



HOLY TRINITY SCHOOL

CHILD PROTECTION POLICY

2009 - 2010

CONTENTS

- **Introduction** **Page 1**
- **Preventative approaches** **Page 2**
- **Overview of Procedures** **Page 4**
- **Support for pupils at risk** **Page 5**
- **Categories and indications of abuse** **Page 6**
- **Managing disclosures** **Page 15**
- **Making a referral** **Page 16**
- **Child protection records** **Page 18**
- **Monitoring** **Page 24**
- **Roles and responsibilities** **Page 25**
- **Contact Numbers** **Page 33**

INTRODUCTION

Mission Statement

To educate and develop all children and students in a happy, caring community that places individuals at its heart and allows everyone to shine.

Vision Statement

To be a leading, expanding and successful school.

Aims

- To support our children and students to become fulfilled and confident young people.
- To encourage all children and students to achieve the best possible qualifications and develop their talents to the full.
- To provide a happy, professional and secure environment for all.
- To ensure a seamless continuum of education, with a strong home-school partnership.
- To promote an international and inter cultural understanding.

Purpose of the policy

The purpose of this policy is to

- Outline the responsibilities the school and its staff members have in respect of child protection matters.
- Provide staff with an overview of child protection issues.
- Provide a clear procedure that

The policy addresses matters of Child Protection through three key Elements:

- **Prevention** through the teaching and pastoral support offered to pupils.
- **Procedures** for identifying and reporting cases, or suspected cases, of abuse.
- **Support** to pupils who may have been abused.

PREVENTATIVE APPROACHES

Children can be taught through the curriculum about the risks of different child abuse and can be equipped with the skills they need to help them stay safe.

A child protection programme should seek to support the child's development in ways which will foster security, confidence and independence. It should be regarded as central to the well-being of the individual and is, therefore, seen to be an intrinsic part of all aspects of the curriculum.

The most appropriate approach is skills based, set alongside a knowledge component, with an emphasis on helping children to develop the personal and social skills they need to keep themselves safe and to become responsible and independent adults.

Child protection can be interwoven with many aspects of the existing curriculum. It can help children to:

- Promote their understanding of relationships, the interaction between relationships and the key concepts.
- Increase self esteem and awareness.
- Make judgements and solve problems.
- Be assertive.
- Recognise, accept and express feelings.
- Explore the nature of trust.
- Identify 'okay' adults within personal safety networks.
- Take decisions and accept responsibility for self and others.
- Be self-reliant and independent.

A supportive school ethos can encourage children to feel safe and to talk about their feelings. It can:

- Reduce isolation in the emotions they experience
- Relieve tension by enabling children to talk and be listened to
- Provide an opportunity to develop an appropriate vocabulary, making violence less likely as a way of expressing needs
- Allow children to perceive situations more clearly for planning an action or change
- Make children feel protected by a culture which actively promotes a 'listening environment'.

All children need to know what to do in case someone tries to harm them. Knowing that the vast majority of children are abused or harmed by someone they know, teaching children to avoid dangerous situations, to recognise inappropriate touching, can encourage them to trust their own judgement and to feel safer, more aware and confident.

We recognise that high self-esteem, confidence, supportive friends and good lines of communication with a trusted adult can help prevention. The school will therefore:

- Establish and maintain an ethos where children feel secure and are encouraged to talk and are listened to.
- Ensure children know that there are adults in the school whom they can approach if they are worried or in difficulty.
- Include in the curriculum activities and opportunities for PHSE and Citizenship which will equip children with the skills they need to stay safe from abuse and to know who to turn to for help.
- Include curriculum material which will help children develop realistic attitudes to the responsibilities of adult life, particularly with regard to child care and parenting skills.

Use of photography

It may be the case that photographs are taken of children participating in educational programmes, work experience, voluntary activities or events for publicity purposes. It is school policy that permission for any photographs is sought from parents/guardians when a new student registers with the school. Should circumstances change and a pupil is not permitted to have photographs taken it is the responsibility of the parent/guardian to inform the school.

PROCEDURES

We will follow procedures set out by the Local Safeguarding Children Board. The school will:

- Ensure it has a designated senior member of staff who has undertaken appropriate training and acknowledge the level of support required by the post holder.
- Ensure all staff know the name of the designated person and his/her role. That they have an individual responsibility for referring child protection concerns and that they are familiar with the procedures within the school policy.
- Ensure that members of staff are aware of the need to be alert to the signs of abuse and know how to respond to a pupil who may tell of abuse.
- Ensure that parents have an understanding of the responsibility placed on the school and staff in relation to child protection by setting out its obligation in the school literature.
- Provide child protection training within the induction programme for all new members of staff.
- Work to develop effective links with relevant agencies and co-operative as required with regards to child protection matters, including attendance at initial case conferences, core groups and child protection conferences.
- Keep written records of concerns about children (noting the date, event and action taken) even when there is no need to refer the matter to social services.
- Ensure all records are kept secure in locked locations.
- Adhere to procedures set out by the Children's Services when an allegation is made against a member of staff.
- Ensure the criminal background of applicants for vacant posts is checked in accordance with DfES circular 11/95 ' Misconduct of Teachers and Workers with Children and Young People.
- Designate a trustee for child protection who will oversee the school's child protection policy and practice.
- Ensure that the duty of care towards pupils and staff is promoted by raising awareness of illegal, unsafe and unwise behaviour and assist staff to monitor their own standards of practice.

