

Golden Flatts Primary School
Child Protection Policy

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1. Statement of Intent

Golden Flatts Primary School is committed to safeguarding and promoting the welfare, both physical and emotional, of every pupil both inside and outside of the school premises. We implement a whole-school preventative approach to managing safeguarding concerns, ensuring that the wellbeing of pupils is at the forefront of all action taken.

This policy sets out a clear and consistent framework for delivering this promise, in line with safeguarding legislation and statutory guidance.

It will be achieved by:

- Creating a culture of safer recruitment by adopting procedures that help deter, reject or identify people who might pose a risk to children.
- Teaching pupils how to keep safe and recognise behaviour that is unacceptable.
- Identifying and making provision for any pupil that has been subject to abuse.
- Ensuring that members of the governing board, the headteacher and staff members understand their responsibilities under safeguarding legislation and statutory guidance, are alert to the signs of child abuse and know to refer concerns to the DSL.
- Ensuring that the headteacher and any new staff members and volunteers are only appointed when all the appropriate checks have been satisfactorily completed.

The DSL (Designated Safeguarding Lead) is **Mrs Maxine Newbury (Head of School)**. In the absence of the DSL, child protection matters will be dealt with by **Miss Emma Bestford (Assistant Headteacher)**, **Mrs Sue Sharpe (Executive Headteacher)**.

2. Legal framework

This policy has due regard to relevant legislation including, but not limited to, the following:

Legislation

- Children Act 1989
- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- The Education (School Teachers' Appraisal) (England) Regulations 2012 (as amended)
- Sexual Offences Act 2003
- [New for 2018] General Data Protection Regulation (GDPR)
- Data Protection Act 2018
- The Childcare (Disqualification) and Childcare (Early Years Provision Free of Charge) (Extended Entitlement) (Amendment) Regulations 2018

Statutory Guidance

- DfE (2019) 'Keeping children safe in education'
- DfE (2018) 'Disqualification under the Childcare Act 2006'

Non-statutory Guidance

- DfE (2015) 'What to do if you're worried a child is being abused'
- DfE (2018) 'Information sharing'
- DfE (2017) 'Child sexual exploitation'
- DfE (2018) 'Sexual violence and sexual harassment between children in schools and colleges'

This policy is designed to be used in conjunction with other policies such as the following:

- Safeguarding Policy
- Staff code of conduct
- Confidential Reporting Policy and Procedure

3. Principle

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

- Encouraging and supporting parents/carers and working together in partnership with them.
- Ensuring that **all** members of staff are aware of Child Protection issues and how to respond to concerns.
- Ensuring that all members of staff feel supported when involved with Child Protection issues.
- Ensuring that the children enjoy a secure and safe learning environment, and have the confidence to disclose any concerns.

The school acknowledges that staff, by virtue of their day-to-day contact with and knowledge of children in the school, are well placed to identify abuse and to offer support to children in need.

- All action taken is in line with Hartlepool Safeguarding Children Procedures, and Guidance.
- If the concerns refer to a member of staff then these will be immediately referred to the Headteacher.
- If the concerns are about the Headteacher then these will be referred to the Local Authority Designated Officer accessed through the Safeguarding & Review Unit at the Municipal Buildings

4. Definitions

The NSPCC definition of child abuse is: 'where there is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or failing to act to prevent harm. Children may be abused in a family or in an institutional/community setting by those known to them, or rarely, by others (e.g. on the internet). They may be abused by an adult or adults or another child or children.'

