



Safeguarding and Child Protection Policy

Policy Originator	Haringey LA, Leadership Team, SDC
Governor Responsible	Gillian Martin
Status	Statutory
Last reviewed	November 2020
Ratified on	December 2021
Review period	Annual

Date adopted by Governing Body: 10th December 2020

Signed:

Sarah McLay

Headteacher

Phil Di Leo

Chair of Governors

Next review date: December 2021

Vale School Safeguarding and Child Protection Policy

Contents

1. Key Contacts
2. Introduction
3. Principles and Aims
 - 3.1 Building resilience
 - 3.2 Supporting children
4. Safeguarding and Child Protection Procedures
 - 4.1 Local Safeguarding Board
 - 4.2 Child Protection training
 - 4.3 Parents information regarding school responsibility
 - 4.4 Liaison with other agencies
 - 4.5 Record keeping
 - 4.6 Confidentiality and information sharing
 - 4.7 Communication with parents
 - 4.8 Procedures for staff where there are concerns about a child
 - 4.9 What to do if a child discloses something to you.
 - 4.10 Supporting the child
 - 4.11 Action to be taken by the designated Child Protection Lead
 - 4.11.1 Sexual Abuse
 - 4.11.2 Children of substance misusing parents/carers
 - 4.11.3 Domestic abuse
 - 4.11.4 Forced Marriage/ Honour Based Violence
 - 4.11.5 Female Genital Mutilation (FGM)
 - 4.11.6 Child Sexual Exploitation (CSE)
 - 4.11.7 Preventing Violent Extremism
 - 4.11.8 What will school do?
 - 4.11.9 Channel
 - 4.11.10 What happens after any concern is reported.
5. Supporting Vulnerable Children
 - 5.1 School support for vulnerable child
 - 5.2 Children with Special Educational Needs
 - 5.3 Children missing from Education
6. Safer Recruitment: Single Central Record, DBS Checks
 - 6.1 Applicants
 - 6.2 Single Central Record (SCR)
 - 6.3 Visitors and guest speakers to school
7. Managing and Preventing Allegations against Staff
 - 7.1 Procedures used to manage and prevent allegations against staff.
 - 7.2 Staff training in 'Good Practice'
 - 7.2.1 Working
 - 7.2.2 Changing pupils who have wet or soiled themselves (**not** SEN pupil)
 - 7.2.3 Changing pupils who have wet or soiled themselves (SEN pupils)
 - 7.2.4 Use of personal mobile phones during school hours
 - 7.2.5 Photography using mobile phoned
 - 7.2.6 Physical restraint of pupils.
8. Extended Schools and Before and After School Activities
9. Associated Policies
10. Implementation, dissemination and Review

Appendix 1 – Overview of Procedures

Appendix 2 – Categories of Abuse

Appendix 3 – Note of Concern

1. KEY CONTACTS

SCHOOL STAFF	
Designated Safeguarding Leads	Primary@Lancasterian: Charlie Rooney-Norris 0208 801 2299 Secondary@ Duke's: Tony Millard 0208 801 6111 Primary@Belmont: Dawn Woodcock 0208 888 9216 (Jun) 0208 888 7140 (Inf)
Overall Designated Safeguarding Lead	Sarah McLay 0208 801 6111
Designated Safeguarding Governor	Gillian Martin
Head Teacher	Sarah McLay
LOCAL AUTHORITY CONTACTS	
Children's Disabled Team	020 8489 3671 or 3672
Multi Agency Safeguarding Hub	Mon to Fri 8:45am to 4:45pm: 020 8489 4470 Out of hours: 020 8489 0000 mashreferral@haringey.gcsx.gov.uk
Local Authority Designated Officer	Sarah Roberts 020 8489 2968 / 1186 lado@haringey.gov.uk
Haringey Local Safeguarding Children Board River Park House, London N22 8HQ	020 8489 1470 / 3145 lscb@haringey.gov.uk
NSPCC Helpline	080 8800 5000 https://forms.nspcc.org.uk/content/nspcc---report-abuse-form

Safeguarding Multi-disciplinary team meetings

Due to the nature of our pupils' needs and the number of professionals who work with them, Vale School follows best practice of fortnightly MDT Safeguarding meetings with:

Vale Designated Child Protection Leads	Sarah McLay (Chair), Charlie Rooney-Norris, Tony Millard, Dawn Woodcock
School Nurse (health lead for child protection)	Meriem Chakal
Manager from Disabled Children's Team, Social Care	Karishma Bura
Other school or health staff as required	

2. INTRODUCTION

Vale school fully that safeguarding is dependent on a child centred and coordinated approach. As such, there is a clear and secure framework in place to safeguard and promote the welfare of children.

All stakeholders, including staff, volunteers and persons who regularly work with children in this school will read this policy which is based on the following guidance and legislation:

- Keeping children safe in education: statutory guidance for schools and colleges (September 2018)
- Working Together to Safeguard Children (July 2018) statutory guidance
- Statutory framework of the Early Years Foundation Stage (Apr 2017)
- A Competency framework for Governance (Jan 2017)
- London Child Protection Procedures, 5th Edn.(2017) www.londoncp.co.uk
- Disqualification under the Childcare Act 2006 (Jul 2018)
- Data Protection Act 2018
- Information Sharing for safeguarding practitioners (Jul 2018)
- What to do if you're worried a child is being abused (2015)
- Children Act 1989
- Children Act 2004
- Education Act 2002

- Children and Families Act 2014

Through their day-to-day contact with pupils and their direct work with families, all staff and volunteers in school have a crucial role to play in noticing indicators of possible abuse or neglect at an early stage.

This policy sets out how the school's governing body discharges its statutory responsibilities relating to safeguarding and promoting the welfare of children who are pupils at this school. Our policy applies to all staff; paid and unpaid, working in the school including governors.

3. PRINCIPLES AND AIMS

As one of the main agencies in daily contact with children, **Vale School** recognises that staff are well placed to observe the outward signs of abuse. As such there is a duty to ensure that all staff are signposted as points of communication as teaching assistants, mid-day supervisors, admin staff or teachers can be the first point of disclosure for a child. Concerned parents/carers may also contact the school and its governors.

The school will therefore:

- establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to
- ensure children and parents know that there are adults in the school whom they can approach if they are worried
- ensure the curriculum, including personal, social & health education (PSHE), embeds opportunities for children to develop the skills to recognise and stay safe from abuse

We will follow the procedures set out by Haringey Local Safeguarding Children's Board and take account of guidance issued by the DfE to:

- ensure we have **designated safeguarding leads** (and deputies) responsible for child protection who has received appropriate training and support for this role
- ensure we have a **named governor** responsible for safeguarding & child protection who is well trained to confidently challenge the strategies for improving the safety of pupils.
- ensure we have a named and trained practitioner to take lead responsibility for safeguarding in an Early Years / Sixth form setting
- ensure the names and roles of the designated safeguarding lead, deputies and Governor are known and they are recognisable across the school.
- ensure all staff receive annual basic Safeguarding training and are regularly reminded of the expected processes if a disclosure is made to them

The key elements of this policy are

1. Proactively creating a safe environment
2. Managing Adults to maintain a safe environment
3. Protecting Vulnerable Students
4. Clear procedures for the protection of children

The key behaviours to make this policy effective are

1. Nurturing Professional Curiosity – the capacity and communication skill to explore and understand what is happening within a family rather than making assumptions or accepting things at face value.
2. Facilitating inter-agency working – ensuring the smooth flow of information across agencies when requested in accordance with Working together to Safeguard Children 2018 guidance.
3. Establishing contextual safeguarding

3.1 Proactively creating a Safe environment

We recognise that high self-esteem, confidence and good lines of communication with a trusted adult help to protect children. We aim to equip our children with the recognition, language and skills needed to keep themselves safe.