SUPPORTING A PUPIL AT RISK

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

The school may be the only stable, secure and predictable element in the lives of children at risk. Nevertheless, when at school their behaviour may be challenging and defiant or they may be withdrawn.

The school will endeavour to support the pupil through:

- The content of the curriculum which will encourage self-esteem and self-motivation.
- The School ethos which: a) promotes a positive, supportive and secure environment. b) gives pupils a sense of being valued.
- The school behaviour policy which emphasizes the importance of supporting vulnerable pupils. All staff will agree on a consistent approach which focuses on the behaviour of the offence committed by the child, but does not damage the pupil's sense of self-worth.
- Liaison with other agencies, such as Social Services, Child and Adolescent Mental Health Services, the Educational Psychology Service, Behaviour Support Services and the Education Welfare Service.
- Keeping records and notifying Social Services as soon there a reoccurrence of concern.

When a pupil on the child protection register leaves, we will transfer information to the new school. If the school does not know where the pupil has moved to we will contact the Children's Services Child Protection Officer as soon as possible.

CATEGORIES OF ABUSE

The categories of significant harm defined in 'Working Together to Safeguard Children' 1999 are used for the Register and statistical purposes.

Sexual Abuse:

Involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact including penetrative, (e.g. rape or buggery) 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.

Emotional Abuse:

The persistent emotional ill-treatment of a child such as to cause severe and persistent 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 of developmentally inappropriate expectations being imposed on children. 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.

Neglect:

The persistent failure to meet a child's basic physical and / or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failure to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect, or unresponsiveness to, a child's basic emotional needs.

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 feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as fabricated and induced illness or Munchausen's Syndrome by proxy.

RECOGNISING ABUSE

POSSIBLE SIGNS OF SEXUAL ABUSE

Children under the age of five may:

- Become insecure or cling to parent in a fearful way
- Show extreme fear of a particular person
- Cry hysterically when their nappy is changed
- Become hysterical when clothing is removed, particularly underclothes
- Have some physical signs in the genital or anal: smell of semen, etc
- Have soreness or bleeding in the throat, anal or genital areas
- Regress to a much younger behavioural pattern
- Behave in a way sexually inappropriate to their age, being obsessed with sexual matters as opposed to normal exploration
- Stare blankly, seem unhappy, confused, sad
- Become withdrawn, stop eating, have chronic nightmares, begin wetting again when previously dry
- Play out sexual acts in too knowledgeable a way with dolls or other children
- Produce drawings of sex organs such as erect penises
- Stop enjoying activities with other children, such as stories or games
- Seem to be bothered or worried, but won't tell why as if keeping a secret.
- Change from being happy and active to being withdrawn and fearful
- Repeat obscene words or phrases said by the abuser
- Say repeatedly that they are bad, dirty or wicked
- Become aggressive and hurtful
- Act in a sexually inappropriate way towards adults

Children from ages of five to twelve may:

- Hint about secrets they cannot tell
- Say that a friend has a problem
- Ask if you will keep a secret if they tell you something
- Begin lying. Stealing, blatantly cheating in the hope of being caught
- Have unexplained sources of money
- Have terrifying dreams
- Start wetting themselves

- Exhibit sudden inexplicable changes in behaviour, stop enjoying previously like activities, such as music, sport, art, scouts, or guides, going to summer camp, gym club
- Be reluctant to undress for gym
- Become fearful of or refuse to see certain adults for no apparent reason; show dislike of a particular baby-sitter, relative or other adult
- Act in a sexual way inappropriate to their age
- Draw sexually explicit pictures depicting some act of abuse
- Seem to be keeping secret something which is worrying them
- Have urinary infections, bleeding or soreness in the genital or anal areas
- Have soreness or bleeding in the throat
- Have chronic ailments, such as stomach pains or headaches
- Take over the parent role at home, seem old beyond their years (if a victim of incest)
- Become severely depressed, even attempt suicide
- Have a poor self-image, self-mutilate
- Continually run away
- Regress to younger behaviour, such as thumb-sucking, surrounding themselves with previously discarded cuddly toys
- Show discomfort when walking
- Say that they are no good, dirty, rotten
- Be wary, watchful
- Repeat obscene words or phrases which may have been said during the abuse
- Attempt to sexually abuse another child
- Talk or write about sexual matters
- Find excuses not to go home or to a friend's house after school (places where abuse may be happening)
- Act in a sexually inappropriate way towards adults

Young people from the age of twelve onwards may:

- Be chronically depressed
- Be suicidal
- Use drugs or drink to excess
- Self mutilate, show self-hatred
- Have unexplained pregnancies
- Experience memory loss
- Become anorexic or bulimic
- Run away frequently
- Be inappropriately seductive
- Be fearful about certain people like relatives or friends
- Assume the role of parents in the house to such an extent that they do all the cooking, cleaning, child-minding and are taking care of everyone's needs except their own
- Not be allowed to go out on dates or have friends around
- Have soreness/bleeding in the genital or anal areas or in the throat

- Find excuses not to go home or to a particular place
- Have a recurring nightmare / be afraid of the dark
- Be unable to concentrate, seem to be in a world of their own
- Have a 'friend who has a problem' and then tell you about the abuse of a friend
- Have chronic ailments such as stomach pains or headaches
- Sexually abuse a child, sibling or friend
- Exhibit a sudden change in school / work habits, become truant
- Be withdrawn, isolated, or excessively worried
- Have outbursts of anger or irritability
- Be fearful of undressing for gym
- Have unexplained sums of money
- Act in a sexually inappropriate way towards adults

