



Hillside Junior School

CHILD PROTECTION POLICY

POLICY DETAILS:

Legal Status: Statutory

Adopted:

Version Date: September 2017

Last Review: 18.September 2017

Next Review: September 2018

Aim: To keep children safe.
Create a culture of vigilance.
To ensure that staff know how to react and what to do if they suspect a child is being abused, neglected or vulnerable.
To always work in the best interest of the children.

Designated member of staff responsible for coordination of action within the school and liaising with other agencies is: **Mrs Veronica Shepherd** (Head Teacher and Designated Safeguarding Lead), **Mr Andrew Davies** (Deputy Headteacher, Deputy Safeguarding Lead) and **Miss Olivia O'Connor** (Inclusion Manager).

Governor responsible for child protection is: **Liz Stephenson**.

These are the procedures we follow:

[Working together to Safeguard Children 2015](#)

All relevant contact numbers are on the inside cover of the Child Protection folder and useful links.

Staff training was updated on September 2017 where the following documents were discussed:

- DFE - Keeping Children Safe in Education (Information for School and College Staff) 2016
- DFE [Guidance for safer working practices for adults who work with children and young people 2015](#)

All staff and governors working with children should read this booklet:

[What to do if you are worried a child is being abused.](#)

DEFINITIONS OF ABUSE:

Emotional Abuse

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only for meeting the needs of another person. It may include not giving the child the 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 the over protection 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 cyber bullying) causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone.

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, shelter and clothing, including exclusion from home or abandonment. Neglect may be failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-givers, or failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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 causes, ill health to a child whom they are looking after. This situation is commonly described using terms such as factitious illness by proxy or Munchausen's syndrome by proxy. 'Honour based' violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.

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 (e.g. rape or buggery or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual images or watching sexual activities, or 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 commit acts of sexual abuse as can other children.

CSE

Child sexual exploitation 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.

FGM - Female Genital Mutilation

The school community needs 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. Staff must activate local safeguarding procedures using existing national and local protocols for multi-agency liaison with police and children's social care. There is a mandatory duty on teachers to report FGM.

CME

Children missing in education should be reported to the Participation Team straight away.

IDENTIFYING ABUSE

A child may disclose abuse in a number of ways, for example; verbal disclosure, written word, pictorial representation, or through changes in his/her behaviour. The disclosure may take place on one specific occasion, or over a period of time. A child will generally make his/her disclosure to a trusted person. This could be a member of their family or a friend; but is often to a member of staff in school. Additional barriers can exist when recognising abuse and neglect in relation to children with SEN and disabilities. Everyone needs to be vigilant. Children whose attendance is a concern will be discussed with the Participation Team. Any child whose whereabouts cannot be accounted for will be reported to the Participation Team in line with Children Missing from Education CME.)

SIGNS AND SYMPTOMS

The following behavioural signs may or may not be indications that abuse has taken place; but the possibility should be considered:

Physical signs of abuse:

- Any injuries not consistent with the explanation given for them.
- Injuries which occur to the body, in places which are not normally exposed to via falls, rough games etc.
- Injuries which have not received medical attention.
- Neglect - under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care etc.
- Reluctance to change for, or participate in, games or swimming.
- Repeated urinary infections, or unexplained tummy pains.
- Bruises, burns, bites and fractures etc, which do not have an accidental explanation.
- Cuts/scratches/substance abuse.

Emotional signs of abuse:

- Changes of regression in mood or behaviour, particularly where a child withdraws or becomes 'clingy'. Also, depression/aggression, extreme anxiety.
- Nervousness, frozen watchfulness.
- Obsessions or phobias.
- Sudden under achievement or lack of concentration.
- Inappropriate relationships with peers and / or adults.
- Attention-seeking behaviour.
- Persistent tiredness.
- Running away / stealing / lying.

