the Headteacher or Designated Senior Person for child protection) should produce a written report in the correct format. (A pro forma is available from the Safeguarding Unit.) This must be shared with the child/young person and his/her family at least 24 hours before the initial CPC is held. A copy should also be sent to the person chairing the initial CPC at least 24 hours in advance.

See Inter-Agency Safeguarding Procedures ('Yellow File'), 2.133

11) Children who are disabled

11.1 Children who are disabled are especially vulnerable to abuse and adults who work with them need to take extra care when interpreting apparent signs of abuse or neglect.

11.3 These child protection procedures should be followed if a child who is disabled discloses abuse or there are indicators of abuse or neglect. There are no different or separate procedures for children who are disabled.

11.4 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.

12) Safer Working Practice

12.1 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 St Ives First School's Code of Conduct or as an appendix to the Inter agency ('Yellow File') Safeguarding Procedures - from Spring 2008.

13) Training

13.1 Child protection must be part of induction for all staff and volunteers new to the school.

13.2 This should be followed up by basic child protection training that equips individuals to recognise and respond appropriately to concerns about pupils. The depth and detail of the training will vary according to the nature of the role and the extent of involvement with children.

13.3 Staff who do not have designated responsibility for child protection, including the Headteacher and qualified teachers, should undertake suitable refresher training at 3 yearly intervals.

13.4 When staff with designated responsibility for child protection take up the role they should receive training in inter-agency working. They should be updated at 2 yearly intervals after that.

See Appendix 4 for further information on training

These procedures were adopted by the governing body at the Full Governing Body Meeting, held on April 24th 2008.

Signed

Chair Personnel & Curriculum Committee April 2008

Review Due Spring 2009

Useful contacts

1) Children's Services Social Care Teams. Ask for the Child Care Duty Officer.

- Bridport 01308 422234
- Christchurch 01202 474106
- Dorchester 01305 221450
- Ferndown 01202 877445
- Purbeck 01929 553456
- Sturminster Newton 01258 472652
- Weymouth & Portland 01305 760139

2) Out of Hours Service:-

- 01202 657279

3) The Safeguarding Unit:-

- 01305 221122

Safeguarding Officers offer advice and support to Headteachers and Designated Senior Persons in relation to any child protection issues and are the Local Authority Designated Officers to whom allegations against adults who work with children in education establishments must be reported

The role and responsibilities of the Designated Senior Person for Child Protection

(Taken from 'Safeguarding Children and Safer Recruitment in Education', 2006)

Referrals

- Refer cases of suspected abuse or allegations to the relevant investigating agencies.
- Act as a source of support, advice and expertise within the educational establishment when deciding whether to make a referral by liaising with relevant agencies.
- Liaise with Headteacher or principal (where role not carried out by the Headteacher) to inform him or her of any issues and ongoing investigations and ensure there is always cover for this role.

Training

- To recognise how to identify signs of abuse and when it is appropriate to make a referral.
- Have a working knowledge of how LSCBs operate, the conduct of a child protection case conference and be able to attend and contribute to these effectively when required to do so.
- Ensure each member of staff has access to and understands the school's child protection policy especially new or part time staff who may work with different educational establishments
- Ensure all staff have induction training covering child protection and are able to recognise and report any concerns immediately they arise.
- Be able to keep detailed accurate secure written records of referrals and or concerns.
- Obtain access to resources and attend any relevant or refresher training courses at least every two years.

Raising Awareness

- Ensure the establishment's child protection policy is updated and reviewed annually and work with the governing body or proprietor regarding this.
- Ensure parents see copies of the child protection policy which alerts them to the fact that referrals may be made and the role of the establishment in this to avoid conflict later.
- Where children leave the establishment ensure their child protection file is copied for the new establishment as soon as possible but transferred separately from the main pupil file.

Record Keeping

A) Record to be made by an adult receiving a disclosure of abuse

This record should be made as soon as possible after the disclosure has been reported to the Designated Senior Person for Child Protection. The facts, not opinions, should be accurately recorded in a non judgemental way and should include:

- The child's name, gender and date of birth
- Date and time of the conversation
- What was the context and who was present during the disclosure?
- What did the child say? – verbatim if possible
- What questions were asked? – verbatim
- Responses to questions –verbatim
- Any observations concerning child's demeanour and any injuries
- The name of the person to whom you reported the disclosure
- Print your name and position in school
- Sign and date the record
- Pass all of this to your Designated Senior Person for Child Protection

This should be retained in the original form (as it could be used as evidence in criminal proceedings), even if later typed or if the information is incorporated into a report

B) Records kept by the Designated Senior Person for Child Protection

General principles

- It is useful for school staff to have a pro forma for recording information/concerns. This should include:-
 - pupil's details
 - date and time of event/concern
 - nature of the concern raised
 - action taken and by whom
 - name and role of the person making the record
(for disclosures see (A) above)
- This record should be passed to the Designated Senior Person who will make a judgement about what action needs to be taken, in accordance with local inter-agency safeguarding procedures.
- The pupil's general school file should be marked in some way (e.g. a yellow star) to indicate that a child protection file exists. All staff that may need to consult a child's school file should be made aware of what the symbol means and who to consult if they see this symbol.