POSSIBLE SIGNS OF EMOTIONAL ABUSE

- Physical, mental and emotional development lags
- Admission of punishment which appears excessive
- Over-reaction to mistakes
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. Rocking; hair twisting; thumb sucking)
- Self mutilation
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug / solvent abuse
- Chronic running away
- Compulsive stealing
- Scavenging for food and clothes

POSSIBLE SIGNS OF NEGLECT

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation
- Frequent lateness or non-attendance at school
- Untreated medical problems
- Destructive tendencies
- Low self-esteem
- Neurotic behaviour (e.g. rocking, hair-twisting, thumb-sucking)
- No social relationships
- Compulsive stealing
- Scavenging for food and clothes

Babies

- Thin and scraggy – the skin may be looser and the limbs softer than you would expect
- Grubby body and clothing – look for dirt in the neck folds, under the arms, in the groins and under the nails
- Severe nappy rash amounting to ulceration in some cases with sores on other parts of the body
- Sparse and Coarse hair
- Lack of distress when separated from parent

N.B. Be aware of the 'norm' for the area and be sure to exclude a medical cause for the findings

Pre-School

- Dirty and unkempt – maybe with skin infections
- Clothing dirty and unsuitable for weather conditions
- No bowel or bladder control
- Low weight and height for age
- Voracious appetite when offered food
- Withdrawn or aggressive behaviour

N.B. Be aware of the 'norm' for the area and be sure to exclude a medical cause for the findings

School Children

- Dirty, unkempt and smelly
- Low weight and height for age
- Poor school attendance and time keeping
- Poor attention span
- Behavioural problems
- Frequent accidents and minor injuries which may not receive appropriate attention.
- Soles may be spared if feet pressed on to cooler base of bath - presence of shoes and clothes may modify pattern of injury
- Scalds to the buttocks, either isolated or associated with immersion scalds to feet, Central sparing implies buttocks pressed against the cooler base of the bath ('hole in doughnut' effect)
- Poured or thrown pattern which may involve unusual sites e.g. back of hand, genitalia, face
- Age of scald inconsistent with history given
- Child unable to create the situation where injury alleged because of developmental level (e.g. 10 month old unable to climb into sink)
- Pattern or injury is not consistent with the history e.g. there could not be flexural sparing at the knee if the child was said to be standing in the bath. Investigators should use models / dolls to work out body position from photographs / drawings of the pattern of injury

- Bath water temperature from 'scene of crime investigation' inconsistent with account by carer.

POSSIBLE SIGNS OF PHYSICAL ABUSE

- Unexplained injuries or burns, particularly if they are recurrent
- Improbable excuses given to explain injuries
- Refusal to discuss injuries
- Untreated injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted
- Bald patches
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of returning home
- Fear of medical help
- Self-destructive tendencies
- Aggression towards others
- Chronic running away

Classification of injuries

- Superficial (dermatological): bruises, abrasions, lacerations, scratches, bites, stab wounds, pin pricks, pinch marks, ligature marks, broken or avulsed hair or nails, burns or scalds, chemical injury
- Deeper lesions: haematoma, cephalhaematoma, mouth injury (tear of lip frenulum), strangulation
- Fractures, dislocations, wrenched limbs, periosteal injury
- Thoracolumbar internal injury, stomach, gut, solid viscera, lung
- Intracranial (including eyes) and spinal injury: whiplash, shaken, subdural haematoma, cerebral haemorrhage, contusion or oedema, spinal cord injury
- Asphyxia, drowning and poisoning
- Fabricated or induced illness

Bruising

Repeated or multiple bruising may have a medical cause but this can only be excluded by a full medical examination and blood tests. Bruises are collections of blood under the skin or in the tissues. The colour of bruise depends on the depth and age of the injury. Bruises fade from red, blue purple and yellow over a period of days. The exact dating of bruises is notoriously difficult as it depends on the individual, the tissues affected and the depth of the bruise.

Petechial bruises are tiny spots of blood under the skin caused by increase in pressure in the tiny blood vessels causing them to break. They are very significant in the areas around the neck, face eyes and ears and disappear very quickly.

Bruising caused by a hand slap leaves a characteristic pattern of stripes representing the imprint of fingers.

Forceful gripping leaves small round bruises corresponding to the position of the finger tips.

“Tramline” bruising is caused by a belt or a stick and shows as lines of bruising with a white patch in between.

Bites result in small bruises forming part or all of a circle. The diameter of the circle will give a clue to the size of the biter and experts can on occasion even narrow it down to the actual person.

Bruises can be mimicked by paint or pen marks, dye from clothes, birthmarks, blue spots of café au lait spots. Blue spots are irregularly shaped areas of bluish-black pigmentation on the buttocks, back and possibly other parts of the body. They are birth marks and appear on more than 50% of new born babies of African, Chinese and Japanese parentage and sometimes in the children of dark haired European families. Their edges are usually clearly defined and their colouring even. They are not significant and should not be confused with bruising.

Found on the palm NOT the back of hands. Scalds, caused by pulling over hot liquids are usually on the front of the face, neck, chest and legs. The injury would normally be witnessed and the explanation clear.

