

King's Cliffe Endowed School



CHILD PROTECTION POLICY

NOVEMBER 2015

REVIEW DATE - NOVEMBER 2016



King's Cliffe Endowed Primary School.

Child Protection Policy

1. INTRODUCTION

King's Cliffe Endowed Primary School dedicated to safeguarding and promoting the welfare of its pupils. It is the duty of all members of staff, both teaching and non-teaching, to play an active role in ensuring this. All members of staff are expected to be aware of and follow the Safeguarding procedures. In particular they need to be aware of their duty to report concerns, the guidance for identifying child abuse, what to do if a child makes an allegation of child abuse and issues about confidentiality.

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and taking action to enable all children to have the best life chances.

Staff and volunteers at King's Cliffe Endowed Primary School form part of a wider safeguarding system for children. The school is committed to working with social care, the police, health services and other services to promote the welfare of children and protect them from harm.

This Child Protection Policy forms part of a suite of documents and policies, which relate to the safeguarding responsibilities of the school.

In particular this policy should be read in conjunction with the following policies

- Anti-bullying
- PSHE
- Drugs
- Confidentiality
- Behaviour (including physical intervention)
- Attendance
- SEN
- Health and safety
- First Aid
- Safer recruitment
- Managing allegations
- Acceptable Use and E-safety
- Looked After Children



Purpose of a Child Protection Policy

To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children.
To enable everyone to have a clear understanding of how these responsibilities should be carried out.

Local Safeguarding Children Board Northamptonshire Procedures Manual

The school follows the procedures established by the Local Safeguarding Children Board Northamptonshire Procedures Manual.

School Staff & Volunteers

School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.
All school staff and volunteers will receive safeguarding children training, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. This training is refreshed every three years. It is good practice for the Designated Senior Person to deliver an annual update during staff training.
Temporary staff will be made aware of the safeguarding policies and procedures by the Designated Senior Person.
New staff, volunteers and Governors will be expected to read this policy as part of their induction process, in conjunction with Part One of Keeping Children Safe in Education (April 2014)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/447595/KCSIE_July_2015.pdf

Mission Statement

Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.

Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well being of a child.

Ensure children know that there are adults in the school whom they can approach if they are worried.

Ensure that children who have been abused will be supported in line with a child protection plan, where deemed necessary.

Include opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.



Contribute to the five outcomes which are key to children's wellbeing:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing

Implementation, Monitoring and Review of the Child Protection Policy

The policy will be reviewed annually by the governing body. It will be implemented through the school's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Senior Person and through staff performance measures.

2. STATUTORY FRAMEWORK

In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 175)
- Local Safeguarding Children Board Northamptonshire Procedures Manual
- Safeguarding Children and Safer Recruitment in Education (DfES 2006)
- The Education (Pupil Information) (England) Regulations 2005
- Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE 2011)
- Working Together to Safeguard Children (March 2015)
- Northamptonshire Thresholds and Pathways (May 2014)
- Keeping Children Safe in Education (July 2015)
- The Prevent Duty (June 2015)

Working Together to Safeguard Children (DfE 2015) requires all schools to follow the procedures for protecting children from abuse which are established by the Local Safeguarding Children Board Northamptonshire Online Procedures Manual.

Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse - these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

Keeping Children Safe in Education (DfES 2015) places the following responsibilities on all schools:



- Schools should be aware of and follow the procedures established by the Local Safeguarding Children Board Northamptonshire (NSCB).
- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions
- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse
- A Designated Senior Person should have responsibility for co-coordinating action within the school and liaising with other agencies
- Staff with designated responsibility for child protection should receive appropriate training
- Schools have a responsibility to provide a safe environment in which children can learn.
- In addition to working with the designated safeguarding lead staff members should be aware that they may be asked to support social workers to take decisions about children.
- If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. **Anybody can make a referral.**

3. THE DESIGNATED SENIOR PERSON

The Designated Senior Person for Child Protection in this school is:

NAME: _Mrs Lynda Bowyer_____

A Deputy DSP should be appointed to act in the absence/unavailability of the DSP.