Signs of possible Sexual Abuse:

- Any allegations made by a child concerning Sexual Abuse.
- Child with excessive preoccupation with sexual matters, and detailed knowledge of adult sexual behaviour; or who regularly engages in age-appropriate sexual play.
- Sexual activity through words, play or drawing.
- A child who is sexually provocative, or seductive, with adults.
- Inappropriate bed-sharing arrangements at home.
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares; sometimes with overt or veiled sexual connotations.
- Eating disorders - anorexia, bulimia.

PROCEDURES

When staff see signs, which cause them concern, they should immediately talk to the Headteacher or the designated teacher for child protection. A concern sheet should be filled in. After discussion with the Headteacher or the designated member of staff, further information should be sought from the child, if necessary. This must be done with tact and sympathy. See **Appendix 2** for Referral Procedures

Talking to the child

It may be felt that the class teacher or member of the support staff would be the appropriate person to talk to the child rather than the designated member of staff.

Staff should be aware that the way in which they talk to a child can have an effect on the evidence which is put forward if there are subsequent criminal proceedings.

"Tell me what has happened." Listen; do not interrupt if the child is freely recalling events.

See **Appendix 1** 'Responding to children.'

Note taking

Staff should record the time, date, place and people who were present, as well as what was said.

Comments about how an injury or incident occurred should be recorded, quoting the words actually used if possible. There is no requirement for these notes to be made available to parents in this case. Notes will be stored in a separate folder next to the pupil's record in the headteacher's office.

Confidentiality

When talking to a child, or interviewing anybody else offering information, it should be made clear that it **may not** be possible to maintain confidentiality if this would prejudice the child's welfare. Protecting the child must always take priority. The child should be assured that the matter will be disclosed only to the people that need to know about it.

Vulnerable Children

Vulnerable children are children who may not be abused but may have difficulty in keeping themselves safe. This may be on a temporary basis. Vulnerable children in school may have had an incident of bullying reported towards them. These children should be supported and listened to and a concern sheet filled in. Their class teacher should be informed and all staff should be aware, so that they can be monitored on the playground. A buddy should be provided at play times and the behaviour monitored. The 'bully' should be dealt with under the behaviour policy, but staff should be aware that children who bully may well be bullied themselves.

Allegations against Staff Members

All staff are required to report any concern or allegations about school practices or the behaviour of colleagues, which are likely to put pupils at risk of abuse or other serious harm. Such reports are made to the Designated Safeguarding Lead and the Local Authority Designated Officer (LADO). Where an allegation or complaint is made against the Designated Safeguarding Lead, the matter will be reported immediately to the Chair of Governors. There will be no retribution or disciplinary action taken against a member of staff for making such a report, provided that it is done in good faith. There is a separate policy on 'Whistle Blowing'.

Role of Designated Safeguarding Lead

1. Recognise signs of abuse.
2. Know the child protection procedures.
3. Be able to refer to appropriate agencies.
4. Keep up to date with Child Protection training.
5. Provide training for members of staff.
6. Prepare reports for Case Conferences and Core Group Meetings and support colleagues who may be attending these.
7. Ensure the monitoring of any child placed on the child protection register.
8. Monitor the curriculum which will build awareness of the danger of abuse, helping children to protect themselves and develop responsible attitudes (link to PSHCE, R.E. and "hidden" curriculum).
9. Ensure vulnerable children are monitored.
10. Ensure that the LA is informed of any child in a private fostering.

Role of the Headteacher

The Headteacher needs to take responsibility for ensuring the followings:

1. That there are Child Protection, Anti-Bullying and Restraint Policies active within the school.
2. Be able to respond when a Child Protection concern arises about a child in the school.
3. Consult with LA Lead Officer about any allegation regarding a staff member.
4. Speak to parents when necessary.
5. Make appropriate referrals.
6. Ensure information about children on the Child Protection Register is passed on to receiving schools if a child moves.
7. Receive current, up to date training annually.
8. Ensure vulnerable children are being monitored.
9. Ensure all staff are updated on safeguarding, at least annually.
10. Ensure all staff have read and understood Part 1 of 'Keeping Children Safe in Education Sept 2016'.