The school will therefore:

- maintain a school environment where children feel safe
- utilise curriculum activities to include opportunities which equip children with the skills they need to stay safe from , build self esteem, the skills to think independently and make sensible decisions based on their own judgements
- ensure children know that there are adults in the school whom they can approach if they are worried or in difficulty and their concerns will be taken seriously and acted upon as appropriate
- ensure children know that there are adults in trusted positions external to the school, e.g. police or doctor, whom they can approach if they are worried or in difficulty and their concerns will be taken seriously and acted upon as appropriate
- equip children with the knowledge and skills they need to recognise and avoid risky behaviour in the real and virtual world
- Monitor the attendance and welfare of students and work with other agencies when issues are presented
- Engage with Early Help as an effective support tool to avoid the escalation of risky behaviours within families.
- Ensure Safer Recruitment guidance is adhered to in all appointments for regular activity in schools

Parents understand the responsibility placed on the school and staff for safeguarding and child protection. They are able to access policies and obligations via the school's website.

3.2 Managing Adults to maintain a safe environment

We recognise that safeguarding children is everyone's business. Vale School will ensure all staff, trainees, volunteers and external providers in regular activity

- have up to date Disclosure and Barring Service checks
- have regular training in safeguarding
- have read statutory documents with regard to safeguarding
- are familiar with the categories, possible signs and the risk factors of abuse.
- understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the Designated safeguarding lead
- The Designated Safeguarding Lead and deputies will be proactive in ensuring a safe environment for all children.
- The Designated Safeguarding Governor and Headteacher will check the Single Central Record to ensure it is accurate.

In addition the school will ensure that we practice safer recruitment in checking the suitability of staff and volunteers to work with children. We follow the recommendations for Disqualification under the Childcare Act 2006 (2018) within recruitment.

3.3 Protecting vulnerable students

We recognise that children who have been abused or have witnessed violence towards others may find it difficult to develop a sense of self-worth. They may feel helpless, humiliation and some sense of blame. The school may be the only stable, secure and predictable element in the lives of children at risk.

We recognise that as a result some vulnerable children may develop abusive behaviours and that these children may need to be referred on for appropriate support and intervention.

Additional measures of care are in place for children on, and sometimes formerly on, the Child Protection register including:

- notifying social care if there is an unexplained absence of a pupil who is on the child protection register

- ensure the school behaviour policy which is aimed at supporting vulnerable pupils in the school – i.e. the school will ensure that the pupil knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse they have been subject to
- liaison with other agencies that support the pupil such as social care, the Child and Adult Mental Health Service (CAHMS), the Attendance and Welfare Service and the Educational Psychology Service

We also recognise that children with **Special Educational Needs and Disabilities** may find the understanding and communication of abuse difficult. Vale School will ensure all staff are

- well equipped to be vigilant to changes in behaviour
- establish communication systems for reporting changes
- reduce the impact of social isolation
- target parents towards support for their own needs in coping with their child's SEND
- taught personal safety skills such as who to tell, good / bad touches and good / bad secrets as part of the PSHE and SRE curriculum The content of lessons will be shared with parents/carers so that these skills can be supported at home.

In what ways are children with disabilities more vulnerable?

- They are likely to come into contact with a greater number of services than non-disabled children
- and to receive intimate care from more people.
- They are more likely to spend time away from their families, in respite and short break services, residential schools etc.
- Negative social attitudes towards children with disabilities can affect people's willingness to believe that abuse has taken place. As a consequence children and their families can be made to feel more isolated.
- Sometimes the fact that a child is treated abusively can go unrecognised; for example, some methods of control or discipline may be permitted when in fact they are causing harm.
- Some children with disabilities will find it more difficult to communicate what they are feeling. Professionals are not always good at hearing what they are trying to say.
- Sometimes behaviour can be misinterpreted as being a consequence of a disability when in fact it is a sign of abuse.
- Where pupils need medication and/or first aid, this makes them more vulnerable; specific procedures are followed. This is addressed in the health and safety policy.

There is a high risk posed to **Children Missing From Education**. Children missing education (CME) are at significant risk of underachieving, being victims of abuse, and becoming NEET (not in education, employment or training) later on in life.

- We monitor pupils' attendance through a twice daily register. The school's welfare/ admin staff make first day absence calls to families where a child is absent and the school have not been informed. (secondary schools may be monitoring each lesson)
- The school will ensure it holds at least 3 emergency contacts for each child and will regularly update contact information to ensure it is accurate.
- under section 175 of the Education Act 2002 in respect of their pupils, and as part of this our welfare /admin/lead for pastoral care will investigate any unexplained absences.
- Each half term/term, we inform Haringey education welfare service of the details of pupils who are regularly absent from school (attendance has fallen below 90%).
- We inform the education welfare service immediately of any pupil who has been absent for 10 consecutive days, and despite the efforts of school staff, the family have not been located. This may include a home visit by school staff to verify the pupil's whereabouts. The local authority's education welfare service will then conduct further checks.
- We will not remove a child from the admission register until another school has requested the unique pupil number for that child or we have liaised and referred the case to the education welfare service who has agreed to the removal from the school role.

- If there are concerns about the attendance of a child who is subject to a child protection plan or who is looked after by the local authority, the school will also inform the child's social worker.
- If a parent reports that their child has gone missing from home, we ensure this has been reported to the police. If a child absconds from school during the course of the day, the parent will be informed, and if necessary or if the pupil cannot be located, the police will also be informed.
- As required, we arrange full-time education for any pupil on a fixed term exclusion, from the sixth school day of the exclusion.

3.4 **Clear recordkeeping procedures for the protection of children**

We recognise that systematic, clear record keeping and reporting in a timely manner is essential for safeguarding. The school will develop and implement clear procedures for identifying, monitoring and reporting cases, or suspected cases, of abuse

- ensure all records are kept securely, separate from the main pupil file, and in secured locations online or on paper.
- keep factual written records of concerns about children, even where there is no need to refer the matter immediately
- develop effective links with relevant agencies and cooperate as required with their enquiries regarding child protection matters
- provide factual information when attending core groups and conferences as and when required
- develop and then follow procedures where an allegation is made against a member of staff or volunteer
- ensure safe recruitment practices are always followed
- ensure that DBS processes are applied consistently and that secure records are kept that are consistent with the provision of the Data Protection Act 2018

4. **SAFEGUARDING AND CHILD PROTECTION PROCEDURES**

4.1 Where we have concerns about the welfare of a child we will follow the procedures set out by the

Haringey Local Safeguarding Children Board (LSCB). A copy of these procedures can be found on the

LSCB website: <http://www.haringeylscb.org/>

4.2 All staff receive basic child protection training at the point of their induction to include

- Keeping Children Safe in Education (2018) Part 1
- The Child protection policy
- The Behaviour policy
- The staff Code of Conduct
- The Whistleblowing Policy
- The safeguarding response to children who go missing in education
- The role of the designated safeguarding lead and deputies

Staff will be provided with safeguarding updates regularly, at least annually, so they are confident about:

- the school's legislative responsibility
- their personal responsibility
- the school's policies and procedures
- the need to be alert to the signs and indicators of possible abuse
- the need to show professional curiosity in patterns of behaviour
- the need to record concerns
- how to support and respond to a child who tells of abuse
- how the school will fulfil its duty of care to staff who have been accused in a child protection issue
- use of the whistle blowing policy if required to report poor practice

- using the content of Keeping Children Safe in Education (2018) Part 1

We will ensure that all staff, paid and unpaid, and governors recognise their duty and feel able to raise concerns about poor or unsafe practice in regard to children. Such concerns must be addressed sensitively and effectively in a timely manner in accordance with agreed whistle-blowing policies.