The Deputy Designated Senior Person for Child Protection in this school is:

NAME: __Mrs Barbara Yeo_____

It is the role of the Designated Senior Person for Child Protection to:

- Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date
- Ensure that all staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children effectively and that this is kept up to date by refresher training at three yearly intervals



- Ensure that new staff receive a safeguarding children induction within 7 working days of commencement of their contract
- Ensure that temporary staff and volunteers are made aware of the school's arrangements for safeguarding children within 7 working days of their commencement of work.
- Ensure that the school operates within the legislative framework and recommended guidance
- Ensure that all staff and volunteers are aware of the NSCB Inter-agency Procedures and any other relevant local guidance e.g. safe drop off/collection of children guidance.
- Ensure that the Head Teacher is kept fully informed of any concerns
- Develop effective working relationships with other agencies and services, particularly social care services, the police, health services and other to protect children, and promote their welfare.
- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the EARLY HELP ASSESSMENT (EHA) or refer to Northamptonshire County Council Children Customers and Education Services Initial Contact Team, in line with the Northamptonshire Thresholds and Pathways guidance (May 2014).
- Liaise and work with NSCB over suspected cases of child abuse
- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision
- Submit reports to, ensure the school's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child
- Ensure that the school effectively monitors children about whom there are concerns, including notifying NSCB when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan
- Will be the designated teacher for any looked after children. They will ensure that they are kept safe, have the information that they need in relation to their legal status, understand their child care arrangements, keep the details of the child's social worker and virtual school head in the authority that looks after the child.
- Provide guidance to parents, children and staff about obtaining suitable support



- Discuss with new parents the role of the DSP and the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and how to access the child protection policy.
- Be given the time, funding training, resources and support to provide advice and support to other staff on child welfare and child protection matters, to take part in strategy discussions and inter-agency meetings – and/or to support other staff to do so - and to contribute to the assessment of children.

4. THE GOVERNING BODY

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment. It is recommended that a nominated governor for child protection is appointed to take lead responsibility. The nominated governor for child protection is:

NAME _____Katy Evans_____

In particular the Governing Body must ensure:

- Child protection policy and procedures
- Safe recruitment procedures
- Appointment of a DSP who is a senior member of school leadership team
- Relevant safeguarding children training for school staff/volunteers is attended
- Safe management of allegations
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay
- A member of the Governing Body (in this case the Chair) is nominated to be responsible in the event of an allegation of abuse being made against the Head Teacher
- Safeguarding policies and procedures are reviewed annually and information provided to the local authority about them and about how the above duties have been discharged
- Complete annual audit of Safeguarding policies and procedures.
- Ensure that the school contributes to inter-agency working in line with statutory guidance *Working Together to Safeguard Children 2015*. This includes providing a



co-ordinated offer of early help when needs of children are identified and contributing to inter-agency plans to provide additional support to children subject to child protection plans.

5. SCHOOL PROCEDURES - STAFF RESPONSIBILITIES

If any member of staff is concerned about a child he or she must inform the Designated Senior Person.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations.

The Designated Senior Person will decide whether the concerns should be referred to Northamptonshire County Council Children Customers and Education Services Initial Contact Team. If it is decided to make a referral this will be discussed with the parents, unless to do so would place the child at further risk of harm.

Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

If a pupil who is/or has been the subject of a child protection plan changes school, the Designated Senior Person will inform the social worker responsible for the case and transfer the appropriate records to the Designated Senior Person at the receiving school, in a secure manner, and separate from the child's academic file.

The Designated Senior Person is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Anybody can make a referral. If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.

6. WHEN TO BE CONCERNED

All staff and volunteers should be aware that the main categories of abuse are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – **see Appendix 1 for details.**



A child going missing from an education setting is a potential indicator of abuse and neglect.

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home
- Act in a way that is inappropriate to her/his age and development (full account needs to be taken of different patterns of development and different ethnic groups)
- Display insufficient sense of 'boundaries', lack stranger awareness
- Appear wary of adults and display 'frozen watchfulness'

7. LOOKED AFTER CHILDREN

The Designated Senior Person also has a responsibility for promoting the educational achievement of children who are looked after.

The most common reason for children becoming looked after is as a result of abuse and/or neglect. Governing bodies should ensure that the staff have the skills, knowledge and understanding necessary to keeping looked after children safe. In particular, they should ensure that the appropriate staff have the information they need in relation to a child's looked after legal status (whether they are looked after under voluntary arrangements with consent of parents or on an interim or full care order) and contact arrangements with birth parents or those with parental responsibility. They should also have information about the child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her.

The Designated Senior Person should have details of the child's social worker and the name of the virtual school head in the authority that looks after the child*.