Significant Harm:

There are no absolute criteria on which to rely when judging what constitutes significant harm. To understand and identify significant harm it is necessary to consider:

- The nature of harm in terms of maltreatment or failure to provide adequate care
- The impact of the child's health and development
- The child's development within the context of his/her family and wider environment
- Any special needs, such as a medical condition, communication impairment or disability that may affect the child's development and care within the family
- The capacity of parents to meet adequately the child's needs
- The wider and environmental family context

5. Action to be taken on suspicion or discovery of abuse

Any teacher or other member of staff who is concerned that a child may be suffering or who has suffered from abuse, or is at risk from being drawn into terrorism, must inform The Safeguarding Lead **immediately**. In the absence of The Safeguarding Lead, the Headteacher, Deputy Headteacher, SENDCO/Inclusion Lead or PSA should be informed, who will alert the appropriate authorities. If none of these people are available, a member of the SLT or directly contacting the **Children's Hub on 01429 284284** is the responsibility of all staff. Where there is a risk of immediate serious harm to a child, a referral should be made to Children's Social Care and/or the police without delay. Anybody can make a referral, and where a child's situation does not appear to be improving, that the same member with concerns should press for reconsideration.

Care must be taken in interpreting children's response to questions about indication of abuse. Listen carefully and allow the child to feel confident in describing what has happened and who was involved. The child may feel fearful of the consequences of describing what has happened and in some circumstances may have been told by the abuser what to say in response to questions and may have been threatened.

It is rare for children, and in particular young children, to make false accusations of sexual abuse. Where a child alleges that he or she is being sexually abused this must always be taken seriously and deemed to merit investigation. Where a child makes such a disclosure to a teacher, that teacher should be available to support that child when being interviewed by the enquiring agencies.

No promises should be made to the child that cannot be kept. The child needs to understand the chain of events that is likely to follow and the teacher cannot determine the outcome. An age appropriate response needs to be given so that children are aware that their safety and security will be the paramount consideration. The member of staff will be there to support through the Child Protection Procedures.

It is important that the child is supported by the member of staff whom they have told and not to be left in isolation during the period whilst waiting to be seen by other professions. It is important that the child is not made to continually repeat their initial disclosure.

School staff must not make enquiries of parents/carers or guardians as this may inadvertently place the child at further risk and jeopardise any investigations by social workers and police. However, when making enquiries with the Children's Hub, staff may be asked to contact parents/carers to inform them that a referral has been sent. Staff need to act on the advice given by the Children's Hub and **be prepared to 'professionally challenge' advice given if they feel this is appropriate.**

The Child Protection process is a partnership of professionals placing the child at the centre. Teaching staff have a key role in the partnership but their actions must be those agreed with other professionals and not taken unilaterally, as uncoordinated action can further jeopardise further safety and well-being.

A signed written record must be made of injuries, behaviour or conversations which lead a member of staff to suspect that a child is being abused including the time and date the record was made. It is important to distinguish between unsubstantiated information, opinion and fact as well as observed behaviour. This is particularly important as such records may be required as evidence in legal proceedings.

The Safeguarding Lead should ensure that any records are held under secure conditions. All members of staff receiving a disclosure or noticing signs or symptoms of possible abuse will make notes as soon as possible. These notes will be as descriptive as possible using appropriate forms where practicable.

All notes will be signed, timed, dated, and retained, even if at a later date they are transferred to a report form. The notes should be written into CPOMS as soon as possible after the initial disclosure and note making.

These notes will be held in the confidential Child Protection child's file held by the Safeguarding Lead.

When a child who has a child protection plan transfers to another school, the designated teacher is responsible for informing the designated teacher of the new school and transferring the child protection information

6. Categories of Abuse

Children may be harmed by a parent, sibling, other relative, a carer, an acquaintance, a stranger or more rarely a professional. The harm may be the result of a direct act or by a failure to act to provide proper care or both resulting in:

Neglect

Neglect is the on-going failure to meet a child's basic needs and is the most common form of child abuse. A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care. A child may be put in danger or not protected from physical or emotional harm.

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, failing to protect a child from physical harm or danger, failure to ensure adequate supervision including the use of inadequate 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. (HM Government 2015) (NSPCC 2015)

Physical Abuse

Physical abuse is deliberately hurting a child causing injuries such as bruises, broken bones, burns or cuts. It isn't accidental - children who are physically abused suffer violence such as being hit, kicked, poisoned, burned, slapped or having objects thrown at them.