Role of the Governors

1. Ensure a Designated Lead and a Deputy Designated Lead, are appointed in their schools.
2. Have a full understanding of the roles of the Designated Lead and Deputy Designated Teachers for Child Protection.
3. Check child protection training has been given to all staff annually.
4. Review the Child Protection Policy annually.
5. Ensure school staff and volunteers are vetted by checking the Central Register.
6. Designated governor to sign that they have seen the Central Register
7. Receive a full annual report on all Child Protection matters
8. Ensure a copy of child protection policy approved by Full Governors is available for parents
9. Ensure that the staff follow safer recruitment procedures

September 2017

Review date: September 2018

Related Policies

- Prevent Policy
- Attendance Policy
- Good Behaviour Policy
- Whistleblowing policy

Important Links

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|---------------------------------|--|
| Designated Safeguarding lead | Veronica Shepherd 01923825991 vshepherd@hillsidejunior.org |
| Deputy Safeguarding Lead | Andrew Davies 01923825991 adavies@hillsidejunior.org |
| Safeguarding Governor | Liz Stephenson ej.stephenson@btinternet.com |
| Chair of Governors | Joy Mason chairgb@hillsidejunior.org |
| Child Protection Lead LBH: | Megan Brown 01895 277463 Mobile: 07702989901 mbrown3@hillingdon.gov.uk |
| LADO (Complaints against staff) | Megan Brown 01895 277463 Mobile: 07702989901 |
| Hillingdon Duty Social Worker: | 01895 556633 Out of Hours: 01895 277226 or 250111 |
| Email: | lbhmash@hillingdon.gov.uk or mashsecure@hillingdon.gcsx.gov.uk |
| Duty Social Worker: | 01438 737500 (Hertfordshire) |
| Participation Officer | Rita Payne 01895 250858 ritap@hillingdon.gov.uk |
| School Nurse: | Sarah Whelan Mobile: 07984613569 01895485270 sarah.whelan@nhs.net |

Appendix 1

Responding to Children:

1. **Listen** to the child. Allow them to talk freely.

Ask 'Can you tell me who it was?' If they won't answer don't push them or offer suggestions.

Stop. Don't ask any more questions. We are here to gather information in order to make a referral and not to investigate

2. **Tell** the child they are not to blame.

3. **Take seriously** what the child has said. We should not make judgements about the information given.

4. **Affirm** 'I'm, glad you told me. It was right to tell me. You have been brave and strong to tell me'.