Further and specific guidance can be found:-

<https://www.gov.uk/government/publications/designated-teacher-for-looked-after-children>

*The Children and Families Act 2014 requires local authorities in England to appoint at least one person for the purpose of discharging the local authority's duty to promote the educational achievement of its looked after children. That person (known as the virtual school head) must be an officer employed by the authority or another local authority in England.



8. DEALING WITH A DISCLOSURE

If a child discloses that he or she has been abused in some way, the member of staff / volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality.
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Senior Person without delay

Support

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Senior Person.

9. CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies.
- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that



they may need to pass information to other professionals to help keep the child or other children safe.

- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

10. COMMUNICATION WITH PARENTS

This school will:

Undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the child at further risk of harm.

Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

11. RECORD KEEPING

When a child has made a disclosure, the member of staff/volunteer should:

- Make brief notes as soon as possible after the conversation. Use the school record of concern sheet wherever possible.
- Not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions

All records need to be given to the Designated Senior Person promptly. No copies should be retained by the member of staff or volunteer.

The Designated Senior Person will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

12. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

An allegation is any information which indicates that a member of staff/volunteer may have:



- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children

This applies to any child the member of staff/volunteer has contact within their personal, professional or community life.

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook, school code of conduct or Government document '*Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings*'.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making an immediate written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Head Teacher.

If the concerns are about the Head Teacher, then the Chair of Governors should be contacted. The Chair of Governors in this school is:

NAME:	CONTACT NUMBER:
<u>Suzie Julien</u>	<u>07711 802322</u>

In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair in this school is:

NAME:	CONTACT NUMBER:
<u>Sarah Dresner</u>	<u>07771 907946</u>

The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The Head Teacher will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Designated Officer (formally DESIGNATED OFFICER) by emailing MASH@northamptonshire.gcsx.gov.uk or calling:

Multi-Agency Safeguarding up (MASH team)	0300 126 1000
Out of Hours service	01604 626938



- Referrals to the Designated Officer must be made within 24 hours of the incident.
- The Designated Officer has 3-5 working days and where a Designated Officer strategy meeting is appropriate, the Designated Officer will arrange the initial meeting to include the employer and relevant multi-agency partners.
- Allegations should be resolved within three months.

If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Designated Officer without delay.

If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with section 5.2 of the NSCB Child Protection Procedures Manual.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school's internal procedures.

The Head Teacher should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation.

For further information see:

NSCB Child Protection Procedures Manual – Chapter 5 Safer Workforce
<http://northamptonshirescb.proceduresonline.com/>

13. CHILD PROTECTION IN THE CURRICULUM

The curriculum deals with safeguarding in two ways. Firstly, the curriculum, in subjects such as Personal, Social and Health Education discusses relevant issues with the children. Topics include themes such as Drugs, Healthy Living, Relationships and Keeping Safe. Children are encouraged to explore and discuss these issues.

Secondly, the curriculum is designed so that safety issues within subjects are discussed and safe practices taught, such as using equipment properly in PE and Design and Technology. At all times appropriate staffing levels and agreed pupil/adult ratios are maintained.

For all educational visits, residential and other outdoor activities the lead adult writes and carries out a full risk assessment. All trips are finally authorised by the Head teacher. (See Educational Visits Policy) Children partaking in activities outside the school grounds wear identification bracelets for the duration of the activity.

Policy Review

This policy will be reviewed in full by the Strategic Committee on an annual basis.



The policy was last reviewed and agreed by the Governing Body on 23/11/15.

It is due for review on 11/2016 (up to 12 months from the above date).

Signature Date

Head Teacher

Signature Date

Chair of Governors



APPENDIX 1 - INDICATORS OF HARM

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.

Indicators in the child

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress. If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is



usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self harm even in young children.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds.



Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get but and there will be splash marks

Scars

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

Emotional/behavioural presentation

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school

An explanation which is inconsistent with an injury

Several different explanations provided for an injury

Indicators in the parent

May have injuries themselves that suggest domestic violence

Not seeking medical help/unexplained delay in seeking treatment

Reluctant to give information or mention previous injuries

Absent without good reason when their child is presented for treatment

Disinterested or undisturbed by accident or injury

Aggressive towards child or others



Unauthorised attempts to administer medication
Tries to draw the child into their own illness.
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
May appear unusually concerned about the results of investigations which may indicate physical illness in the child
Wider parenting difficulties may (or may not) be associated with this form of abuse.
Parent/carer has convictions for violent crimes.