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 (HM Government 2015) (NSPCC 2015)

Sexual Abuse

There are 2 different types of child sexual abuse. These are called contact abuse and non-contact abuse. **Contact abuse** involves touching activities where an abuser makes physical contact with a child, including penetration. **Non-contact abuse** involves non-touching activities, such as grooming, exploitation, persuading children to perform sexual acts over the internet and flashing. (NSPCC 2015)

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 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 (HM Government 2015)

Emotional Abuse

Emotional abuse is the ongoing emotional maltreatment or emotional neglect of a child. It's sometimes called psychological abuse and can seriously damage a child's emotional health and development. Emotional abuse can involve deliberately trying to scare or humiliate a child or isolating or ignoring them.

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects of the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed upon children. These may include interactions that are beyond the child's developmental capacity, as well as over-protection and limitation of exploration and learning, or preventing the child participating in normal social interactions. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone (HM Government 2015) (NSPCC 2015)

7. Recognising Child Abuse

Dealing with child abuse is rarely straightforward. In some cases, a child's disturbed behaviour or an injury may clearly suggest that the child has been abused. In many situations, however, the signs will not be so clear-cut and decisions about what actions to take can be difficult.

Checklists are not fail-safe mechanisms for diagnosing child abuse, but they do offer helpful general indicators, in certain combinations, of the likelihood or the reality of abuse.

Checklists also cannot give us the full picture, including any mitigating factors in particular cases, neither can they address the subtleties, physical signs and symptoms, eg. include bruising as one of the most common. But all children collect a fair number of accidental bruises in their daily life as they are growing up.

Listed below are some of the signs and types of behaviour which **may** indicate that a child is being abused. In themselves they are not evidence of abuse but they may suggest abuse, particularly if a child exhibits several of them or if a pattern emerges of when or how a child exhibits such signs or behaviour. There can be other explanations for a child showing such signs or behaving in these ways.

- repeated minor physical injuries (eg. bruising, cuts etc)
- children who are dirty, smelly, poorly clothed or who appear underfed
- children who have lingering illnesses which are not attended to
- deterioration in school work or significant changes in behaviour without explanation
- aggressive behaviour, severe tantrums
- an air of detachment or don't care attitude
- overly compliant behaviour 'watchful' attitude
- sexually explicit behaviour (eg. playing games and showing awareness which is inappropriate for the child's age)
- continual open masturbation, aggressive and inappropriate sex play
- the child who is reluctant to go home or is kept away from school by a parent
- does not join in school social activities
- has few school friends
- does not trust adults, particularly those close
- tummy pains with no medical reason
- eating problems, including over-eating or loss of appetite
- disturbed sleep, nightmares, bedwetting
- running away from home, suicide attempts, self-inflicted injuries
- reverting to younger behaviour, depression, withdrawal, overly clinging and attention seeking
- relationships between the child and adults which are secretive and exclude others

Accidental and non-accidental injuries

Accidental injuries:

- **Bruises:** These are likely to be few but scattered; no pattern; same colour and age
Factors to consider: age and activity of child (e.g. learning to walk); may be confused with birthmarks or skin conditions
- **Burns and scalds:** These are likely to be treated; easily explained; may be confused with other conditions e.g. impetigo, nappy rash
Factors to consider: The injuries are likely to be minor and superficial; treated; easily explained
- **Fractures:** These are likely to be of arms and legs; seldom of ribs – except in road traffic accidents; rare in very young children (babies before walking can't injure themselves); may be due to 'brittle bone syndrome' but this is rare

- **Injuries to the genital area: Factors to consider:** Injury may be accidental (falling from a bike etc.; soreness may be nappy rash or irritation from bubble bath for example; anal soreness may be due to constipation or threadworm)

Non-accidental injuries

- **Bruises:** These are likely to be: frequent; patterned, eg. finger and thumb marks; old and new in same place (note colour); in unusual position
- **Factors to consider:** developmental level of the child and their activities; may be more difficult to see on darker skins
- **Burns:** These are likely to be with a clear outline; unusual position, e.g. back of hand indicative shapes, e.g. cigarette burns, bar of electric fire; (note that if scabies spots blister, they may appear similar to cigarette burns)
- **Non-accidental injuries: Factors to consider:** bite marks; fingernail marks; large and deep scratches; incisions, e.g. from razor blade
- **Sexual abuse may result in:** unexplained soreness, bleeding or injury in genital or anal area; sexually transmitted diseases, e.g. warts, gonorrhoea

