

St Mary's CE Primary Safeguarding & Child Protection Policy March 2017

Do everything in love



1 Corinthians 16:14

Learning to Love, Loving to Learn

Reviewed February 2017

Presented to Governors:

St Mary's Church of England Primary School is a warm, friendly and welcoming Church school that provides high quality education for all its pupils. As a Church school we hold our Christian values at the heart of everything we do. These are: Love; Respect; Determination; Courage; Compassion; and Honesty.

It is very important to us that the children are happy and experience the best education possible. We value strong links and a close partnership between home, church and school and recognise the importance of trust and shared responsibility in education.

SAFEGUARDING AND CHILD PROTECTION POLICY

SCHOOL DETAILS

Head teacher / Senior Designated Person:	Mrs R Tainsh
Deputy Designated Person/s:	Mrs G Hulse
Designated Governor for Safeguarding:	Mrs T Worrall
Chair of Governors:	MrS T Worrall
Policy Date:	March 2017
Policy Status:	<i>Statutory</i>
Policy Review Cycle:	Annual
Next Review Date:	March 2018

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1.0 INTRODUCTION

- 1.1 St Mary's fully recognises its duty toward safeguarding and promoting the welfare of children under Section 175 of the Education Act 2002. (Section 157 for Academies)
- 1.2 The Governing body takes seriously its responsibility under section 175 of the Education Act 2002 to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support those children who are suffering harm.
- 1.3 The aim of this policy is to establish a 'whole School' approach to Safeguarding Children, in order to:
 - Protect children from maltreatment
 - Prevent impairment of children's health or development
 - Ensure that children are growing up in circumstances consistent with the provision of safe and effective care undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully
- 1.4 St Mary's will prevent abuse and neglect by ensuring that the ethos and atmosphere of the school is conducive to a safe environment. Pupils and parents/carers will feel supported and able to report safeguarding concerns to any member of staff. Staff will feel they are supported by colleagues and senior management team, including the governing body, and are able to report and seek advice and guidance on any safeguarding concerns.
- 1.5 Safeguarding children and young people will be reflected throughout the curriculum.
- 1.6 As part of our safeguarding ethos, St Mary's encourages pupils to respect the fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs. The School ensures that partisan political views are not promoted in the teaching of any subject in the school and where political issues are brought to the attention of the pupils, reasonably practicable steps will be taken to offer a balanced presentation of opposing views to pupils.
- 1.7 Under duties imposed as part of the Prevent Duty Guidance 2015, St Mary's will ensure that situations are suitably risk assessed, that they will work in partnership with other agencies, that all staff are suitably trained and that IT policies will ensure that children and young people are safe from terrorist and extremist material when accessing the internet in school.
- 1.8 St Mary's will protect children at risk of abuse and neglect by having Safeguarding Procedures in place that reflect current legislation, guidance and best practice.
- 1.9 The School also ensures that safer recruitment practices are followed when recruiting staff at all levels across the school, including volunteers. Induction and

continuous staff training on safeguarding children relevant to role and responsibilities is also provided.

- 1.10 The School will make key decisions regarding information sharing in line with guidance and data protection and will always seek to gain parent's consent, but will always consider the paramount principle (Section 1 of the Children's Act 1989) whereby the child's needs are paramount.
- 1.11 This policy has been developed in consultation with Halton Safeguarding Children Board in accordance with the principles established by:
- Children Acts 1989 & 2004
 - Education Act 2002
 - Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012
 - Counter-Terrorism and Security Act 2015
 - Childcare Act 2006; Childcare (Disqualification) Regulation 2009

and with reference to the following key documents:

- *Working Together to Safeguard Children (HM Government, March 2015)*
- *Keeping Children Safe in Education (DfE March 2015)*
- *What to do if you're worried a child is being abused (HM Government, March 2015)*
- *Prevent Duty Guidance (2015)*
- *Information Sharing (HM Government, March 2015)*
- *Halton Safeguarding Children Board Pan-Cheshire Multi-Agency Safeguarding Children Procedures*
(<http://www2.halton.gov.uk/pdfs/socialcareandhealth/pancpi>)

- 1.12 This policy should be viewed alongside the following other School policies which have relevance to safeguarding and promoting the welfare of children:

- Whistleblowing Policy
- Code of Conduct
- Allegations Management / Allegations Against Adults Policy
- Safer Recruitment and Retention Policy
- Complaints Policy
- Staffing Checks Safeguard Policy
- Behaviour / Rewards Policy
- Anti-Bullying Policy
- Use of Physical Intervention / Restraint Policy
- First Aid / Medications Policy
- Intimate Care Policy
- Drugs and Substance Misuse Policy
- Attendance Policy
- Sex and Relationships Education
- E-Safety
- Educational Visits Policy
- Health and Safety Policy

- 1.13 Safeguarding is everybody's responsibility and, as such, this policy applies to all staff and volunteers working in the School. An allegation, disclosure or suspicion of abuse, or an expression of concern about abuse, could be made to any member of staff, not just those with a teaching or welfare-related role. Similarly, any member of staff may observe or suspect an incident of abuse.
- 1.14 This policy applies to all staff (including paid staff and volunteers, permanent / temporary / ancillary / supply contracts), governors and students on placement.
- 1.15 This policy replaces *Safeguarding/Child Protection Policy January 2016*

2.0 DEFINITIONS

2.1 Child

A child is anyone who has not yet reached their 18th birthday.

2.2 Abuse and Neglect

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 a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

2.3 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.

2.4 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
- not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- 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
- causing children to see or hear the ill-treatment of another
- serious bullying(including cyber bullying)
- causing children frequently to feel frightened or in danger
- 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.

2.5 Neglect

Neglect is the persistent failure to meet a child's basic physical and 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 (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.

2.6 Sexual Abuse

2.6.1 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.

2.6.2 Child Sexual Exploitation (CSE) is also sexual abuse of a child. The definition of Child Sexual Exploitation is:

2.6.3 Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their

social/economic and/or emotional vulnerability.

- 2.6.4 St Mary's follows the Pan-Cheshire CSE Protocol (available from the HSCB website) and acknowledges that preventing sexual abuse in the form of CSE forms part of the Halton Safeguarding Children Board priorities.

2.7 Female Genital Mutilation

- 2.7.1 Female Genital Mutilation (FGM) involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life.
- 2.7.2 In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003.
- 2.8 Further information regarding the signs and indicators of abuse can be found in Appendix 3.

3.0 ACCOUNTABILITY

- 3.1 All staff, volunteers and governors working in the school, are responsible for the operation of this policy.
- 3.2 The Senior Designated Person for the school is:
Mrs R Tainsh HeadTeacher
In their absence, the Deputy Designated Persons are:

Mrs G Hulse Deputy Head
Mr S Owen Assistant Head
Mrs A Gunther HLTA
- 3.3 In addition, the Governing Body has a Designated Governor for Safeguarding. The Designated Governor for Safeguarding is:
Mrs T Worrall – contact details kept in office.
- 3.4 All members of staff have a legal duty to report any disclosure, allegation or suspicion of abuse, to the Senior Designated Person or, in their absence, the Deputy Designated Person. This must be done immediately that the disclosure/suspicion is made/arises. A Cause for Concern form (Appendix 1) should also be completed, which is then held by the Senior Designated Person. If the disclosure/suspicion relates to the Senior Designated Person, a report should be made to the Deputy Designated Person.
- 3.5 The Senior Designated Person has a duty to make a referral to Children's Social Care, whenever there is reason to suspect that a child is suffering or likely to suffer significant harm. Where a professional disagreement occurs between workers

when working with children and families, the HSCB Escalation Policy should be referred to.