Toddlers under 4 years

All toddlers have a few accidental bruises on the shins, elbows and forehead. They usually fall forward so that bruises on the back or buttocks are suspicious. They do not bruise on both sides of the body at the same time and the bruise cannot be round a curved surface.

Two bruised eyes may appear after an accidental blow in the middle of the forehead when the bruise begins to resolve and must not be considered to be another injury. They are, however, significant if they occur without a forehead swelling.

A torn frenulum at this age may occur when the child fall flat on a carpet when running but there are usually friction burns of the nose and chin at the same time.

Non-accidental fractures are uncommon after the age of 2 years.

Once the child becomes verbal s/he is more able to say how the injury was sustained.

Older Children

Here the question of over chastisement is important – **it should not cause bruising!**

If the injury is accidental most children can give a very clear and detailed account of how it happened. The detail will be missing if they are told what to say! Careful consideration needs to be given as to how best communication can be facilitated with children who have speech, language or communication difficulties and may require specialist assistance.

Fractures are usually accidental.

Overdosing is deliberate and must be taken seriously in this age group as it may indicate child abuse.

Fractures

Children's bones bend rather than break and require a considerable force to damage them so there must be a clear history or injury and of prolonged upset to the child immediately afterwards. Below are listed some common sense points relating to fractures –

- Fractures are sudden, painful and lead to immediate loss of function
- If children are said not to cry or express pain, ask why. Abused children are sometimes too frightened to complain and the frozen and watchful child can be recognised in the A & E department.
- Children do not continue to walk or play normally with a fracture, but parents who have abused may ignore the injury.
- Pain is at a maximum at the beginning and swelling, bleeding and bruising take a while to develop in full. As these develop, pain may lessen. However pain continues until the fracture has healed.
- Many fractures show no bruising
- As many of the fractures in abused children involve areas of bone dislodged from the main shaft (metaphyseal) or incomplete (greenstick) breaks. All the classic signs of fractures are not always present. Loss of function is the most important sign of a recent fracture. Once healing is underway there may be no clinical signs of fracture detectable, but radiology will reveal the old injury. In abuse, this is especially important because fractures of different ages may be evident on skeletal survey.

Fractures are of various kinds depending on the direction and strength of the force which caused them;

Greenstick – the bones bend rather than break. This is very common accidental injury in children.

Transverse – the break goes across the bone and occurs when there is a direct blow or a direct force on the end of the bone e.g. a fall on the hand will break the forearm bones or the lower end of the humerus.

Spiral or Oblique – the fracture line goes right round the bone or obliquely across, this is due to a twisting force.

However, older children may be repeatedly presented for medical attention with symptoms which are self-described and difficult to diagnose – e.g. headaches, tummy-aches, various pains. Eventually, a child or young adult may themselves take on the responsibility for presenting with these symptoms so that they themselves might fabricate illness. This can have extremely damaging consequences for their emotional, social and educational future; and would appear to present a risk of becoming an adult who might fabricate illness in their own child/children.

Warning signs might include:-

- a) Frequent attendance at the G.P's surgery and / or A & E department usually frequent contact with opticians, dentists etc. Referral to different practitioners and agencies, possibly in other areas. Frequent requests for second opinions.
- b) Absence from school explained by the above. Absence from games lessons and general poor school attendance
- c) Symptoms presented do not lend themselves to a firm diagnosis. As in the case of psychosomatic illness. When symptoms are checked and treated, another symptom may be presented, often of a very different nature.
- d) Poor peer group relations
- e) Conflicting or evidently untrue stories told by the young person or their parent about illnesses, accidents or deaths in their family.

N.B. Some signs could however indicate psychosomatic disorder, anxiety states, a child being bullied, sexual abuse etc.

In summary, when looking at injuries in children you should be aware of the possibility of the injury being non-accidental and consider it in every case even if you promptly dismiss the idea. Careful notes of the date and findings should be made of each examination, which in turn may show the emergence of a significant pattern. In babies under 1 year old, all injuries must be suspect until they have been thoroughly examined and the history found to be consistent with the findings.

Fabricated or Induced Illness (FII)

Fabricated / induced illness is defined as occurring when a parent or carer deliberately and persistently fabricates symptoms, or induces illness in a child, causing the child to be regarded as ill. The child may sometimes have genuine illness exaggerated or aggravated by the parent /carer.

Childhood illness which cannot be explained or diagnosed is not necessarily fabricated or induced. On the other hand, recurrent unexplained illnesses over a significant period of time are and should provoke concern. Parents can fabricate or induce illness in their children for their own ends; this is abusive and at worst can be fatal (sometimes called Munchausen's by Proxy).

The term fabricated / induced illness is not a psychiatric diagnosis. Rather, the terms are a convenient description for a bizarre pattern of behaviour resulting in the abuse of children.

It is the child not the adult that suffers from fabricated / induced illness.

MANAGING DISCLOSURE

Teachers have a vital role to play both in the prevention and detection of abuse. Detection of abuse often depends, in the first instance, on suspicion. Teachers and other staff in school are in a unique position to observe children's behaviour over time and often develop close and trusting relationships with pupils. School staff may well be the first to suspect that something is amiss when an individual behaves atypically, withdraws from social contact with others, exhibits anxiety or stress symptoms and appears unusually distressed, confused or disturbed.