Indicators in the family/environment

Marginalised or isolated by the community
History of mental health, alcohol or drug misuse or domestic violence
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

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



Indicators in the child

Developmental delay

Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment

Aggressive behaviour towards others

Child scapegoated within the family

Frozen watchfulness, particularly in pre-school children

Low self esteem and lack of confidence

Withdrawn or seen as a 'loner' - difficulty relating to others

Over-reaction to mistakes

Fear of new situations

Inappropriate emotional responses to painful situations

Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)

Self harm

Fear of parents being contacted

Extremes of passivity or aggression

Drug/solvent abuse

Chronic running away

Compulsive stealing

Low self-esteem

Air of detachment – 'don't care' attitude

Social isolation – does not join in and has few friends

Depression, withdrawal

Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention

Low self esteem, lack of confidence, fearful, distressed, anxious

Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.

Abnormal attachment to child e.g. overly anxious or disinterest in the child

Scapegoats one child in the family

Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.

Wider parenting difficulties may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

Lack of support from family or social network.

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.



History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

NEGLECT

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

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

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

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

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

Swollen limbs with sores that are slow to heal, usually associated with cold injury

Abnormal voracious appetite

Dry, sparse hair

Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea

Unmanaged / untreated health / medical conditions including poor dental health

Frequent accidents or injuries

Development

General delay, especially speech and language delay

Inadequate social skills and poor socialization



Emotional/behavioural presentation

Attachment disorders
Absence of normal social responsiveness
Indiscriminate behaviour in relationships with adults
Emotionally needy
Compulsive stealing
Constant tiredness
Frequently absent or late at school
Poor self esteem
Destructive tendencies
Thrives away from home environment
Aggressive and impulsive behaviour
Disturbed peer relationships
Self harming behaviour

Indicators in the parent

Dirty, unkempt presentation
Inadequately clothed
Inadequate social skills and poor socialisation
Abnormal attachment to the child. e.g. anxious
Low self esteem and lack of confidence
Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
Child left with adults who are intoxicated or violent
Child abandoned or left alone for excessive periods
Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

History of neglect in the family
Family marginalised or isolated by the community.
Family has history of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals



Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating

Lack of opportunities for child to play and learn

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators in the child

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas

Recurrent pain on passing urine or faeces

Blood on underclothes

Sexually transmitted infections

Vaginal soreness or bleeding

Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father

Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

Makes a disclosure.

Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit

Inexplicable changes in behaviour, such as becoming aggressive or withdrawn

Self-harm - eating disorders, self mutilation and suicide attempts



Poor self-image, self-harm, self-hatred
Reluctant to undress for PE
Running away from home
Poor attention / concentration (world of their own)
Sudden changes in school work habits, become truant
Withdrawal, isolation or excessive worrying
Inappropriate sexualised conduct
Sexually exploited or indiscriminate choice of sexual partners
Wetting or other regressive behaviours e.g. thumb sucking
Draws sexually explicit pictures
Depression

Indicators in the parents

Comments made by the parent/carer about the child.
Lack of sexual boundaries
Wider parenting difficulties or vulnerabilities
Grooming behaviour
Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.
History of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Family member is a sex offender.

Further information on Child Sexual Exploitation and Female Genital Mutilation

Child sexual exploitation(CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.



Female Genital Mutilation (FGM): professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 11-12 of the Multi-Agency Practice Guidelines referred to above. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

Indicators of Significant Harm

This guidance is intended to help all professionals who come into contact with children. It should not be used as a comprehensive guide, nor does the presence of one or more factors prove that a child has been abused, but it may however indicate that further enquiries should be made.

The following factors should be taken into account when assessing risks to a child. This is not an exhaustive list.

- An unexplained delay in seeking treatment that is obviously needed;
- An unawareness or denial of any injury, pain or loss of function;
- Incompatible explanations offered or several different explanations given for a child's illness or injury;
- A child reacting in a way that is inappropriate to his/her age or development;
- Reluctance to give information or failure to mention previous known injuries
- Frequent attendances at Accident and Emergency Departments or use of different doctors and Accident and Emergency Departments;
- Frequent presentation of minor injuries (which if ignored could lead to a more serious injury);
- Unrealistic expectations/constant complaints about the child;
- Alcohol misuse or other substance misuse;
- A parent's request to remove a child from home or indication of difficulties in coping with the child;
- Domestic abuse;
- Parental mental ill health;
- The age of the child and the pressures of caring for a number of children in one household.