- 3.6 Any decision not to inform parents/carers should be recorded on the Children's Social Care referral form with the reasons for such a decision and a copy should be kept in the Child Protection File for that child.
- 3.7 The Senior Designated Person may contact Children's Social Care for advice, if unsure as to whether a referral is appropriate.
- 3.8 The welfare of the child/children concerned, including the welfare of any other children who may be at risk, must always take precedence over confidentiality.
- 3.9 The Senior / Deputy Designated Person will make every effort to attend any meetings resulting from the safeguarding process to which the School is invited.
- 3.10 The Senior Designated Person will ensure that the school is represented by an appropriate member of staff should a Child Protection Case Conference be convened. The Senior Designated Person will ensure that this member of staff is fully briefed as to the expectations regarding attending conference, including the decision making requirement. Reports using the agreed Local Authority Conference template will always be submitted to Conference.
- 3.11 The Senior Designated Person is responsible for ensuring that any actions agreed at such meetings are progressed and followed up.
- 3.12 The Senior Designated Person and deputies must complete all safeguarding training relevant to their role, including Working Together to Safeguard Children. This level of training must be up-dated at least every two years.
- 3.13 All staff working in the school must be given a copy of the Child Protection and Safeguarding Policy immediately upon starting work at the school as part of their induction.
- 3.14 All staff working in the school must undergo safeguarding children training appropriate to their role as part of their induction and at a minimum of every three years thereafter.
- 3.15 The Governing Body will undergo Safeguarding training specific to their role and responsibilities at a minimum of every three years. The Designated Governor for Safeguarding will attend appropriate training at least every two years.
- 3.16 A summary of safeguarding cases that have been dealt with by the school will be reported to the Board of Governors on an annual basis. All reporting to the Board of Governors must be anonymised.
- 3.17 The Board of Governors shall be responsible for ensuring that the school has up to date policies in place with respect to Safeguarding Children, which include procedures for handling allegations against adults working with children whether in a paid or voluntary capacity.
- 3.18 The Board of Governors will ensure that the school operates safer recruitment procedures including:

- at least one member of every recruitment panel having completed safer recruitment training
- appropriate DBS checks completed for staff (including Barred List checks and teacher prohibition checks where appropriate)
- the maintenance of an accurate Single Central Record

4.0 ROLES & RESPONSIBILITIES OF STAFF

- 4.1 Through regular contact with children staff across the school community are well placed to identify concerns and have individual responsibility for reporting such concerns to the Senior / Deputy Designated Person.
- 4.2 Staff will ensure that they are able to recognise possible indicators of abuse and neglect and know who to report their concerns to (see Appendix 3 for further information)
- 4.3 Staff will report any safeguarding concerns to the Senior Designated Person without delay and in a timely fashion. Verbal reporting of concerns will then be followed up in writing.
- 4.4 Staff will ensure that they record their concerns using the school's standard recording format (Appendix 1) in a contemporaneous fashion, clearly noting the difference between fact and opinion and where the information has come from.
- 4.5 Staff will ensure that concerns relating to a child remain confidential and are only shared with the Senior / Deputy Designated Person.
- 4.6 Staff will co-operate with safeguarding enquiries made by Children's Social Care in relation to our pupils.
- 4.7 Staff will develop effective links with other agencies in the interests of child welfare.
- 4.8 Staff will ensure that they attend safeguarding training appropriate to their role at least every three years.
- 4.9 Staff will ensure that they are familiar with and understand all school safeguarding related policies and procedures.

5.0 ROLES & RESPONSIBILITIES OF SENIOR DESIGNATED PERSON

- 5.1 The Senior Designated Person (SDP) will be a member of the Senior Leadership team and the role will be explicit within their job description. He / she will undertake the following as part of the role:
- Provide support, advice and guidance to colleagues.
 - Recognise signs / indicators of abuse and decide when referrals to Children's Social Care / other relevant agencies are appropriate. This should include identification of cases where Early Help would be appropriate.