It is absolutely critical that all staff are aware of the procedures adopted by school, key staff to be informed and the Children's Services child protection procedures, when disclosures of abuse are made.

A wide range of situations can fall in to the category of a possible 'disclosure' because it is impossible to know in advance what a child will say, it is advisable to follow the suggestions outlined below. Children will probably tell you about incidents involving bullying or bribes, perhaps from peers. However children who live in abusive situations commonly ask teachers for help with minor anxieties. It can be a way of seeking out a safe situation in which to confide a major concern,.

'Sharing the Secret'

Children 'tell' in many different ways – through behaviour, play and creative work as well as direct disclosure. Young children are more likely to confide, but lack the language. Older children feel that the abuse that sets them apart. No one ever talks about the possibility of incest for example, which can add to his or her guilt and confusion. Abused children and adults often reveal that they believed they were the only ones to have endured this experience. Our treatment of the issue may collude in the conspiracy of the silence and keep victims isolated.

It is important to remember that:

- Most children make some attempt to 'tell' in the early stages of abuse. Often they are not heard. They may never tell again.
- Sexual abuse of a young child within a family usually only ends when a secret is told. Such abuse can go on for years – it is rarely a one-off event.
- No-one really wants to hear that a child is being abused, but unless someone hears, the abuse goes on.
- Children react in different ways to the same home circumstances. If one child causes concern it is important to discuss the behaviour of any other children in the family.

Staff need to monitor small incidents, share the concerns with other staff, and be ready to listen to children's problems.

MAKING A REFERRAL

When a member of staff has reported a case of suspected abuse, disclosure or child in need concern to the designated teacher he / she should refer the case to, or discuss it with the investigating agencies. If the designated teacher is unsure about whether a case should formally be referred, he or she can seek advice from the Children's Services Education, Lead Officer for Child Protection or the local Social Services department. Where the designated teacher is not the head teacher, he / she should keep the head teacher informed of a case.

When making referrals regarding a child concern, (whether they are in need of support or protection) to Social Services, the designated teacher should ensure that they have, where appropriate and safe to do so, discussed their concerns with parent(s) / person(s) with parental responsibility / young person and sought their agreement to make a referral to Social Services.

The only exceptions to this, would be where seeking parental consent would put a child at further risk of abuse / significant harm.

If consent to referral is not given, the designated teacher may wish to consult with Social Services, who will assist in ascertaining whether the threshold for child protection enquiries has been met, or whether any further action should be taken by the referring agency or themselves.

When making a referral the designated teacher should state to the SSD team member that he / she wishes to make a child protection referral. The following information may be required:

- Child's full name
- Date of birth
- Home address and telephone number
- Parents / carers name (s)
- Child's G.P.
- Details of the reason for the referral
 - the context and time
 - The sequence of events / concerns
 - The child's actual words if possible
 - Any previous concerns
- Your name and position
- School name and address
- School telephone number
- Whether parents / carers have been notified of the referral / permission sought.

**A referral should be made as soon as possible after concerns have been raised, and always during the same working day.
Telephone referrals should always be followed up by a written referral, a copy of which should be sent under confidential cover to the Children's Services Education, Lead Officer for Child Protection.**

Child Protection Referral Process

Member of staff has concerns about a student's welfare.

Member of staff received concerns from a student

Member of staff discussed concerns with the Child Protection Officer.

Member of staff still has concerns.

No further child protection action, although may need to act to ensure service is provide.

Member of staff to submit a Child Protection Form.

Child Protection Officer to acknowledge receipt of referral and decide on next course of action – within one working day.

No Social Services notification at this stage, although other action may be required – referral for support within the school.

Initial Assessment required.

Member of staff no longer has a concern.

Concerns about a child's immediate safety.

Social Services notified.

CHILD PROTECTION RECORDS

Child protection records should be kept securely locked and are exempt from the disclosure provisions of the Data Protection Act 1984. For manual records, the Education (School Records) Regulations 1989 exempt information relating to child abuse from the requirement of disclosures.

Schools should be notified by Social Services when a child on the Child Protection Register starts the school, or if a pupil's name has been placed on the register, or if removed from the register. It is the school's responsibility to pass this information on immediately if a child transfers to a new school.

Keeping Records

Specific Concerns

Any members of staff who has a concern about a child should make a written note. This must be passed on to the designated person (although a personal copy may be kept in a secure place). The note should be timed, dated and signed, with your name printed alongside the signature.

Notes must be made as soon as possible, and certainly within 24 hours of the incident giving rise to the concern. (This is important, in case the note is needed for submission to court).

The form included here may be helpful to reproduce for staff. Notes should :

- be factual
- use a child's own words where possible
- be a record of what you saw and heard

Professional opinions are acceptable but only if you state the facts or observations upon which your opinion is based.

Nagging Doubts about a Child's Safety and Welfare

Sometimes, things which seem to be insignificant or trivial at the time, turn out to be vital pieces of information later.

If there has been no specific incident or information, make a written note. Try to identify what is really making you feel worried.

Date, time and sign the note. Print your name alongside your signature.

Pass the note to the designated person. You may keep a copy in a secure place.

Monitor the child. Record observations as factually as possible.

If several notes have been made about the child, the designated person should seek advice through and “early warning” meeting or from the Children’s Services Education, Lead Officer.

Copies of child protection information should be kept by the school until the child’s 24th birthday.