4.3 Interagency partnerships

The school will:

- Establish strong relationships with external agencies regarding the protection of children including, Multi Agency Safeguarding Hub (MASH), Police, Schools Nursing, SEND team, CAMHS and Early Help
- Where Early help is appropriate the designated safeguarding lead will lead on liaising with agencies. This may require staff assistance in supporting agency work or, in some cases, acting as the lead professional.
- Ensure that Early Help assessment is evidence based, clear about what action and services are to be provided in order to prevent needs escalating to statutory assessment.
- Ensure where referrals have been made, there has been feedback obtained from the Local Authority Social Care on decisions taken.
- work to develop effective links with external services to proactively promote the safety and welfare of all pupils
- co-operate as required, in line with Working Together to Safeguard Children (2018), with key agencies in their enquiries regarding child protection matters including attendance and providing written reports at child protection conferences and core groups.
- notify the relevant social worker immediately if a pupil who is subject to a Child Protection Plan;
 - is to be excluded (whether fixed term or permanently)
 - has an unexplained absence
 - has any change in circumstances
- undertake appropriate discussion with parents/carers prior to involvement of another agency unless the circumstances preclude this action. If the school believes that notifying parents could increase the risk to the child or exacerbate the situation, advice will be sought from children's social care.

4.4 Record Keeping

The school will:

- keep clear, detailed, accurate, written records of concerns about children (noting the date, event and action taken), even where there is no need to refer the matter to children's social care immediately.
- ensure that electronic records are kept secure with levels of accessibility is managed
- ensure all records are kept securely, separate from the main pupil file, and in a secure location.
- ensure all relevant child protection records are sent to the receiving school or establishment when a pupil moves schools in accordance with the education child protection record keeping guidance.

4.5 Confidentiality and information sharing

Child protection information will be stored and handled in line with the Data Protection Act 2018 and General Data Protection Regulation (GDPR). The Data Protection Act does not prevent school staff from sharing information with relevant agencies, where that information may help to protect a child. Vale School will share, as early as possible, information with regard to the risks and concerns about the safety and welfare of a child. When a decision to share information is made the record will show who has been given the information and why.

Child protection records are normally exempt from the disclosure provisions of the data protection act, which means that children and parents do not have an automatic right to see them. If any

member of staff receives a request from a pupil or parents to see child protection records, they will refer the request to the designated safeguarding leads or head teacher.

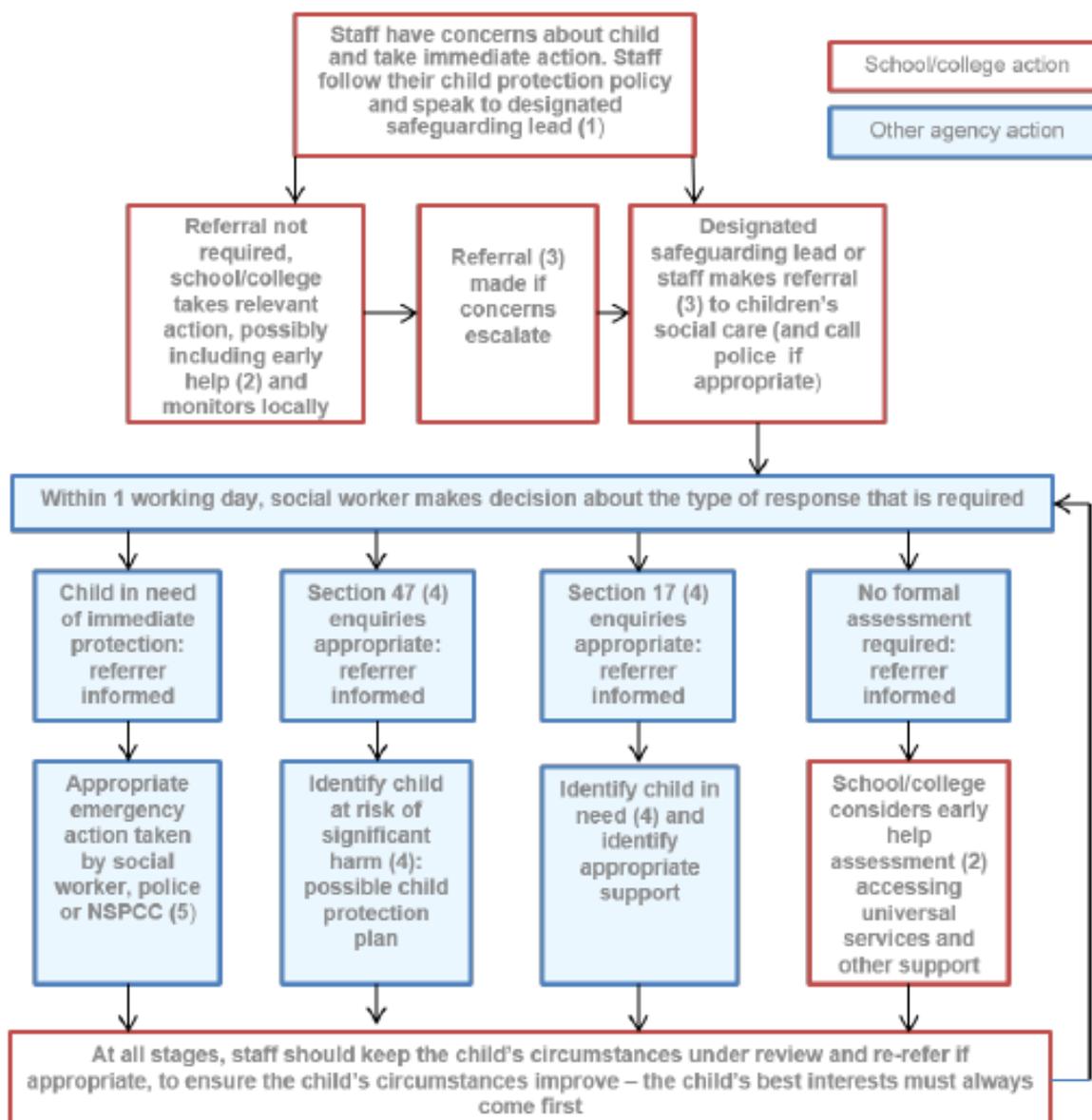
The school will:

- ensure confidentiality protocols are adhered to and information is shared appropriately..
- ensure that the head teacher or designated safeguarding leads will only disclose any information about a pupil to other members of staff on a 'need to know' basis, including domestic violence notifications.
- make all staff aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- ensure staff are clear with children that they cannot promise to keep secrets.
- ensure that statutory guidance on recording allegations against adults are followed – (see managing allegations against staff and volunteers policy)

4.6 PROCEDURES FOR STAFF WHERE THERE ARE CONCERNS ABOUT A CHILD

These child protection procedures **must** be followed where there are any concerns about a child that may fit into the four categories of abuse, (Physical, Emotional, Neglect, Sexual) or if a child discloses information of concern.

Actions where there are concerns about a child



(1) In cases which also involve an allegation of abuse against a staff member, see Part Four of this guidance.

(2) Early help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. Chapter one of [Working together to safeguard children](#) provides detailed guidance on the early help process.

(3) Referrals should follow the local authority's referral process. Chapter one of [Working together to safeguard children](#).

(4) Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. This can include section 17 assessments of children in need and section 47 assessments of children at risk of significant harm. Full details are in Chapter One of [Working together to safeguard children](#).

(5) This could include applying for an Emergency Protection Order (EPO).

1. Pass on your concern to the designated child protection lead immediately. Child protection must take precedence above all else and can initially be passed on verbally.
2. As soon as possible, complete a 'Note of concern' sheet (Appendix 3) and give this to the designated child protection lead or the deputy designated child protection lead. 'Note of concern' sheets can be found in the staff handbook and office. This written note should be filled in completely and should be as accurate and factual as possible to be about exactly what was seen, heard, said or noticed and when. Opinions, assumptions and interpretations should not be recorded, as they are clearly separate from the facts. If you do not feel confident to do this yourself, please ask for help.
3. Remember confidentiality, and do not discuss your concern with others unnecessarily.
4. Do not discuss your concerns with parents or carers unless this has been specifically agreed and authorised by the Designated Senior Person or Headteacher.

4.7 What to do if a child discloses something to you

(For guidance on managing allegations against staff/ volunteers see separate policy and KCSIE 2018)

When a child makes a disclosure (tells you something of concern), always follow the four Rs – Receive, Reassure, React and Record.