- Liaise with relevant agencies (where appropriate) to inform the decision on whether to make a referral to Children's Social Care (CART, School Health, etc.)
- Liaise with Head teacher / Principal (where the role is not carried out by the head teacher) to inform him / her of any issues or on-going investigations. Ensure there is always cover for the SDP role by having a named deputy or team of deputies.
- Lead a team of Deputy Designated Persons if the establishment is large enough to require this (including providing effective support to these colleagues).
- Attend and effectively contribute to Child in Need, Case Conference, Core Groups, Child in Care reviews and any other meetings requested by other agencies. Provide written reports at such meetings using the Local Authority template.
- Ensure that school is always represented at Child Protection Case Conferences (even during school holiday times).
- Keep detailed, accurate and secure written records of referrals and concerns. Ensure these records are stored in a locked filing cabinet and are not accessible by staff / students.
- Monitor and track all vulnerable students (including those who are subject to Children's Social Care intervention).
- Provide the Governing Body with an up to date analysis of safeguarding related issues and numbers of vulnerable students to enable them to scrutinise, challenge and support school as necessary.
- Ensure the organisation's child protection and safeguarding related policies are up to date and reviewed annually. Work with the governing body / named governor regarding this.
- Complete the Section 175/157 Audit as requested by the Local Safeguarding Board. Work with the Head teacher and named Governor regarding this.
- Ensure every member of staff has access to and understands the school's child protection and safeguarding related policies (including whistleblowing, etc.)
- Ensure that parents have access to and have seen the Safeguarding/Child Protection policy which alerts them to the fact that referrals may be made and the role of the school to avoid possible future conflict.
- Ensure pupils are aware of the Safeguarding/Child Protection policy (child friendly version of policy).
- Ensure that the Safeguarding/Child Protection Policy is available to download from the school website.
- Ensure all staff (including ITT students) have induction training which covers child protection / safeguarding and are able to recognise and report any concerns immediately when they arise.
- Ensure that all staff have refresher training at least once every three years. Keep accurate records of staff participation in this.
- Ensure all staff are aware of and adhere to the school's Staff Code of Conduct. Ensure that this Code of Conduct includes references to online conduct and e-safety.
- Attend Level 3 multi-agency Working Together training, and subsequent Refresher training every 2 years.
- Continually update safeguarding knowledge by attending appropriate Level 3 multi-agency safeguarding training on a regular basis.

- When young people leave the establishment, ensure their child protection file is copied and transferred to the new setting (within 15 school days where possible), but separately to the main school file.
- Ensure safe messages are displayed in reception / visitor areas and that appropriate checks are made on entry to the school. Ensure visitors to the establishment are aware of who the SDP/DDP is and how to share concerns should they arise.
- Share and disseminate good practice within own school and within the local area.

6.0 ROLES & RESPONSIBILITIES OF GOVERNING BODY AND DESIGNATED GOVERNOR

- 6.1 Governing bodies are responsible for ensuring the school's policies and procedures for child protection meet statutory requirements. All governors have a responsibility to ensure the school's safeguarding measures meet statutory requirements and all should know what to do if they have concerns about a child.
- 6.2 The Senior Designated Person should liaise with the Designated Governor for Safeguarding so that the Designated Governor can report to the governing body about safeguarding issues. Reports to the governing body should not be about specific child protection cases, but should review the safeguarding policies and procedures. It is good practice for the Designated Governor and the Senior Designated Person to present the report together.

7.0 EARLY HELP / COMMON ASSESSMENT FRAMEWORK

- 7.1 St Mary's recognises that some children need early help and support services and is committed to the early identification of such needs.
- 7.2 In order to best support our children and families, St Mary's will participate fully in the Early Help/CAF process and will take on the role of Lead Professional where appropriate.
- 7.3 The recognised method of providing early help and support in Halton is the multi-agency Common Assessment Framework (CAF) process. CAF is a four-step process whereby staff can identify a child's needs early, assess those needs holistically, deliver coordinated services and review progress. The CAF is designed to be used when:
- A member of staff is worried about how well a child is progressing (e.g. concerns about their health, development, welfare, behaviour, progress in learning or any other aspect of their wellbeing)
 - A child or their parent/carer, raises a concern with a member of staff
 - A child's needs are unclear, or broader than the member of staff's service can address.
- 7.4 The process is entirely voluntary and informed consent of parents or young person, where they are able to provide consent, is mandatory.

- 7.5 The three Early Intervention Locality Teams in Halton develop and maintain strong links to universal services, offer named link workers to key services, offer direct family support and offer support, advice and guidance to professionals. The locality teams cover Widnes, Runcorn East and Runcorn West.
- 7.6 Contact should be made with a CAF Support Worker located within the Children's Social Care CART Team for advice and support around the CAF process and for help to identify the most appropriate support services for a family's identified needs. The contact number is 0151 807 8305.