The school will:

- Make reports available to the learner’s parents prior to the child protection conference **unless to do so would place the learner at risk of significant harm**
- Provide written reports to the child protection conference
- Arrange for an appropriate person from the school to attend the child protection conference
- Ensure that child protection records are held securely with limited access and separate from the main school learner file
- Transfer any child protection records if the learner moves school

The school will have due regard to the provisions of the Data Protection Act.

Forms to be kept by the Deputy Head acting as the School’s Child Protection Manager.

Auditing Child Protection Files Kept by the School

The designated teacher should, as good practice, carry out an occasional audit of the school's child protection files to ensure that adequate records are being kept in an appropriate manner. The check should cover the following:

Facing sheet with name, address, d.o.b., family members and name, address and contact number of Social Services (if the child is on the child protection register this should be the key worker).

Note or symbol on child's regular school file

File cross-referenced with other family members, if appropriate

Cross reference to additional files, if appropriate

Records and notes typed or written in legible handwriting

Incident date (including year!), time, place

Name, address and DOB of child(ren) concerned recorded on each sheet

Factual outline of incident / concern / allegation / disclosure

Opinion substantiated, if given

Clear names, job titles of staff involved

Signature, printed name, job title of person making record

Note of action taken, and with whom information was shared

Note of copy sent to Children's Services Social Care and Education

Child Protection Record (Front Sheet)

Date File Started.....

Name of child.....

Date of birth.....

Address.....

.....

Family Members (full name, relationship and age if under 18)

.....

.....

.....

.....

Are there any child protection files held in school relating to this child or another child closely related to him/her?

Yes/No

If yes which files are relevant?.....

.....

Name and contact number of key worker (Social Services) if known.....

.....

.....

Name and contact number of GP if known.....

.....

.....

Logging A Concern About A Child's Safety And Welfare. Form 1

| | |
|------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Pupil name: | Date of birth: |
| Date and Time: | |
| Staff Name and Position: | |
| Signature: | |
| Reason for recording the incident: | |
| Record the following factually: Who? What? Where? When? | |
| Offer an opinion (How or why this might have happened): | |
| Substantiate your opinion. Note action taken, including names of anyone to whom this information was passed. | |

Pass this form on to your designated Child Protection Officer.

Child Protection Report Form Form 2

| | |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pupil Name: | Date of birth: |
| Attainment levels/Educational performance: | Intellectual ability: Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> |
| Performance: | Presentation of work: |
| Class Participation: | Behaviour in lessons: |
| Behaviour out of lessons: | Relationship with pupils: |
| Relationships with Staff: | Relationship with family: |
| School's Contact with home (telephone calls): | |
| General remarks (appearance): | |
| Form completed by: | |
| Signature: | |
| Please hand this form to Miss P Wright – Child Protection Officer within 1 working day. | |

MONITORING

Schools will monitor pupils whose names are on the Child Protection Register in line with what has been agreed in the child protection plan. Parents / carers will be made aware of the school's Child Protection policy and the fact that this may require cases to be referred to the investigative agencies in the interests of the child.

Guidelines for monitoring:

When ?

When there is a concern in school about:

- Marks on the body
- Unusual / different behaviour (including academic functioning)
- Mood changes
- Puzzling statements or stories by a child
- Information from others
- If requested by another agency e.g. following a case conference

Who ?

- Teachers
- Other school staff
- Other LEA staff in regular contact with the child

What ?

- Patterns of attendance
- Changes of mood
- Changes in classroom functioning
- Relationships with peers and adults
- Behaviour
- Statements, comments, stories, 'news', drawings
- General demeanour and appearance
- Parental interest and comments
- Home / family changes
- Medicals
- Response to PE / sport
- Injuries / marks, past and present

How ?

School policy decisions needed on:

- Who decides when to start / finish monitoring?
- Where information will be recorded and in what form?
- Who will see it?
- Who will contribute information?
- Who will collate information?

- Who will decide on further action, e.g. contact with parents / carers, social worker?
- Training for staff

ROLE OF THE DESIGNATED TEACHER

This role is key to ensuring that proper procedures and policies are clearly established and followed in regard to child protection issues.

Every school should appoint a senior teacher as a child protection designated teacher. All members of staff should be aware of who this person is and what their role is. They should act as a source of advice and co-ordinate action within the school over cases of abuse or children in need. They will need to liaise with all agencies and should build a good working relationship with colleagues from these agencies.

They should possess skills in recognising and dealing with child welfare concerns. Appropriate training and support should be given. The designated teacher should be the first person to whom education staff report cases. It is then the responsibility of the designated teacher to discuss the situation with the relevant agencies.

Schools should have arrangements in place for when the designated teacher is absent.

The designated teacher is responsible for referring cases of suspected abuse or allegations to the relevant investigating agencies according to the procedures established by the Local Safeguarding Child Board and LEA. They must be able to deal with allegations made against members of staff.