Receive

- Listen to the child/young person. If you are shocked at what the child/young person says to you try not to show it. Take what the child/young person says to you seriously - if they are not believed it adds to the traumatic nature of disclosing. If they meet with shock or disbelief, children and young people may retract what they have said.
- Accept what the child/young person says. Be careful not to burden the child/young person with guilt by asking, "Why didn't you tell me before?"

Reassure

- Stay calm. Reassure the child/young person that they have done the right thing in talking to you. Be honest with the child/young person. Do not make any promises that you are unable to keep, like "I'll stay with you", or "Everything will be all right now".
- Do not promise confidentiality.
- Try to alleviate any feelings of guilt that the child/young person displays, e.g. "You are not alone - you are not the only one this sort of thing has happened to".
- Acknowledge how hard it must have been for the child/young person to tell you what has happened.
- Give the child time and a safe place. Stay with them and be aware that they may fear reprisals for having told somebody. They may feel confusing emotions. Telling is an act of courage as well as an act of desperation.

React

- Avoid asking leading questions, for example "Did s/he?"
- Be careful about what you ask the child; you may taint any evidence being put before a court. Use open questions, such as, "Is there anything else you would like to tell me?" or "When did it happen?"

- Do not criticise the perpetrator. The child/young person may love him/her and reconciliation may be possible.
- Do not ask the child to repeat what has been said to another member of staff.
- Explain what you have to do next and to whom you have to talk to.
- Inform the designated safeguarding lead.
- Identify the support network available to yourself, as certain disclosures can be emotive. This may include staff counselling services.

Record

- As soon as is reasonably practicable record what has happened using the 'Note of Concern' sheet – **Appendix 3**.
- Record; place, date, time and details of the child/young person involved. Record any noticeable nonverbal behaviour of the child/young person. If the child/young person uses their own words to describe sexual organs/acts, record the words spoken. Do not translate them into proper words.
- Use the 'skin map' on the reverse of the 'Note of concern' sheet to indicate positioning, size and location of any injuries you have identified/observed.
- Be objective in your recording. Include statements made and what you have seen, rather than assumptions or interpretations. Rely on FACT.
- Hand the record to the designated safeguarding lead. Do not destroy these notes; they will be retained in a safe place. The court in any legal process may require them

Note:

1. Records should be filled in completely and should be as accurate and factual as possible to be about exactly what was seen, heard, said or noticed and when. Opinions, assumptions and interpretations **should not** be recorded, as they are clearly separate from the facts. If you do not feel confident to do this yourself, please ask for help.
2. Remember confidentiality, and do not discuss your concern with others unnecessarily.
3. Do not discuss your concerns with parents or carers unless this has been specifically agreed and authorised by the Designated Senior Person or Headteacher.

5 Children with additional vulnerabilities

Private Fostering

A private fostering arrangement is essentially an arrangement between families / households, without the involvement of a local authority, for the care of a child under the age of 16 (under 18 if disabled) by someone other than a parent or close relative (close relatives are parents, step-parents, siblings, siblings of a parent and grandparents) for **28 days or more**. The period for which the child is cared for and accommodated by the private foster carer should be continuous, but that continuity is not broken by the occasional short break.

Privately fostered children are a diverse, and sometimes vulnerable, group. Groups of privately fostered children include:

- Children sent from abroad to stay with another family, usually to improve their educational opportunities;
- Asylum seeking and refugee children;
- Teenagers who, having broken ties with their parents, are staying in short term arrangements with friends or other non-relatives;
- Children of prisoners placed with distant relatives;
- Language students living with host families;
- Trafficked children

Private foster carers and those with parental responsibility are required to notify a LA children's social care of their intention to privately foster or to have a child privately fostered or where a child has been privately fostered in an emergency.

Looked After or previously looked after Children

Where a child is Looked After or previously looked after there will be sound work across the school to ensure their safeguarding. The Designated Safeguarding Lead working in tandem with the Designated Teacher for Looked After Children, the Virtual School Head and other agencies have a joint duty to ensure positive educational outcomes for children.

6 Areas of concern for the Designated Safeguarding Lead

The designated Safeguarding lead has a responsibility to consider all incidents in terms of contextual safeguarding. This simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare.

The key areas of work for the Designated Safeguarding Lead is around

- **Abuse: Physical, Emotional, Neglect, Sexual**
- **Peer on peer abuse**
- **Sexual violence and sexual harassment**
- **Sexting**
- **Child criminal exploitation incl. 'county lines'**
- **FGM**
- **Forced Marriage and 'Honour Based Violence'**
- **Modern Day Slavery or Human Trafficking**
- **Preventing radicalisation**
- **Prevent and Extremism**
- **Working with the Designated Teacher for Looked After Children**
- **Working with Personal Advisers for care leavers**
- **Working as Lead professional on some Early Help Cases**

6.1 Domestic Abuse

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

Where there is domestic abuse in a family, the children/young people will always experience trauma sometimes in the longer term. The designated safeguarding lead will take appropriate action to ensure children and young people are kept safe, will engage with services to ensure appropriate help for emotional trauma experienced and will seek advice where necessary.

6.2 Children of Substance Misusing Parents/Carers

Misuse of drugs and/or alcohol is strongly associated with significant harm to children, especially when combined with other features such as domestic violence.

When the school receives information or evidence about drug and alcohol abuse by a child's parents/carers they will follow MASH referral procedures.

This is particularly important if the following factors are present:

- use of the family resources to finance the parent's dependency, characterised by inadequate food, heat and clothing for the children.
- children exposed to unsuitable caregivers or visitors, e.g. customers or dealers.
- the effects of alcohol leading to an inappropriate display of sexual and/or aggressive behaviour.
- chaotic drug and alcohol use leading to emotional unavailability, irrational behaviour and reduced parental vigilance.
- disturbed moods as a result of withdrawal symptoms or dependency.
- unsafe storage of drugs and/or alcohol or injecting equipment.
- drugs and/or alcohol having an adverse impact on the growth and development of the unborn child.

6.3 Child Sexual Exploitation (CSE)

'Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.'

DFE 2017

Sexual exploitation can take many different forms from the seemingly 'consensual' relationship to serious organised crime involving gangs and groups. It is important to recognise that some young people who are being sexually exploited do not show any external signs of this abuse and may not recognise it as abuse

[Further guidance is held in document : Child Sexual Exploitation \(Feb 2017\)](#)

6.4 Sexual abuse including peer on peer abuse

Any suspicion of sexual abuse or actual disclosure by a child, including children under the age of 13, that he or she has been sexually abused must be referred immediately to the MASH team, who will contact the appropriate investigative agencies.

Parents/carers should not normally be informed at this stage as this may jeopardise the investigation and the safety of the child. Where there is an allegation of, or concern about, sexual abuse a strategy meeting will be held in order to decide on the most appropriate way to proceed. The referrer will normally be invited to the strategy meeting.

[Further guidance is held in document: Sexual violence and harassment between children in schools and colleges \(May 2018\)](#)

6.5 Child Criminal Exploitation incl County Lines

Child Criminal Exploitation refers to the use of children to conduct illicit activities normally for urban gangs, to allow them to operate in coastal or suburban areas

[Further guidance is held in document: Criminal exploitation of children and vulnerable adults \(Jul 2017\)](#)

6.6 Female Genital Mutilation (FGM)

Female genital mutilation includes procedures that intentionally alter or injure the female genital organs for non-medical reasons. FGM is carried out on children between the ages of 0–15, depending on the community in which they live. It is extremely harmful and has short and long term effects on physical and psychological health.

FGM is internationally recognised as a violation of the human rights of girls and women, and is illegal in most countries, including the UK. The **FGM mandatory reporting duty is a legal duty** provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they believe FGM has been carried out.

School staff will be made aware of the signs and indicators that may alert them to the possibility of FGM. Any indication that FGM is a risk or is imminent will be dealt with under the child protection procedures in this policy.

[Further guidance is held in document: Multi Agency Statutory guidance on Female Genital Mutilation \(Apr 2016\)](#)

Professionals also need to be vigilant to the emotional and psychological needs of children who may/are suffering the adverse consequence of the practice (e.g. withdrawal, depression etc).