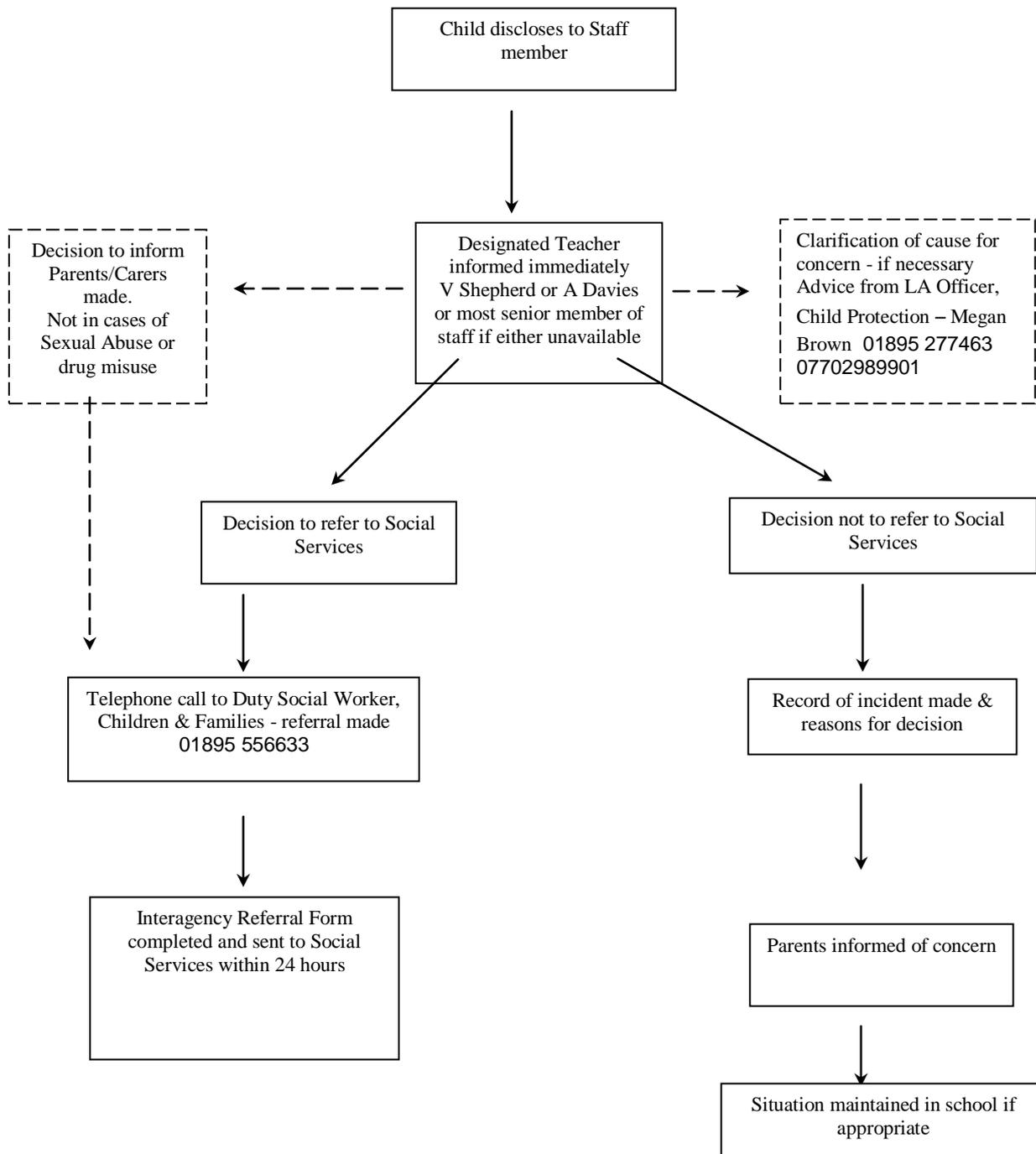
5. **Refer** - tell the child you must tell other people who can help. Tell the person responsible for the child protection within your school.

6. **Follow** the boroughs guidelines and procedures (In Child Protection folder in the staffroom)

7. **Put** in writing what the child has told you as soon as possible. Certainly within 24 hours.

NEVER TELL A CHILD YOU WILL KEEP A SECRET THEY HAVE TOLD YOU.

Appendix 2
Referral Procedures for when a child is making a disclosure of abuse



NB: At each stage advice can be sort from the Lead Officer for Child Protection in Education, Youth & Leisure (Megan Brown) 01895 277463

Appendix 3

REFERRAL CHECKLIST

Referrer's Name Designation and Contact Point

Full Name of Child for whom there is concern

Date of Birth

School Attended

Race Culture Language and Religion of Child

Address of Child

Carers of Child - full name, date of birth, address, telephone number, their race culture language and religion and whether they have any special needs.

People with Parental Responsibility: if different

Health Visitor

General Practitioner

School Nurse

Details of how the concern was aroused, for how long there has been concern and reason for present contact being made to register concern.

Description of Cause for concern details of any injuries noticed, how noticed, when noticed and the site(s) size(s) and description of the injuries.

Anything the Child or anyone else has said about the injury or cause for concern, e.g. how it happened, where it happened, when it happened, who else was there at the time.

Details and Dates of Incidents causing concern in the past and how they have been dealt with.

Information about the general appearance of the child now and if this is consistent with how the child generally appears.

Any Observations about the family generally; siblings and school attended, dates of birth, ages, degree and regularity of contact with referred, general care and attitude of parents to children.

Where the Child is now

Whether anyone has been alleged to be the abuser

Whether the Parents have been informed about the referral.