To be effective they must:

- Act as a source of advice, support and expertise within the school and be responsible for co-ordinating action regarding referrals by liaising with Social Services and other relevant agencies over cases and allegations of abuse, regarding both children and members of staff
- Ensure each member of staff has access to, and is aware of, the school's Child Protection policy. This is essential in respect of staff that are perhaps part time or work with more than one school, such as Connexions Personal Advisors, trainee teachers and supply teachers
- Liaise with the Headteacher (if not Headteacher) to inform him / her of any issues and ongoing investigations and to ensure there is always cover for the role
- Ensure the school's child protection policy is updated and reviewed annually
- Be able to keep detailed accurate secure written records of referral / concerns
- Ensure parents see copies of the child protection policy in order to alert them to the fact that the school may need to make referrals. Raising

parents' awareness may avoid later conflict if the school does have to take appropriate action to safeguard a child

- Where children leave the school roll, ensure their file is transferred to the new school as soon as possible (This can be done electronically). If a child leaves and the new school is not know, the DfES should be alerted so that these children can be included on the database for lost pupils.

Designated teachers also have an important role in ensuring all staff and volunteers receive appropriate training.

- They should have been trained in how to identify abuse and know when it is appropriate to refer a case. They need to have a working knowledge of how Safeguarding Boards operate and the conduct of a child protection case conference. They should be able to attend and contribute to these when required.

THE ROLE OF THE HEADTEACHER

Headteachers need to:

- Establish procedures for handling cases of suspected abuse (including allegations against staff and volunteers) which are consistent with those agreed by the WSCB. These should be accessible to all staff.
- Liaise with the nominated governor on child protection issues and school policy
- Appoint a designated teacher to co-ordinate action within the school and liaise with other agencies on suspected abuse cases
- Ensure that the designated teacher receives appropriate training and support understand the role of the designated teacher
- Ensure that all staff recognise, and are alert to, signs of possible abuse and know what to do if they have any concerns or suspicions
- Make parents aware of the school's Child Protection policy
- Work with local partners such as the Children's Services to create a safe environment for children at the school

ADVICE TO STAFF ON WHEN AND HOW TO TAKE ACTION.

Once you suspect or know of any abuse of a young person, even if you have only heard rumors or you have a suspicion but no firm evidence, you should inform the school's Child Protection Officer immediately. If the child protection officer is unavailable you should contact the Headteacher. **You must not try to investigate the matter on your own, generally speaking, staff are not equipped or qualified to do so.**

If, following your initial contact with the Child Protection Officer, it is decided that the matter should be taken further a Child Protection Form (Form 2) should be completed. The form is essential to prevent any misinterpretation of your findings, and should be sent within 1 working day of your findings. The report should be factual and not include opinions or personal interpretations of the facts presented. It should contain as much detail as possible, including any apparent signs of physical abuse or circumstances leading to your suspicions or the account given to you by the child concerned as accurately as possible. If you are unsure about what to write please ask the Child Protection Officer for advice.

If a young person comes to you reporting apparent abuse, you should use the following guidelines:

- Allow the person to speak without interruption
- Never trivialise or exaggerate the issue
- Never make suggestions
- Never coach or lead the young person in any way
- Reassure the person, let them know you are glad that they have spoken to you and that they are right to do so.
- Always ask enough questions to clarify your understanding, do not probe or interrogate them – no matter how well you know them, spare them having to repeat themselves
- Be honest, let the person know that you cannot keep it a secret and that you will have to inform someone else
- Remain calm, this is not an easy thing for them to do
- Do not show you emotion, if you show anger, disgust or disbelief they may stop talking. This may be because they feel that they are upsetting you or that your negative feelings are directed towards them.
- Let them know you are taking the matter seriously
- Make the young person feel secure and safe without causing any further anxiety

The Child Protection Officer will be responsible for collecting reports and notes appropriate for each case. Any detailed information will be confined to the Child Protection Officer, the Headteacher and the parent/guardian/carer. (Staff reporting the allegations will be kept informed on a 'need to know' basis).

WHAT HAPPENS NEXT?

Taking into account all the information available, the Child Protection Officer will decide on the next steps, which may include taking no further action. Where the Child Protection Officer decides that further action is necessary, this may be to:

- Seek further advice from Social Services
- Make a referral to Social Services
- Report the incident to a designated Social Worker
- Report the matter to the police if a crime is suspected

If a referral is made, this must be confirmed in writing to the appropriate agency within 1 working day.

The Child Protection Officer may consider that those involved may require counselling. Where it is felt there is a need for counselling (which could be for the child, the children, young person, staff, parents or carers involved) the Child Protection Officer will make the necessary arrangements.

If a member of staff does not agree with a decision of the School Child Protection Officer that no further action is necessary, the member of staff should refer these concerns in the first instance to the Headteacher. If the Headteacher does not recommend further action and the member of staff still has concerns, then the member of staff has the right and duty to refer the case directly to Worcestershire Child Protection Service and should at the same time alert the School of their action.

The Child Protection Officer will keep the member(s) of staff who raised the concerns informed as the progress / outcome of the case.

Confidentiality

Confidentiality and trust should be maintained as far as possible, but the staff must act on the basis that the safety of the child is the overriding concern. The degree of confidentiality will be governed by the need to protect the child. The child should be informed at the earliest possible stage of the disclosure that the information will be passed on. All conversation regarding a child should always be held in private. Staff in school should never give undertakings of absolute confidentiality to a pupil.

The school complies with the requirements of the Data Protection Act 1998, which allows for disclosure of personal data where this is necessary to protect the vital interests of a child.

Whatever happens, you should always be open and honest with the child if you intend to take the case further.

Staff must not discuss the case with anyone other than those involved in the case. If staff have any concerns about the progress of the case or have any other concerns these must be discussed with the Child Protection Officer.