The Designated Safeguarding lead will make appropriate and timely referrals to social care via the single point of access if FGM is suspected to be a possibility and to the police if it is believed to have taken place. In these cases, parents will not be informed before seeking advice. The case will still be referred to social care even if it is against the pupil's wishes.

6.7 Forced Marriage/Honour Based Violence

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

“Honour-based” violence – is a term that embraces a variety of crimes of violence (mainly but not exclusively against women) including assault, imprisonment and even murder where the person is being punished by their family and their community – children and young people are being punished for supposedly undermining what the family or community believe to be correct behaviour.

All cases of disclosures or concerns relating to forced marriage/honour based Violence will be reported directly to the DSL and the Police where it is deemed necessary. Information and advice will be sought from single point of access and referrals made to early help or social care where appropriate (**Appendix 1**).

[Further guidance is held in document: Forced marriage \(May 2018\)](http://www.gov.uk/guidance/forced-marriage)
www.gov.uk/guidance/forced-marriage

6.8 Preventing Radicalisation

Safeguarding from radicalisation and extremism is no different from safeguarding from other forms of harm. All staff will clearly understand the pathways for vulnerable individuals and be aware of how to recognise vulnerability and mitigate the risks. The school mitigates risk by embedding British values of tolerance and respect.

The schools works in partnership with Haringey Prevent Tem to ensure the education of students, staff and families regarding radicalisation whether by illegal organisations such as “Muslims Against Crusades” or other non proscribed extremist groups such as the English Defence League.

What will school do?

If staff have concerns about a child or group of children being violent, or being drawn into violent extremism, or being vulnerable to this, they should respond as they would to all vulnerable children and follow the procedures below:

- Talk to the family and other professionals working with the young person about the concerns and get their views.
- Seek consent to complete an early help referral and get a holistic perspective on the situation. Determine if there are additional needs and if so how these could be met.
- Contact other relevant agencies and engage them in a Team Around the Child (TAC) approach to supporting the young person and their family.
- Liaise with the LA Prevent lead.

If you suspect someone is actually engaged in terrorist activity, contact the police or the anti-terrorist hotline immediately on 0800 789 321.

[Further guidance is held in document: Prevent duty for schools and childcare providers \(Jun 2015\)](#)

6.9 Channel

Channel is a joint initiative between the police and Haringey Council which offers support and guidance to local people who may be at risk of becoming involved in extremism, Channel is voluntary and once an assessment has been made can provide a support package tailored to the individual's needs. If you are concerned that someone you are working with is at risk of getting involved in extremism, contact the Channel Co-ordinator. To discuss any potential referral, please email: saferrcommunities@haringey.gov.uk

[Further guidance is held in document: Channel guidance \(Apr 2015\)](#)

7. Safeguarding Priorities for Vale School in year 2019 -20

Continue to ensure all staff are aware of and follow procedures
Continue to meet fortnightly as MDT Safeguarding group

8. Safeguarding Priorities for the Borough of Haringey

During this period LSCB and partners will continue partnership work to progress the 3 priorities identified within the LSCB Strategy 2016-21.. In addition to the priorities the partnership will also focus on:

- Developing further the partnership response to neglect following the Joint Targeted Area Inspection on neglect that took place in November 2017.
- Agreeing and implementing new safeguarding partnership arrangements in response to Social Work Act 2017 and Working Together to Safeguard Children 2018.

Priority 1 : Overhaul the ways in which agencies tackle chronic neglect

Rationale: *Roughly 1 in 10 children experience neglect – the most common form of child abuse in UK. It is the second most common factor identified in assessments.*

Key areas of focus for 2018-19 to support this priority are the development and implementation of :

- A partnership response - Early Help
- A partnership approach to MASH
- A partnership response – understanding thresholds and decision-making
- Understanding the child's lived experience in Haringey
- Supporting and developing the workforce

To ensure the partnership response to neglect is effective a partnership and single agency action plans were drawn up – in response to the Neglect JTAI findings - to address identified areas for improvement

Priority 2 : Improve outcomes for children with vulnerabilities and those subject to particular risks

Rationale: it is recognised that there are vulnerabilities and risks to children and young people that require attention for which the Board has accountability.

Key areas of focus for 2018-19 to support this priority are: -

- Vulnerable children and young people's strategy is agreed and implemented.
- Partnership assurance sessions will be held with partners regarding the effectiveness of safeguarding arrangements for children and young people experiencing FGM, radicalisation in respect of Prevent and Channel guidance, interventions for children after domestic abuse, preventing and managing sexually harmful behaviours, serious youth violence and harmful practices. These will provide assurance regarding safeguarding arrangements and identify appropriate actions to address areas for improvement.
- LSCB is assured through the section 11 audit process that the partnership workforce is knowledgeable, confident and competent in identifying and supporting children with a range of vulnerabilities.

Priority 3: Develop high quality partnership working at all levels between our agencies including the strengthening of cross-borough partnership work.

Rationale: *An effective safeguarding system is dependent on professionals across the partnership effectively working together to put children at the system's centre and by every individual and agency playing their full part. Working Together to Safeguard Children 2018 emphasises that effective safeguarding systems are where i) children's needs are paramount; ii) professionals working with children and families are alert to their needs and any risks of harm; iii) information sharing is timely and appropriate; and iv) all professionals contribute to actions needed to safeguard children regularly reviewing outcomes against specific actions and plans. In November 2017 the JTAI on neglect identified some strengths to Haringey's safeguarding arrangements and several areas of improvement regarding the partnership's effectiveness.*

The lives and experiences of our communities are not determined by borough boundaries in the same configuration as services. Children and families' cross borough boundaries for education, health and social reasons. Cross borough working can be useful to address certain safeguarding issues such as gangs, CSE and serious case reviews.

Key areas of focus for 2018-19 to support this priority are: -

- To evaluate impact and effectiveness of completed actions under this priority since 2016.
- For the strengths and learning from current partnership arrangements to inform the new Strategic Safeguarding Partnership arrangements as defined in Social Work Act 2017 and Working Together to Safeguard Child 2018.
- To work closely with other strategic boards – including Health & Well Being Board, Adult Safeguarding Board and Community Safety Partnership – to identify common agenda's and areas of work to avoid duplication and conflict in partnership working to ensure a consistent partnership approach.
- To strengthen cross borough working : -
 - within discussions and planning for new strategic partnership arrangements.
 - By exploring opportunities for cross borough working in relation to LSCB business and related services.

9. MANAGING AND PREVENTING ALLEGATIONS AGAINST STAFF

- 9.1** Any allegation of abuse made against a member of staff will be reported straight away to the head teacher. In cases where the head teacher is the subject of an allegation, it will be reported to the chair of governors.

The school will consult with the Local Authority Designated Officer (LADO) in the event of an allegation being made against any member of staff and adhere to the relevant procedures as set out in the school's managing allegations against staff and volunteers policy, Keeping Children Safe in Education and the LSCB's guidance, available on Haringey LSCB website.

The school will ensure that any disciplinary proceedings against staff relating to child protection matters are concluded in full, even when the member of staff is no longer employed at the school and that notification of any concerns is made to the relevant authorities and professional bodies and included in references where applicable.

Staff who are the subject of an allegation have the right to have their case dealt with fairly, quickly, and consistently and to be kept informed of its progress. Suspension is not mandatory, nor is it automatic but, in some cases, staff may be suspended- refer to managing allegations against staff and volunteers policy for guidance.

Consideration must be given to the needs of the child and recognition that a child may make an allegation against an innocent party because they are too afraid to name the real perpetrator. It is rare for a child to make an entirely false or malicious allegation, although misunderstandings and misinterpretations of events do happen.