8.0 PROCEDURES REGARDING SAFEGUARDING CONCERNS

- 8.1 All members of the school community have a statutory duty to safeguard and promote the welfare of children and young people. If any member of the school community has a safeguarding concern regarding a child, they should contact the Senior Designated Person without delay. Staff and governors should not investigate possible abuse or neglect themselves. Injuries noted should be reported immediately as it is acknowledged that once an injury occurs, the body will start to heal and therefore evidence will start to diminish.
- 8.2 The Senior Designated Person will consider the information they have received and will determine what action should be taken by the school. They will refer to the Halton Levels of Need framework to aid this decision making. They must record the outcome of this decision making process.
- 8.3 If the Senior Designated Person is unsure as to whether the presenting concern reaches the threshold for referral to Children's Social Care they should contact the Contact and Referral Team (CART) for advice (See Appendix 4 for the referral flowchart).
- 8.4 Children's Social Care contact details are as follows:
- CART team, 9am-5pm Mon-Thurs (9am-4.30pm Fridays): 0151 907 8305
 - Out of hours Emergency Duty Team (EDT): 0345 050 0148
- 8.5 If the Senior Designated Person feels that the concern should be addressed via the Common Assessment Framework (CAF) or Children in Need processes, then they should contact the child's parent(s) to request consent to proceed. If the parent(s) refuses to give consent, the Senior Designated Person should consider how to proceed, including if refusal increases the risk of harm to the child.
- 8.6 Where the Senior Designated Person feels that the information indicates that a child is in need of protection, they should still contact the parent(s) to inform them that they are making a referral to Children's Social Care, unless to do so would place the child at increased risk of harm; for example:
- where sexual abuse is suspected or disclosed
 - where fabricated or induced illness is suspected
 - where to do so would impede an existing criminal investigation
- 8.7 All referrals must be followed up in writing within 48 hours, using the Children's Social Care Referral Form. If the school does not receive a response of the outcome to the referral from Children's Social Care within one working day, the Senior Designated Person should contact the CART team immediately.

9.0 PROCESS TO FOLLOW IF A CHILD MAKES A DISCLOSURE

9.1 If a child makes a disclosure of abuse to you:

You should:

- Listen and keep calm. Do not interrupt
- You **MUST NOT** promise the child that you will keep the matter confidential. Explain to the child who you will need to tell and why
- Observe visible bruises and marks but do not ask a child to remove or adjust their clothing to observe them
- Keep questions to a minimum as your role is not to investigate. If you need to ask questions in order to ascertain whether this is a safeguarding concern, ensure they are open questions
- Use the “TED” model for asking open ended questions: “**T**ell me about that”, “**E**xplain that to me”, “**D**escribe that”
- Make a record of what has been said immediately afterwards in words used by the child and yourself to the best of your memory
- Note anything about the child which is connected i.e. any visible injuries including the position and description, the demeanour of the child i.e. crying, withdrawn etc.
- Clearly indicate whether fact, opinion or third party information
- Report the matter immediately reported to the Senior Designated Person
- If in doubt seek advice from the Senior Designated Person

10.0 CONFIDENTIALITY

10.1 St Mary’s recognises that all matters relating to child protection are confidential.

10.2 The Head teacher or Senior / Deputy Designated Persons will disclose any information about a child to other members of staff on a need to know basis only. Guidance about sharing information, can be found in the DfE booklet “Information sharing guidance for practitioners and managers”

10.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

10.4 All staff must be aware that they cannot promise confidentiality to a child which might result in the child’s safety or wellbeing being compromised.

10.5 St Mary’s will always undertake to share our intention to refer a child to Children’s Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation.

10.6 St Mary’s recognises that children’s welfare is our paramount concern and therefore will use the paramountcy principle (Section 1 of the Children’s Act 1989) in order to inform some decisions regarding information sharing.

11.0 RECORDING, MAINTENANCE & TRANSFER OF RECORDS

- 11.1 All safeguarding concerns should be recorded on the Cause for Concern Form Staff making records will ensure that they clearly distinguish between fact and opinion and whether the information is 1st or 2nd hand. Records will clearly evidence the voice of the child and will always be written contemporaneously. These forms will be given to the Headteacher who will track any patterns and deal accordingly.
- 11.2 Records will be maintained by the Senior / Deputy Designated Person in a Child Protection File separate to the child's main pupil file. (See Appendix for exemplar front sheet for Child Protection File.)
- 11.3 Individual files should be clearly organised in chronological order and all entries should be signed in a legible manner, and dated, by the person making the entry. This should include their role/designation at the school. There should be a chronology of events kept on file to enable the Senior or Deputy Designated Person to have an immediate overview of the case.
- 11.4 Such records will be kept in a secure locked filing cabinet/drawer. The Senior Designated Person and their Deputy will keep the keys.
- 11.5 Files will be securely stored until the child's 25th birthday.
- 11.6 When/if a child transfers between schools the Senior Designated Person will be responsible for transferring the child's Child Protection File to the new school. The Senior Designated Person will follow the "Halton Protocol for the Transfer of Child Protection Records between Education Settings". The Senior Designated Person will speak to their counterpart in the school to which the child is transferring in order to ensure that they are aware that the file is to be transferred. The file should be copied and transferred as soon as possible (within 15 schools days), but separately to the main school file. The file should be signed upon receipt, and delivered by hand wherever possible. A copy of the original file will be kept in school until the child's 25th birthday and will then be securely disposed of.