8. How to handle a disclosure

Accept what the child is saying – **IT IS NOT YOUR TASK TO ENSURE THE CHILD IS TELLING THE TRUTH – THIS IS THE RESPONSIBILITY OF OTHER PROFESSIONALS**

- Keep Calm - Appear Confident
- Don't promise to keep it a secret - Don't make promises you can't keep
- Allow the child the space - Speak at his/her own pace
- Empathise with the child
- Don't be judgmental
- Listen properly – make sure that you are hearing what the child is disclosing
- Be aware of the child's feelings
- Re-assure the child: 'it's OK to tell' 'It's not your fault' 'You're doing really well'
- Explain to child what will happen next - age appropriately
- Don't create an atmosphere of further anxiety
- Be honest - Be sensitive - Don't over-react
- Acknowledge how difficult it may have been for the child to disclose
- Allow child to talk freely
- Make the pupil comfortable, but do not remove forensic evidence by washing the pupil or changing clothing
- Let child use own words - don't rephrase or reinterpret child's words back to child
- Don't put words into child's mouth
- DO NOT INTERROGATE OR INTERVIEW THE CHILD

9. Procedure following an investigation

School staff must be invited by Social Care to the initial Strategy Meeting, Child Protection Initial Case Conferences and Review Conferences.

The Safeguarding Lead, Head/Deputy Headteacher/SENDCO or PSA will attend such meetings.

In each case school staff will have a role in the Core Group Meetings which follow the Initial Case Conferences and Review Conferences. School tasks and responsibilities will be assigned at this meeting. If school staff are unable to implement their part of the plan for whatever reason, the key worker must be informed immediately. This may involve monitoring a child's attendance and assessing his/her well-being. Appropriate members of staff will be made

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aware of the name of the child, the key social worker of the child and of other significant professionals involved in the case. The responsibility for dissemination of information lies with The Safeguarding Lead. This will be done orally initially and then a report will be written up on CPOMS.

Regular communication will be maintained by the key worker if a Child Protection Conference decides that a child needs a Child Protection Plan. Suspicion of further abuse must be notified immediately using The Child Protection Procedures.

School staff will receive information from Social Care of the names of children who have a Child Protection Plan and those where it is deemed a plan is no longer necessary.

School Transfers

For incoming pupils it is the responsibility of the previous school to notify the receiving school and the designated key worker of the registration of any children transferring from their school. There is also a facility as part of CPOMS that allows schools that use the CPOMS system to transfer information immediately.

It is similarly the designated person's responsibility to pass on information regarding any children who have a child protection plan by phone, in writing or as part of CPOMS. If the receiving school wishes to discuss the details of the child with a protection plan, appropriate arrangements will be made. Any written information should be passed to the receiving school by hand or by registered post.

10. Child Abuse - Chain of Events

Strategy Meeting (in all cases of alleged sexual abuse but also applicable to more serious cases of abuse) or telephone strategy discussions

Interview Child (Joint investigation in all cases of Sexual Abuse and in some other cases) – These enquiries are referred to as Section 47 Enquiries

Interview Parents

Seek Medical advice if appropriate with parental consent – if parental consent is denied then a court order is necessary before a medical can take place

Situation is further assessed

Decision:

1. No Further Action (NFA)
2. (a) Return Child Home
(b) Temporary Placement with Relative/or alternative carer with parental consent
3. Statutory Intervention

Submit Report

Case Conference if appropriate

Parental Involvement

Parents will be made aware of the school's Child Protection Policy via the school website, initial meetings with parents of new pupils, and regular parent – teacher meetings.

11. Policy review and monitoring

This policy will be reviewed annually by the Designated Safeguarding Lead.

Review Date: September 2019

Reviewed by: S. Sharpe and Mrs M. Newbury

Approved by Governors:

Next Review Date: September 2020

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