- 9.2** The school will ensure that all staff; paid and unpaid, are trained in good practice so that they can reduce the risk of allegations being made against them. Staff are aware of the need for maintaining appropriate and professional boundaries in their relationships with pupils and parents/carers as advised within the school's code of conduct. As part of the Induction process, all staff will receive guidance about how to create appropriate professional boundaries (in both the real and virtual world) with all children, especially those with a disability or who are vulnerable. All staff will be made aware that behaviour that contradicts the code of conduct, which takes place outside of school, may still lead to disciplinary procedures.

The school will ensure that staff and volunteers are aware that sexual relationships with pupils aged under 18 are unlawful and could result in legal proceedings taken against them under the Sexual Offences Act 2003 (Abuse of Trust).

The school will ensure that communication between pupils and adults, by whatever method, are transparent and take place within clear and explicit professional boundaries and are open to scrutiny (see social media policy).

9.3 Agreed procedures for staff to reduce risk of allegations

Working 1:1

This must always take place in a room where staff can be seen and / or heard from outside the room with the door open.

Use of personal mobile phones during school hours

Personal mobile phones should not be used in class. During breaks and lunchtimes, when not on duty, members of staff are free to use their personal mobile devices in designated areas. If members of staff use their equipment in this way they are still expected to follow professional standards and abide by the school's social media policy. Personal phones **must not** be used to take photographs of school activities. Staff should always use school-owned cameras or tablets if taking photographs of children.

Changing Pupils who have wet or soiled themselves (not SEN pupils)

If a child has wet or soiled themselves due to illness, the parent should be called to collect the child. If this will result in a delay, then the child will be changed by school staff. The procedure for changing a child who has wet themselves should be followed:

- member of staff collects clean clothing and wet wipes if required.
- child undresses themselves as appropriate in one of the toilet cubicles.
- member of staff waits outside the toilet cubicle.
- if the child needs assistance, the member of staff will call another member of staff in their phase to assist.
- both members of staff must be within sight of each other and the dignity of child maintained at all times.

Changing Pupils who have wet or soiled themselves (SEN pupils)

When changing children who require intimate care, it is ideal, although not always practical, that there are two members of staff who are involved in this. Again, please follow the guidance outlined above.

All changing of pupils must only be carried out by teachers, teaching assistants, midday supervisors or office support staff directly employed by the school. Volunteers, work-experience students, teacher training students, sports coaches and consultants must never change any pupil.

Physical Restraint of Pupils

A proportion of allegations against teachers and school support staff relate to incidents involving the physical restraint of pupils. In this school:

- there will be staff trained in the use of physical restraint;
- all staff will be trained in the use of positive behaviour supports and techniques to defuse crisis and conflict situations;
- training will be recurrent, with annual updates at a minimum, and will be appropriate to the type of school setting and to the age and developmental level of pupils;
- training will include information about the effects of medications pupils may be receiving and how restraint procedures might affect the physical wellbeing of the pupil during restraint procedures;
- training will include multiple methods for monitoring a pupil's well-being during a restraint;

INTIMATE CARE

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard both students from abuse and staff from false allegations and to support good practice in intimate care. Students with disabilities are particularly vulnerable; staff involved in their intimate care need to be sensitive to a child's needs and to be aware that some tasks and treatments are open to misinterpretation.

- Treat every student with respect and ensure appropriate privacy.
- Privacy is an important issue. Intimate care should be carried out by one member of staff unless the task requires two people. However, there should always be another member of staff present. Working alone increases the opportunity for possible abuse or allegations of abuse.
- Involve the student in their own intimate care as far as possible and do not rush them. If a student is fully dependent explain what you are doing and give them choices where possible.
- Be sensitive to a student's reactions. Check your practice by asking the student how they like things done, or how something is done at home. If a student expresses dislike of a certain person giving intimate care or feels uncomfortable report to NSCA.
- Intimate care routines need consistency. Line managers should ensure that routines for intimate care are written down (as for feeding) after planning at an MDT meeting to ensure consistency. Staff should never do a task unless they are sure of the routine or procedure.

- Certain procedures such as giving rectal Valium, suppositories or intermittent catheterization must only be carried out by staff who have been formally trained and assessed as competent. Parental permission should be obtained after negotiation with the student.

Report any concern to Designated Lead:

- if during intimate care you accidentally hurt a student;
- if a student is sore or tender in the genital area;
- if a student appears to be sexually aroused by your actions;
- if a student misunderstands or misinterprets something;
- if a student has a puzzling emotional reaction.

Encourage a student to have a positive image of their own body. Confident, assertive children who feel their body belongs to them are less vulnerable to sexual abuse. Your practice and attitudes affect a student's self-esteem and feeling of their body's worth. Routine care should be relaxed and enjoyable but tickling and cuddling should be age appropriate and with the student's consent.

WORKING WITH CHILDREN OF THE OPPOSITE SEX

The individual pupil's safety, dignity, privacy and right to exercise choice are of paramount importance. There is positive value in both male and female staff being involved in appropriate ways with students.

Ideally, every student should be offered the choice of a carer, of the same sex for all their intimate care. This should be taken into account in staff recruitment. The current ratio of more female than male staff at the Vale means boys are unlikely to be offered a same sex carer.

All support staff irrespective of gender can be involved in a complex range of educational, therapy, care and medical tasks.

Male support staff can NOT be involved in the intimate care needs of girls. As female staff do, in practice, take the major role in intimate care of boys, there needs to be a clearly defined support system for these staff to discuss any problems. Two members of staff should be available during intimate care.

GUIDELINES FOR DEALING WITH DIFFICULT BEHAVIOUR

All students we work with have the right to be safe and to be treated with dignity and respect. When students are being difficult these rights are just as important. The guidelines below are designed to support staff, so that they can respond with confidence when students' behaviour becomes challenging.

- Involve the students in decisions about their care and about reasonable limits, appropriate to each student's age and understanding.
- Make time for children to talk and explain.
- Get to know students well. Relationships based on trust and respect can prevent difficulties arising.
- Be consistent as far as you can; set consistent limits within your team. Involve parents in planning programmes and agreeing sanctions where possible. Class teams should ensure that colleagues in the school are aware of programmes in place for individual students; all members of staff should co-operate with other class team's agreed behaviour management strategies.
- Teach by example, Model respect for the students and for each other in all your work.
- Be clear and reasonable. Students need to know what is expected of them. Problems often occur when expectations are unclear or unreasonable.
- Encourage good behaviour. Notice and respond positively when students are being helpful, constructive or friendly or co-operative.
- Try to avoid head on conflict. Try discussion, distraction or compromise - defuse the situation wherever possible and prevent it escalating.

- Make a distinction between the student and his/her behaviour. Make it clear that you will go on caring for the child whatever they do, and recognise that their behaviour is not a personal affront to you.
- Use the opportunity for the student to learn. Try to teach a positive alternative to a 'bad' behaviour, i.e. "let's do this!" rather than "don't do that", always aiming to increase the student's own self control.
- If you have to use sanctions make them immediately, fair and reasonable. Sanctions should be very carefully considered and ideally agreed with the child, their parents, and the class team in advance. Make a note of sanctions used in green file.
- Don't store up a sanction for later. Students who present challenging behaviour need an action plan.

For additional information, see behaviour policy.

COUNSELLING

At the Vale we recognise that some of our pupils may experience emotional distress and or behavioural problems as a result of issues surrounding their disability, social and peer pressure, family tensions, bereavement and difficulties with normal developmental issues. We understand that many of our pupils may require counselling at some time during their lives. Due to the sensitive nature of the work and vulnerability of children and young people, it is an important requirement to use only properly trained and accountable practitioners as counsellors in schools. The need to protect children and young people should be sensitively weighed against their right to privacy and confidentiality. Counsellors should ensure that they have a clear understanding of the school's child protection policy and liaise with the DSL as necessary.

10 SAFER RECRUITMENT; SINGLE CENTRAL RECORD, DBS CHECKS

Keeping Children safe in Education (2018) outlines safer recruitment processes in education settings. Safer recruitment at this school means that all applicants will:

- complete an application form
- provide two referees, including at least one who can comment on the applicants suitability to work with children
- provide evidence of identity and qualifications
- complete a barred list check and DBS check before taking up a post
- be interviewed, with at least one question referring to CP knowledge

The school staffing regulations require governing bodies of maintained schools to ensure that at least one person on any appointment panel has undertaken safer recruitment training as advised by their LSCB.