12.0 ALLEGATIONS MANAGEMENT

- 12.1 All school staff will be aware of and work within the school's Staff Code of Conduct and other relevant policies and procedures. The Staff Code of Conduct will include guidance for staff regarding the school expectations of the use of mobile phones, electronic equipment and social media.
- 12.2 Where allegations against a staff member are made, the Head teacher will be notified immediately. In the event that the Headteacher is not available, or the allegation concerns them, the Chair of Governors should be contacted.
- 12.3 Halton Safeguarding Children Board's LADO procedures ([Halton LADO Procedures web link](#)) should be followed in all cases where it is alleged that a member of staff has:
 - Behaved in a way that has harmed, or may have harmed a child.
 - Possibly committed a criminal offence against, or related to, a child

- 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.

- 12.4 Responding to the allegation in a timely and fair manner is essential. The school needs to consider what immediate actions are required to reduce any risk to children within the school. This may include the staff member being moved to a position in the school where they have no contact with children, or could include that the person is suspended from duty whilst an investigation is undertaken.
- 12.5 Contact should be made with the Local Authority Designated Officer (LADO) within 24 hours of receiving the allegation. LADO will, where appropriate, arrange for a Strategy Meeting to be undertaken. In the event that the LADO is not available the school should request to speak with a duty worker within the Safeguarding Unit. The contact details for the LADO in Halton are 0151 511 7174.
- 12.6 Please note: Working Together 2015 now refers to the LADO as the “Designated Offer”, but in Halton the name remains the same at the current time.
- 12.7 The Head teacher should record as much detail as possible about the initial disclosure but should not take statements from children or employees or investigate the matter further until a conversation has taken place with LADO.
- 12.8 The school needs to ensure that the staff member is made aware that an allegation has been made, but should not be provided with any further details initially. They should be advised of the procedures regarding allegations and that they have appropriate support.
- 12.9 As a result of an investigation either through the LADO process or via internal disciplinary procedures if any member of staff is found not suitable to work with children, St Mary’s will refer the individual to the Disclosure and Barring Service (DBS) for consideration for barring. This includes where the member of staff resigns prior to conclusion of the investigation, the member of staff is dismissed, or when the school ceases to use their service as a result of a substantiated allegation.

13.0 WHISTLEBLOWING

- 13.1 St Mary’s recognises that children cannot be expected to raise concerns in an environment where staff fail to do so.
- 13.2 All staff should be aware of their duty to raise concerns, where they exist, which may include the attitude or actions of colleagues. The school’s Whistleblowing Policy is there to support and aid them in these circumstances.
- 13.3 Whistleblowing regarding the Head teacher should be made to the Chair of the Governing Body whose contact details should be readily available to staff.

14.0 PROACTIVE SAFEGUARDING

- 14.1 St Mary’s recognises that the school plays a significant part in the prevention of harm to our children by providing them with opportunities to learn, good lines of

communication with trusted adults, supportive peers and an ethos of protection.

14.2 St Mary's recognises that school may provide the only stability in the lives of children who have been abused or who are at risk of harm.

14.3 The school community will:

- Work to establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to
- Promote a caring, safe and positive environment within the school
- Encourage self-esteem and self-assertiveness through the curriculum as well as through personal relationships, whilst not condoning aggression or bullying
- Include regular consultation with children e.g. through safety questionnaires, participation in anti-bullying week, etc.
- Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty
- Include safeguarding across the curriculum, including PSHE, to ensure that the children are equipped with the skills they need to stay safe from harm and to know to whom they should turn for help. In particular this will include anti-bullying work, e-safety, road safety, pedestrian and cycle training. Also focused work in Year 6 to prepare for transition to Secondary school and more personal safety/independent travel
- Offer a positive school experience
- Ensure all staff are aware of school guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks
-

15.0 SAFEGUARDING PUPILS WHO ARE VULNERABLE TO EXTREMISM

15.1 Since 2010, when the Government published the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

15.2 St Marys School values freedom of speech and the expression of beliefs / ideology as fundamental rights underpinning our society's values. Both pupils and teachers have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion.