Prevention of children who may be vulnerable to Radicalisation (Prevent Duty)

In order for schools and childcare providers to fulfil the Prevent duty, it is essential that



staff are able to identify children who may be vulnerable to radicalisation, and know what to do when they are identified. Schools and childcare providers can also build pupils' resilience to radicalisation by promoting fundamental British values and enabling them to challenge extremist views. It is important to emphasise that the Prevent duty is not intended to stop pupils debating controversial issues. On the contrary, schools should provide a safe space in which children, young people and staff can understand the risks associated with terrorism and develop the knowledge and skills to be able to challenge extremist arguments.

There is no single way of identifying an individual who is likely to be susceptible to a terrorist ideology. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Children at risk of radicalisation may display different signs or seek to hide their views. School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately.

Even very young children may be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour. The Prevent duty does not require teachers or childcare providers to carry out unnecessary intrusion into family life but as with any other safeguarding risk, they must take action when they observe behaviour of concern. Any concerns must be reported to the DSP.

For more details on Prevent Guidance please see:-

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-departmental-advice-v6.pdf

Further guidance

Procedures and guidance for children in specific circumstances is available through the NSCB Child Protection Procedures Manual. For example Children Missing Education, Safeguarding Children from Dangerous Dogs or Children of Parents who Misuse Drugs or Alcohol. A full list can be found using the link below:-

<http://northamptonshirescb.proceduresonline.com/chapters/contents.html>

USEFUL LINKS

Local

Northamptonshire Safeguarding Children Board (NSCB):

John Dryden House

8-10 The Lakes

Northampton

NN4 7YD

01604 364036

<http://www.northamptonshirescb.org.uk/>

Thresholds and Pathways document:



<http://www.northamptonshire.gov.uk/en/councilservices/children/childrens-centres/Documents/PDF%20Documents/Thresholds%20and%20Pathways%20June%202014.pdf>

National

National Society for Prevention of Cruelty to Children (NSPCC):

<https://www.nspcc.org.uk/>

0808 800 5000

Childline:

<http://www.childline.org.uk/Pages/Home.aspx>

0800 1111

Child Exploitation and Online Protection (CEOP):

<http://ceop.police.uk/>

0870 000 3344

APPENDIX 2 - PROCEDURE TO FOLLOW IN CASES OF POSSIBLE, ALLEGED OR SUSPECTED ABUSE, OR SERIOUS CAUSE FOR CONCERN ABOUT A CHILD

Contents

A	General	
B	Individual Staff/Volunteers/Other Adults - main procedural steps	
C	Designated Safeguarding Lead – main procedural steps	

A. General

- 1) The Local Safeguarding Children Board for Northamptonshire Procedures contains the inter-agency processes, protocols and expectations for safeguarding children. (Available on NSCB website <http://www.northamptonshirescb.org.uk/>). The Designated Safeguarding Lead is expected to be familiar with these, particularly the referral processes and with NCC “Thresholds and Pathways”.
- 2) It is important that all parties act swiftly and avoid delays.
- 3) Any person may seek advice and guidance from the Multi-Agency Safeguarding Hub particularly if there is doubt about how to proceed (see contacts at the start of this policy document). Any adult, whatever their role, can take action in his/her own right



to ensure that an allegation or concern is investigated and can report to the investigating agencies.

- 4) Written records, dated and signed, must be made to what has been alleged, noticed and reported, and kept securely and confidentially.
- 5) In many cases of concern there will be an expectation that there have already been positive steps taken to work with parents and relevant parties to help alleviate the concerns and effect an improvement for the child. This is appropriate where it is thought a child may be in need in some way, and require assessment to see whether additional support and services are required. An example might be where it is suspected a child may be the subject of neglect. In most cases the parents' knowledge and consent to the referral are expected, unless there is reason for this not being in the child's interest. However, there will be circumstances when informing the parent/carer of a referral that might put the child at risk, and in individual cases advice from Children's Social Care will need to be taken.