There are 3 types of DBS checks

Standard: this provides information about convictions, cautions, reprimands and warnings held on the Police National Computer (PNC), regardless or not of whether they are spent under the Rehabilitation of Offenders Act 1974. The law allows for certain old and minor matters to be filtered out;

• **Enhanced:** this provides the same information as a standard check, plus any approved information held by the police which a chief officer reasonably believes to be relevant and considers ought to be disclosed; and

• **Enhanced with barred list check:** where people are working or seeking to work in regulated activity with children, this allows an additional check to be made as to whether the person appears on the children's barred list

10.1 Single, Central record

It has been a requirement since 2007 that all schools must maintain a Single Central Record of recruitment and vetting checks. This was set out in the original publication 'Safeguarding Children and Safer Recruitment in Education (2007)' and updated in the DfE's September 2016 statutory guidance. The details of all staff and regular visitors or volunteers must be kept on the school's single central record to ensure that checks have been carried out.

The statutory guidance states: "Generally, the information to be recorded is whether or not the following checks have been carried out or certificates obtained, and the date on which the checks were completed:

- Full name and address checks
- a barred list check
- an enhanced DBS check
- a prohibition from teaching check
- further checks on people living or working outside the UK
- a check of professional qualifications
- a check to establish the person's right to work in the UK/visa details
- Self declaration of disqualification by association/ disqualification from early years or childcare provision self declaration form

This single central record is checked termly by the Headteacher and governor responsible for safeguarding to ensure there are no gaps in the record.

10.2 Visitors and guest speakers to school

Any outside speakers or visiting organisations will be cleared with the head teacher before booking. Staff will ensure that the speaker/organisation is complementing the programmes of study and teaching taking place in the school. Prior to the visit the content of the session will be discussed and it will be made clear to the visitor that behaviour management is the responsibility of the school staff who will remain present at all times.

10.3 Extended Schools by external providers

During before and after school activities, the school's arrangements for child protection as written in this policy shall apply.

Where services or activities are provided separately by another body, either on or off school site, the governing body will seek assurance that the body concerned has appropriate policies and procedures in place for safeguarding children and child protection and there are arrangements to liaise with the school on these matters where appropriate.

11. ASSOCIATED POLICIES

The following policies provide guidance on matters which may relate to safeguarding and should be read in conjunction with this policy;

- Staff Discipline, Conduct and Grievance
- Managing Allegations Against Other Children,(including Sexting)
- Managing Allegations Against Staff and Volunteers
- Sex and Relationships Education
- Whistle Blowing
- Social Media
- SEND
- Intimate Care
- Positive Handling
- Behaviour
- Anti Bullying
- E.safety

- Curriculum Statement.

12 GUIDANCE ON SAFEGUARDING PROCEDURES HARINGEY NHS STAFF WORKING IN LB HARINGEY SPECIAL SCHOOLS

Medical, Therapy and Nursing staff working in the Special Schools in Haringey are all NHS staff who are employed and managed by Whittington Health. Every agency has a Designated Child Protection Lead. For the NHS this is either a Named or Designated Nurse and Doctor, or both, who lead on Safeguarding and Child Protection. At the Vale the designated Health Child Protection Lead is the school nurse, Meriem Chakal

Haringey NHS staff who are based on site at the Special Schools are managed on a day to day basis by the Head Teacher at the school. These guidelines have been written to provide further local guidance in relation to Safeguarding, and do not replace, but are in addition to The London Child Protection Procedures 2007 and the Information Sharing Protocol with which all staff should be familiar.

The needs of the child and the appropriate sharing of information between staff outweighs the relationships with families and between individual professionals. Decisions regarding referrals should always be made with this in mind.

1. Medical, Therapy and Nursing staff must work within the London Child Protection Procedures, and any additional procedures provided by the school. School Nurses have a particular role within health services to coordinate Child Protection information and concerns and attend strategy and case conference meetings as the key health professional.
2. The Haringey NHS Safeguarding Service which is led and managed by the Designated Nurse and provides services for Child Protection, Homeless & Travellers, Paediatric Liaison and Children in Care. The team is based at Station Road N22 with the Local Authority Safeguarding Team.
3. Where a doctor, therapist or nurse has concerns about a child, these concerns must be shared with the staff member's line manager within the NHS and the School's Designated Child Protection Lead at the earliest opportunity. If there is any doubt regarding the identity of the Designated Child Protection Lead the Head Teacher or Deputy Head should be contacted.
4. The School Nurse for the school must always be informed or consulted if there are safeguarding concerns about a child, whether those concerns are raised by school staff or NHS staff working in the school. The School's Designated Child Protection Lead should inform the School Nurse of all children where there are known or suspected child protection concerns and all meetings regarding safeguarding concerns about children in the school. The School Nurse will then ensure the sharing of that information with other NHS staff working within the school.
5. The School Nurse and the School's Designated Child Protection Lead should meet regularly as determined by the child's needs or the needs of professionals within the school to discuss any children of concern, and this must be at minimum, a termly meeting. As with all meetings concerning Child Protection, this meeting and any other meetings about children must be documented with decision making and care planning recorded by the health professional in individual children's records, and shared appropriately with staff.
6. A decision should be reached regarding the need for referral to Children's Social Care in discussion with the School Nurse and the School's Designated Child Protection Lead. The results of any referral or decision must be documented in the child's records and fed back to the Doctor, Therapist and School Nurse based at the School, and their line managers.
7. The School's Designated Child Protection Lead may have additional information about families that could assist NHS staff in carrying out their duties safely. Information must be shared if there is a possibility that Medical, Therapy and Nursing staff working with families at home may be at

risk. The Designated Child Protection Lead is responsible for sharing information in a way that allows all staff working in the school to make an informed risk assessment.

8. Information held by Therapists or Assistants. NHS Therapists and Assistants work very closely with families, children and teaching and support staff at school. They may become aware of confidential information about a child or family during their work.
9. Information gained about a child, that constitutes first party information, is information gained directly from the child or parent, or observed in the child or parent. This is information that may be directly reported in a referral.
10. NHS Therapists and Assistants may become aware of confidential information about a child or family during the course of their work that is not gained directly from working with a family. It may be shared with NHS staff by teaching staff or assistants and may be key to the protection of the child from harm. Should this situation arise the therapist or assistant **MUST** meet with the member of staff and establish the clear facts from the individual e.g. how much is known to be true and how much is supposition. The relevant facts should then be shared or checked with the School Nurse and the Designated Child Protection Lead at the school. Responses should be proportionate to the information received.
11. All concerns should be documented in the child's NHS records as this is the legal document used by health staff to record concerns about children, including fact versus opinion. Concerns should also be reported on the School's child protection disclosure form and a copy kept in the child's health record.
12. Should a difference of opinion or conflict arise between staff from different agencies e.g. the doctor, therapist or nurse feels that in discussion with their manager, a referral to Children's Social Care should be made, however the school feels that there is not enough evidence for referral, the matter should be discussed between the School's Designated Child Protection Lead and the individual's manager and Named Nurse, taking into account the requirement for challenge and authoritative practice by all practitioners working with children. Conflict should be resolved at the lowest possible level. The child's needs are paramount and the need for referral should err on the side of referral rather than not.
13. The School Nurse, if not based on site, and the GP, **MUST** be informed of referrals made to Children's Social Care as these professionals are key in protecting children.
14. In the school holidays the Doctor, Therapist and School Nurse should inform their NHS line manager(s) should they need to make a referral to Children's Social Care. Information must be shared with the School's Designated Child Protection Lead.

5. IMPLEMENTATION, DISSEMINATION AND REVIEW

This policy is reviewed annually by the designated child protection leads and ratified by the governing body. All staff read and agree to the policy during their induction. At this time they also read and sign Working Together to Safeguard Children Part 1.