15.3 Under duties imposed within the Prevent Duty Guidance 2015 as part of the Counter-Terrorism and Security Act 2015, St Mary's School will ensure that situations are suitably risk assessed, that they will work in partnership with other

agencies, that all staff are suitably trained and that IT policies will ensure that children and young people are safe from terrorist and extremist material when accessing the internet in school.

15.4 The School Lead (Single Point for Contact) for Prevent is:

Mrs Rachel Tainsh , Headteacher

He/she will link with other relevant agencies (including the Police) to ensure that vulnerable people are appropriately supported and risk assessed, and that all staff and Governors have received WRAP (Workshop to Raise Awareness of Prevent) training to ensure they are able to recognise any concerns. The specific Roles and Responsibilities of this Single Point of Contact (SPOC) are defined in Appendix 3.

15.5 The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation. St Mary's School is clear that this exploitation and radicalisation should be viewed as a safeguarding concern.

15.6 Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation are contained in Appendix 3.

15.7 St Mary's School seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

15.8 The Channel and Prevent contacts within Cheshire Constabulary are:

Prevent Coordinator – Lynsay Mullin, lynsay.mullin@cheshire.pnn.police.uk
Channel Coordinator - DC Lesley Price, lesley.price@cheshire.pnn.police.uk

Alternatively there are the following national contacts available:

Anti-Terrorist Hotline 0800 789 321
Text Phone Service 0800 032 4539
Web site <https://secure.met.police.uk/athotline/>

CAUSE FOR CONCERN FORM

St. Mary's C.E Primary School

Date :

Child's name:

Halton

Date / time of incident:



Times below.

Details of concern

Staff present

Actions taken / Agreed outcome

Signed by head teacher or member of SLT:

Date:

Has a similar concern been raised before? If so when? What action was taken?

SUMMARY SHEET

STUDENT DETAILS

NAME:		DOB:	
YEAR/FORM:	ETHNICITY:	SEN STATUS:	
ADDRESS:			
PARENT / CARERS:			
PHONE NUMBERS:			
RELEVANT ADULTS IN SCHOOL:			

AGENCIES INVOLVED

AGENCY	NAMED PERSON	CONTACT DETAILS
CHILDREN'S SOCIAL CARE		
EARLY INTERVENTION		
CAF LEAD PROFESSIONAL		
EDUCATION WELFARE OFFICER		
SCHOOL HEALTH		
GP DETAILS		
FAMILY SUPPORT WORKER		
EDUCATION PSYCHOLOGIST		
POLICE		

BRIEF SUMMARY OF FACTS

Include details such as significant family members, family members who should not be contacted, sibling details (including their schools), etc.

Appendix 3

SIGNS AND INDICATORS OF ABUSE IN CHILDREN

The risk indicators described in this appendix are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with Senior Designated Person
- May require consultation with and / or referral to Children's Services

However, it is important to note that the absence of such indicators does not mean that abuse or neglect has not occurred.

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises / injuries with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour

In an abusive situation the child may:

- Appear frightened of the parent/s or other adults or children
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent
- Be misusing substances (alcohol or drugs)
- Have mental health issues that compromise parenting ability
- Persistently refuse to allow access on home visits
- Be a victim or a perpetrator of domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

RECOGNISING PHYSICAL ABUSE

Children will have accidental injuries. All injuries noted by staff should be responded to, regardless of whether the member of staff suspects it is an accidental injury. The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury

- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a “cry for help” and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries
- Absence from school (which may be used to hide injury from professionals)
- Depression and anxiety
- Aggression and violence
- Difficulties with relationships and socialising
- Trying to hide injuries (e.g. under clothing) – reluctance to get changed for PE
- Becoming distant or withdrawn
- Going missing from home
- Not wanting to go home from school

Injuries to children should always be addressed immediately in order to prevent evidence from disappearing. This is particularly pertinent in the case of visible slap / scratch marks.