ALLEGATIONS AGAINST STAFF

The primary concern of the school is to ensure the safety of the child. It is essential in all cases of suspected abuse by a member staff that action is taken quickly and professionally whatever the validity.

There are occasions where a child will accuse a member of staff of physically or sexually abusing them. In some cases this may be false or unfounded. However in some cases the allegations may be true.

Any instance of a child being abused by a member of staff is particularly serious. On the other hand for an innocent person to be accused of such an act, is a serious ordeal which can result in long term damage to their health and career.

In the event that any member of staff suspects any other member of staff of abusing a student, it is their responsibility to bring these concerns to the Headteacher **and** the Child Protection Officer except where the suspect is either.

If the allegation concerns the Headteacher, the matter will be discussed and / or the Child Protection Officer who will discuss it with a trustee, in addition to following the normal procedures for Child Protection.

The member of staff will be advised to

- Contact their union representative
- Keep records of all conversation, meetings attended, letters received and telephone calls relating to the allegation

If a decision is made to pursue an allegation of abuse against a member of staff, this will be dealt with under the School Disciplinary Procedure.

Staff must implement the Child Protection Policy and Procedures at all times.

Staff must never:

- Engage in rough, physical games including horseplay with young people or,
- Allow or engage in inappropriate touching of any kind. The main principles of touch are:
 - - Touch should always be in response to the child's need
 - Touch should always be appropriate to the age and stage of development of the child.
 - Touch should always be with a child's permission

- Do things of a personal nature for children that they can do for themselves or that their parent can do for them.
- Restrain a child physically unless the restraint is to prevent physical injury of the child / other children / visitors or staff / yourself. **In all circumstances physical restraint must be appropriate and reasonable, otherwise the action can be defined as assault.**
- Make sexually suggestive comments to or within earshot of a child
- Have children on their own in a vehicle. Where circumstances require the transportation of a child in their vehicle, another member of staff must travel in the vehicle. Also it is essential that there is adequate insurance for the vehicle to cover transportation of a child as part of the business of your work. In extreme emergencies, such a medical purposes, it is essential that the parent is notified immediately.
- Take a child to the toilet unless another adult is present or has been made aware.
- Spend time alone with a child on his/her own, outside the normal tutorial/classroom situation. If you find you are in a situation where you are alone with a child, make sure that you can be clearly observed.
- Engage in personal relationships with a child beyond the normal teacher/student relationship.

Implications for staff

Staff who breach any of the above may be subject to the provisions of the school disciplinary procedure. If an allegation is made the an investigation will be carried out in accordance with the school's policy. The investigating officer will be required to liaise with the Child Protection Officer to clarify that they have the correct records in relation to the individual.

Child Protection for Work Experience Students

No work experience placement (of any duration) should proceed unless proper consideration of Child Protection matters have been made:

- In the vetting of the employer.
- In establishing a job description and in the communication of any risk assessment to the pupil and parents/guardians by the school.

And the school is satisfied that the pupil has been prepared sufficiently to:

- Avoid potential situations where they may be vulnerable
- Be able to respond appropriately should they have any concerns or if an incident occurs.

A Criminal Records Bureau check may be necessary for whoever is responsible for the pupils supervision when:

- A placement lasts more than fifteen days as a block placement.
- A placement lasts for more than fifteen days over fifteen weeks as a block placement.
- There is substantial individual isolated supervision.
- The pupil is judge to be vulnerable.

Decisions regarding whether a CRB check is necessary should be recorded.

Any organization arranging extended placements should agree respectively with roles and responsibilities in the form of a Partnership Agreement to ensure that all aspects of child protection are properly managed.

To meet DfES Minimum Standards Schools are advised to follow:

Minimum Standard – Pre-Placement

Child Protection issues form part of the evidence base (including young person risk assessment) on which a decision to place a student is made.

Minimum Standard – Alleged Incident Procedures

Immediately after an incident has been alleged a log of all telephone calls and actions is to be kept.

The student must be withdrawn from the placement, by the school, as soon as is safe. The head of the educational establishment must be informed.

The placement should be suspended from placements until such time as the source of the incident (both personal and systemic) has been removed and a revisit by a competent assessor has been undertaken.

Any relevant advice/information from Social Services or the Police would inform the re-assessment of the placement.

Internal procedures would be reviewed.

Minimum Standards – Partnership Agreement with Schools.

Schools will not arrange an extended placement unless a Partnership Agreement has been agreed clarifying roles and responsibilities.

Minimum Standards – Confidentiality.

Schools need to consider carefully the situation where relevant information is not disclosed to the placement provider due to the requirements of the Data Protection Act 1998.

Minimum Standard – Parents.

The agreement/consent form must contain a statement encouraging parents to feed back issues arising during a placement.

CHILD PROTECTION CONTACT DETAILS

Child protection officer at school - Miss Wright 01562 822929

Worcestershire Primary Care Trust

Named Nurse for Child Protection - Jill Acton 01562 822091
Bromsgrove Street
Kidderminster
Worcestershire
DY 10 1PG

Helpline numbers

Social Care Access Centre

| | | |
|-------------|---------------|--------------|
| - Worcester | - for schools | 01905 768054 |
| | - for parents | 0845 6072000 |
| - Halesowen | | 01384 815902 |
| - Dudley | | 01384 813200 |

In order to access the correct Social Care Centre you need to check the area that the student lives in, although Kidderminster comes under Worcestershire – Social Care Services work with home address