Families are encouraged to be familiar with this policy via the school website. Copies of this policy and its associated documents are available from the school office.

Appendix 1: Categories of Abuse

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Children may be abused in an institutional or community setting, by those known to them, or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

There are four recognised types of abuse and it is important that all staff and volunteers know what they are and how to recognise them. These are;

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.

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
- 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
- running away

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative

acts. They may include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.

Signs of sexual abuse:

- sudden changes in behaviour or school performance
- displays of affection in a sexual way inappropriate to age
- tendency to cling or need reassurance
- tendency to cry easily
- regression to younger behaviour such as thumb sucking, acting like a baby
- complaints of genital itching or pain
- distrust of a familiar adult or anxiety about being left with a relative, babysitter or lodger
- unexplained gifts of money
- depression and withdrawal
- apparent secrecy
- wetting day or night
- sleep disturbance or nightmares
- chronic illness, especially throat infection or venereal disease
- anorexia or bulimia
- unexplained pregnancy
- fear of undressing eg. for sport
- phobias or panic attacks

Not all sexually abused children will show clear signs of disturbance. Some will be model pupils displaying none of the characteristic signs of sexual abuse.

Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child causing severe and persistent adverse effects on the child's emotional development, often by making them feel they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person, age or developmentally inappropriate expectations being imposed on children, causing children to feel frightened, or in the exploitation or corruption of children.

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

Signs of emotional abuse:

- physical, mental and emotional development lags
- admission of punishment which appears excessive
- over reaction to mistakes
- continual self-deprecation
- sudden speech disorders
- fear of new situations
- inappropriate emotional responses to painful situations
- neurotic behaviour (eg. rocking, hair twisting, thumb sucking)
- self mutilation
- fear of parents being contacted
- extremes of passivity or aggression
- drug/solvent abuse
- running away
- compulsive stealing or scavenging
- social isolation
- desperate attention-seeking behaviour
- depression, withdrawal
- air of detachment ('don't care' attitude)

Neglect

Neglect is the persistent failure to meet a child's basic and/or psychological needs, likely to result in serious impairment to the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment

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

Signs of neglect:

- constant hunger
- poor personal hygiene
- constant tiredness
- poor state of clothing
- emaciation
- frequent lateness or poor attendance
- untreated medical problems
- destructive tendencies

- low self-esteem
- neurotic behaviour
- poor or no social relationships
- running away
- compulsive stealing or scavenging

Poverty and neglect are totally different – they are not equivalent states.

Appendix 2 : Signs of Safety Principles:

- √ respect and honour families and children as people to do business with
- √ co-operate with the person not the abuse
- √ recognise that cooperation is possible even in the most difficult situations
- √ recognise that all families have some signs of safety that is working well
- √ maintain a clear and relentless focus on safety
- √ learn what the family & child want – what realistic goals can the family set & achieve?
- √ always search for detail through questions – be curious and balanced in your views and don't ignore new evidence
- √ focus on small change for families that is incremental – what can they do and what do they need to do it?
- √ don't confuse information gathering with judgements
- √ offer families some choices
- √ treat every interaction as an occasion for change
- √ accept that children and their families are the best judges of whether what we are doing is working and seek feedback

Signs of Safety Assessment and Planning Form

What are we Worried About?	What's Working Well?	What Needs to Happen?
<p>Past Harm to Children: Action/Behaviour – who, what, where, when; Severity; Incidence & Impact.</p> <p>Danger Statements: Future Danger for Children. Worries for the future if nothing changes.</p> <p>Complicating Factors: Factors which make the situation more difficult to resolve.</p>	<p>Existing Strengths: Best attributes of parenting</p> <p>Existing Safety/Protection: The strengths demonstrated as protection over time.</p> <p>Must directly relate to danger.</p>	<p>Safety Goals: Future Safety/ Protection What must the caregivers be doing in their care of the child that addresses the future danger?</p> <p>Family Goals: What does the family want generally and in relation to safety?</p> <p>Next Steps: What are the next steps to be taken to move towards achieving the goal?</p>
<p>Safety Scale: On a scale of 0 to 10 where 10 means the children are safe enough and Children's Social Care no longer need to be involved and 0 means it is too unsafe for the children to stay at home, where do we rate this situation? <i>(If different judgements place different people's number on the continuum).</i></p> <p style="font-size: 2em; font-weight: bold;">0</p> <p style="text-align: center;">←—————→</p> <p style="font-size: 2em; font-weight: bold;">10</p>		

APPENDIX 3 - CHILD PROTECTION: INCIDENT/DISCLOSURE FORM (INTERNAL)**Confidential**

All allegations, complaints or suspicions of abuse should be recorded as close to the time of the incident as possible. Details of incidents should be recorded in as much detail as possible, and as accurately as possible. Any disclosure of abuse being made by children and young people should be a reflection of what was actually said, do not try and interpret any of the information, just record what was said/witnessed.

Name of pupil _____ DOB _____ Class _____

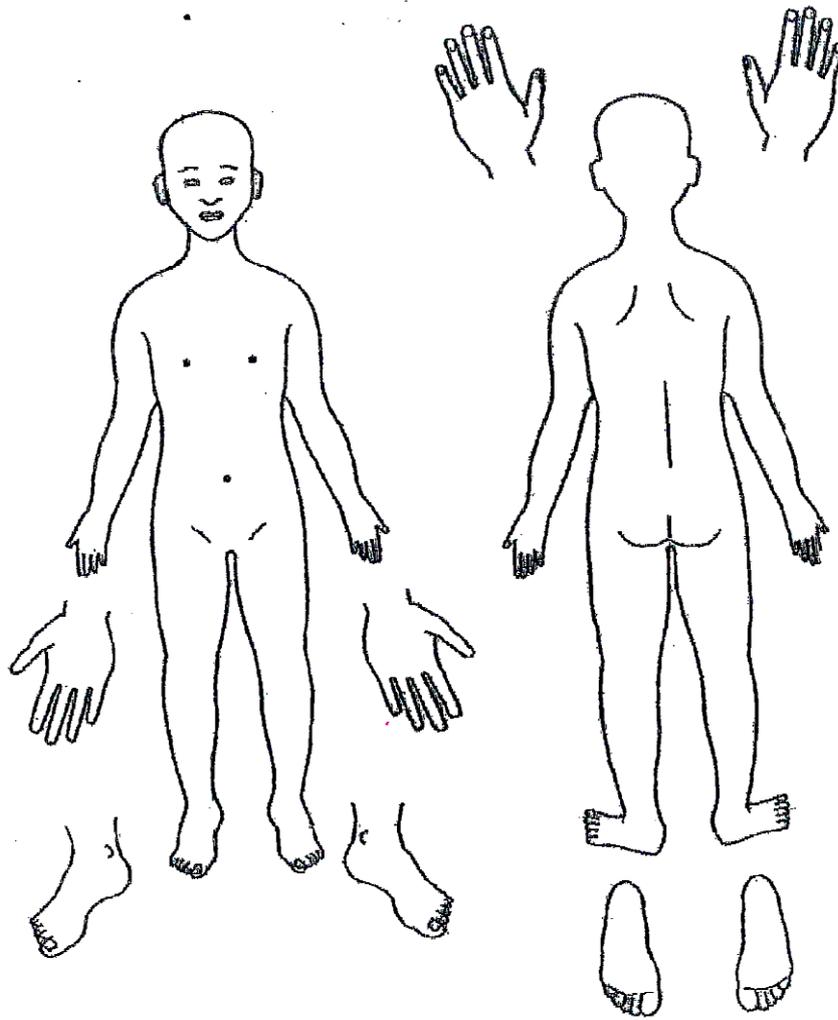
Date _____ Time observation/ incident/ concern _____

CONCERN INFORMATION

Signed _____ Printed name _____ Post held _____

PASS THIS FORM TO THE DESIGNATED CHILD PROTECTION LEAD IMMEDIATELY

Received by _____ Post held _____ Date _____



To be completed by designated person: Action

Signed _____ Printed name _____ Designated Child Protection Lead