Injuries caused by Physical Abuse

Bruising

- On the cheeks, ears, palms, arms and feet
- On the back, buttocks, tummy, hips and backs of legs
- Any bruising to a pre-crawling or pre-walking baby
- Multiple bruising in clusters, usually on the upper arms or outer thighs
- Bruises which look like they have been caused by fingers, a hand or an object (the outline of an object used e.g. belt marks, hand prints or a hair brush)
- 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
- Variation in colour possibly indicating injuries caused at different times

Burns and Scalds

- Burns on the backs of hands, feet, legs, genitals or buttocks
- Burns which have a clear shape, e.g. a cigarette burn or lineal burns
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures. There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- 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

- There is an unexplained fracture in the first year of life

RECOGNISING EMOTIONAL ABUSE

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse. The following may be indicators of emotional abuse:

- Developmental delay – physical, emotional and mental
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or non attachment
- Aggressive / violent behaviour
- Scape-goated within the family
- Problems with relationships and socialising
- Rebellious behaviour
- Low self esteem and lack of confidence – can manifest as eating disorders or self harming behaviours
- Withdrawn or seen as a “loner” – difficulty relating to others (self isolating behaviour or negative impulsive behaviour)

RECOGNISING NEGLECT

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- Poor supervision of child
- Poor hygiene (e.g. dirty or smelly)
- Unwashed / inadequate clothing
- Untreated health problems or frequent missed medical / dental appointments
- Frequent, untreated bouts of head lice
- A child seen to be listless, apathetic and irresponsible with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school / poor punctuality
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Poor school attendance / punctuality
- Withdrawn / isolated
- Problems with relationships and socialising

Within Halton the Graded Care Profile is used as the recognised tool for the assessment of neglect. Further information regarding this can be found on the Halton Safeguarding Children Board website

RECOGNISING SIGNS OF SEXUAL ABUSE

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family. Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self mutilation and suicide attempts
- Risk taking behaviour (during adolescence)
- Promiscuous behaviour
- Aggressive behaviour
- Withdrawn or isolated
- Unexplained gifts, toys or favours
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)
- Pain or itching of genital area
- Blood on underclothes
- Bed wetting or soiling
- Sleep problems
- Pregnancy in a younger girl where the identity of the father is not disclosed
- 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

The Brook Sexual Behaviours Traffic Light Tool is available for professionals who work with children to help identify, assess and respond appropriately to sexual behaviours <http://www.brook.org.uk/index.php/traffic-lights>

OTHER IMPORTANT AREAS TO NOTE:

RECOGNISING CHILD SEXUAL EXPLOITATION (part of Sexual Abuse)

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation. Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts, or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- unknown adults collecting the children from school
- having older boyfriends or girlfriends
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- repeat absences / truancy from school (e.g. same time of day, same day each week, etc.)

- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- frequent missing from home episodes
- getting involved in crime, police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault

RECOGNISING FORCED MARRIAGE (FM)

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours.

RECOGNISING FEMALE GENITAL MUTILATION (FGM)

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM. FGM involves procedures that intentionally alter/injure the female genital organs for non-medical reasons. FGM is internationally recognised as a violation of human rights of girls and women. It is illegal in most countries, including the UK. There are 4 types of procedure:

- Type 1, Clitoridectomy - partial/total removal of clitoris
- Type 2, Excision - partial/total removal of clitoris and labia minora
- Type 3, Infibulation - entrance to vagina is narrowed by repositioning the inner/outer labia
- Type 4, all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

It is carried out because there is a belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- It preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement / perpetuates a custom or tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- It is mistakenly believed to make child birth easier

Indicators that may point to FGM happening:

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the "at risk" communities for FGM (Kenya, Somalia, Sudan, Sierra Leone, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be "cut" or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to stand, sit or walk. Looking uncomfortable when undertaking these activities
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

If there are suspicions regarding FGM, it is essential that schools take action **without delay**. If there are concerns that a child is at risk of, or is a victim of, FGM contact the NSPCC FGM helpline anonymously 24/7 on 0800 028 3550 or fgmhelp@nspcc.org.uk

Appendix 4
REFERRAL FLOWCHART



What to do if you have a concern about a child's welfare