- Information about concerns, allegations and referrals relating to individual pupils should be kept in separate files rather than in one generic 'concern log'.
- Individual files should include a chronology of incidents and subsequent actions/outcomes.
- If a pupil is subject of a child protection plan, this should be highlighted in some way to make it immediately obvious to anyone accessing the record.
- All records relating to child protection concerns should be kept in a secure place, separate from the main school files, and access to the keys strictly controlled. Electronic records should be password protected.
- Child protection information should be shared with all those in school who have a need to have it, either to enable them to take appropriate steps to safeguard the pupil or to enable them to properly carry out their own duties, but it should not be shared wider than that.

Access to child protection records

- The child who is the subject of a child protection record has the right to access the file, *unless* to do so would affect his/her health or well-being or that of another person, or would be likely to prejudice a criminal investigation or a Section 47 assessment under the Children Act 1989.
- Parents (i.e. those with parental responsibility) are entitled to see their child's child protection file, with the same exemptions as apply to the child's right to access the record. Note that an older pupil may be entitled to refuse access to his/her parents.
- Always seek advice if there are any concerns or doubt about a child or parents reading records. However, it is generally good practice to share all information held unless there is a valid reason to withhold it, e.g. to do so would place the child at risk of harm. Any requests to see the child's record should be made in writing so that confidential information, such as any details of other pupils, can be removed.
- Child protection information should not normally be shared with professionals other than those from Social Care, the Police, Health or the Local Authority. Information should not be released to parents' solicitors on request; advice should be sought from LA Legal Services in such cases.

Transfer of child protection records

- When a pupil transfers to another school, the Designated Senior Person for child protection should inform the receiving school as soon as possible by telephone that child protection records exist. The original records must be passed on either by hand or sent by recorded delivery.
- If the records are to be posted, they should be copied and these copies should be retained until there has been confirmation in writing that the originals have arrived at the new school. They can then be shredded.

- Whether child protection files are passed on by hand or posted, it is good practice to have written evidence of the transfer (such as a form or slip of paper signed and dated by a member of staff at the receiving school.) This form should be retained by the originating school for 6 years (in line with guidance from the Records Management Society).
- If the pupil is removed from the roll to be home educated, the school should pass the child protection file to the Principal Education Social Worker (PESW) at County Hall using the process detailed above. If the child later enrolls at the same or another school, the PESW will pass on the child protection records.

Retention of records

- The school should retain the record for as long as the child remains in school and then transferred as described above.
- Guidance from the Records Management Society is that when a pupil with a child protection record reaches statutory school leaving age (or where the pupil completed 6th form studies), the last school attended should keep the child protection file until the pupil's 25th birthday. It should then be shredded.

Mandatory training

There are 4 levels of safeguarding training:-

- 1) Awareness
- 2) Single agency * *all school staff and volunteers*
- 3) Multi agency ** *designated senior person and deputy/ies*
- 4) Those with particular strategic and managerial responsibilities

***Single agency training**

This should include:-

- how to recognise children who are, or may be, suffering harm
- how to respond to child welfare concerns, including disclosures of abuse
- safer working practice

This training generally takes place with other adults who work/volunteer in school, as a twilight or inset session, and can be delivered by the Designated Senior Person for Child Protection or one of the Safeguarding Officers. If an independent trainer is used by maintained schools, s/he must be approved by Dorset Safeguarding Children Board (check with the Safeguarding Unit).

Update required every 3 years

****Multi-agency training**

This should give the Designated Senior Person(s):-

- a higher minimum level of expertise
- a greater understanding of how to work together with other agencies to identify and address child welfare concerns
- the means to plan, undertake and review interventions
- the ability to manage and contribute to child protection procedures

There are two similar courses ('Safeguarding Children – Child Protection') run within Dorset, both require 2 full days' commitment. Information about them is sent out from the Safeguarding Unit.

In addition, there are courses which may be of particular interest to some designated or other school staff on topics such as child sexual abuse, emotional abuse and neglect etc, the details of which are sent out by the DCC Learning and Development Unit. These are in addition to, not instead of, the 2 day 'Safeguarding Children – Child Protection' training

Designated staff should update every 2 years through:-

- 1 day 'Child Protection Update' multi-agency course – details sent out from the Safeguarding Unit
- 1 day 'Safeguarding in Schools (2)' course for experienced designated staff – details in the PSI courses booklet and PSI news.