B. Individual Staff/Volunteers/Other Adults – main procedural steps

- 1) When a child makes a disclosure, or when concerns are received from other sources, do not investigate, ask leading questions, examine children, or promise confidentiality. Children making disclosures should be reassured and if possible at this stage should be informed what action will be taken next.
- 2) As soon as possible write a dated, timed and signed note of what has been disclosed or noticed, said or done and report to the Designated Safeguarding Lead in the school.
- 3) If the concern involves the conduct of a member of staff or volunteer, a visitor, a governor, a trainee or another young person or child, the Headteacher must be informed. The Headteacher will contact the Designated Officer to seek advice.
- 4) If the allegation is about the Headteacher, the information should normally be passed to the Chair of Governors or the Local MASH/Designated Officer). See contacts above
- 5) If this has not already been done, inform the child (or other party who has raised the concern) what action you have taken.

C. Designated Safeguarding Lead – Main Procedural Steps

- 1) Begin a case file for pupils where there are concerns, with an overview chronology, which will hold a record of communications and actions. This must be stored securely (see Section on Records and Monitoring).
- 2) Where initial enquiries do not justify a referral to the investigating agencies inform the initiating adult and monitor the situation. If in doubt, seek advice from the Multi-Agency Safeguarding Hub: 0300 126 1000.
- 3) Share information confidentially with those who need to know.



- 4) Where there is a child protection concern requiring immediate, same day, intervention from Children's Social Care (Priority 1), the Multi-Agency Safeguarding Hub should be contacted immediately by phone. Written confirmation should follow within 24 hours on the NSCB Agency Referral Form. All other referrals should be made firstly through a telephone conversation with the Multi-Agency Safeguarding Hub and then by following up with the online form, where requested to do so. The Multi-Agency Safeguarding Hub is available for advice on the advice line number given in the contact details above.
- 5) If it appears that urgent medical attention is required arrange for the child to be taken to hospital (normally this means calling an ambulance) accompanied by a member of staff who must inform medical staff that non-accidental injury is suspected. Parents must be informed that the child has been taken to hospital.
- 6) Exceptional circumstances: If it is feared that the child might be at immediate risk on leaving school, take advice from the Multi-Agency Safeguarding Hub (for instance about difficulties if the school day has ended, or on whether to contact the police). Remain with the child until the Social Worker or Police take responsibility. If in these circumstances a parent arrives to collect the child, the member of staff has no right to withhold the child, unless there are current legal restrictions in force (e.g. a restraining order). If there are clear signs of physical risk or threat, the Multi-Agency Safeguarding Hub should be updated and the Police should be contacted immediately.

APPENDIX 3 - PROCESS FOR DEALING WITH ALLEGATIONS AGAINST STAFF (INCLUDING HEADTEACHERS) AND VOLUNTEERS

These procedures should be followed in all cases in which there is an allegation or suspicion that a person working with children has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children.

Relevant documents:

- DfE *"Keeping Children Safe in Education: Statutory guidance for schools and colleges"* – July 2015 Part 4.
- NSCB procedures online – Section 5.

A. Individual Staff/Volunteers/Other Adults who receive the allegation:

- 1) Write a dated and timed note of what has been disclosed or noticed, said or done.
- 2) Report immediately to the Headteacher.
- 3) Pass on the written record.



- 4) If the allegation concerns the conduct of the Headteacher, report immediately to the Chair of Governors. Pass on the written record. (If there is difficulty reporting to the Chair of Governors, contact the Designated Officer by phoning (0300 126 1000) or emailing the MASH team MASH@northamptonshire.gcsx.gov.uk .)

B. Headteacher

- 1) If there is no written record, write a dated and timed note of what has been disclosed or noticed, said or done.
- 2) Before taking further action notify and seek advice from the Designated/Multi-Agency Safeguarding Hub on the same day.
- 3) You may be asked to clarify details or the circumstances of the allegation, but this must not amount to an investigation.
- 4) Ongoing involvement in cases:
 - Liaison with the Designated Officer
 - Co-operation with the investigating agency's enquiries as appropriate.
 - Consideration of employment issues and possible disciplinary action where the investigating agencies take no further action.

C. Chair of Governors (only relevant in the case of an allegation against the Headteacher)

- 1) If there is no written record, write a dated and timed note of what has been disclosed or noticed, said or done.
- 2) Notify the Designated Officer/Multi-Agency Safeguarding Hub on the same day.
- 3) You may be asked to clarify details or the circumstances of the allegation, but this must not amount to an investigation.
- 4) Ongoing involvement in cases:
 - Liaison with the Designated Officer
 - Co-operation with the investigating agency's enquiries as appropriate.
 - Consideration of employment issues and possible disciplinary action where the investigating agencies take no further action.

