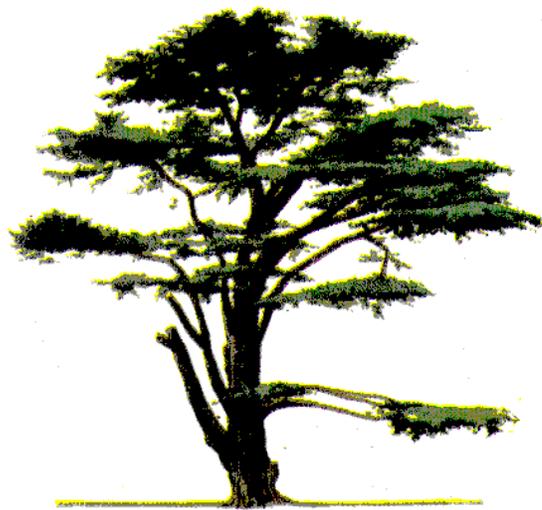


The Cedars Primary School



Child Protection & Safeguarding Policy

This policy was reviewed on:	May 2016
Approved by Governors on:	19.9.16
Next Review Date: Summer 2017	

The Cedars Primary School

Child Protection Policy

Purpose of our Child Protection Policy

The purpose of this policy is to inform staff, parents, volunteers and Governors about the school's responsibility for safeguarding children and to enable everyone to have a clear understanding of how these responsibilities should be carried out.

Introduction

The DfE **Working Together** guidance defines safeguarding and promoting the welfare of children as:

“the process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully.”

Safeguarding applies to all children and young people.

Child Protection applies to a group of children who have/are experiencing abuse in their lives.

Safeguarding and Child Protection is about managing risk.

Everyone who comes into contact with children and their families has a role to play in safeguarding children.

(source: Keeping Children Safe in Education 2016)

This Child Protection and Safeguarding Policy is one of several policies which relate to the safeguarding responsibilities of the school.

In particular this policy should be read in conjunction with the Safer Recruitment Policy, Behaviour Policy, Physical Intervention Policy, Anti-Bullying Policy and Staff Personal Conduct Policy.

Mission statement

Working in partnership, we aim to provide our pupils with a safe, supportive and stimulating environment that will help to promote self-worth and respect so that they may achieve their full potential in preparation for their future.

We achieve this by:

- Establishing and maintaining an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.
- Establishing and maintaining 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.
- Ensuring children know that there are adults in the school whom they can approach if they are worried.
- Identifying children and young people who are suffering, or who are likely to suffer, significant harm and taking appropriate action with the aim of making sure they are kept safe both at home and at school.
- Ensuring that children who have been abused are supported in line with a Child Protection plan, where deemed necessary.
- Including opportunities in the PHSE & C curriculum for children to develop the skills they need to recognise and stay safe from abuse.
- Ensuring that staff understand in 'exceptional circumstances' they may report concerns directly to social care.

At The Cedars we have systems that are designed to:

- Prevent unsuitable people working with our children
- Promote safe practice and challenge poor and unsafe practice
- Identify instances in which there are grounds for concern about a child's welfare and initiate/take appropriate action to keep them safe
- Contribute to effective partnership working between all those involved with providing services for children.

Principles

“The fundamental principle is that the protection of children is the proper concern of everyone in a position to help” (DHSS Health Circular HC (88) 38)

- Responsibility for protection of children must be shared. Children are safeguarded only when all relevant agencies and individuals accept responsibility and co-operate with one another.
- **The needs of the child are paramount** and should underpin all child protection work and resolve any conflict of interests. The child should therefore be spoken to and listened to, and their wishes and feelings ascertained, taking into account their age and understanding.
- Statements about, or allegations of, abuse or neglect made by children will always be taken seriously.
- The involvement and support of those who have parental responsibility for, or regular care of, a child will be encouraged, unless to do so would compromise a child protection enquiry or the child’s immediate or long-term welfare.
- Equality of opportunity means that all children have the opportunity to achieve the best possible developmental outcomes, regardless of their gender, ability, race, ethnicity, circumstances or age.
- The importance of developing a co-operative working relationship with the parents/carers is emphasised so that they feel respected and informed, they believe staff are being open and honest with them and in turn they are confident about providing vital information about their child, themselves and their circumstances.

The Cedars Primary School is committed to providing a safe, secure environment for children, staff and visitors. We also promote a climate where children and adults will feel confident about sharing any concerns which they may have about their own safety or the well-being of others.

Statutory Responsibilities

The schools Child Protection Policy is governed by a range of documents, circulars and guidance for good practice. Key documents which inform this policy are:

Statutory Guidance

- Working together to safeguard children (2015) DfE
- Keeping Children Safe in Education (September 2016) DfE

Non Statutory Guidance

- What to do if you're worried a child is being abused (March 2015)
- Information sharing (2015)
- Hounslow Child Protection Guidance (December 2011)
- DCSF: Safeguarding Children and Safer Recruitment in Education 2007
- Hounslow Safeguarding Children in Education (November 2005)

Key Legislation

- The Children Act (1989 Section 17 and Section 47)
- The Children Act (2004)
- DfEE circular 10/95
- Ofsted: Briefing for section 5 Inspectors on Safeguarding Children
- Education Act 2002 - Sections 175 and 157

School staff and Volunteers

All adults in the school have a responsibility to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.

Responsibilities and Immediate Action

Staff in schools should not, themselves, investigate possible abuse or neglect. The key role of education staff is to refer concerns to Children's Social Care, provide information for police investigations and/or enquiries under section 27 of the Children Act 1989, and contribute to assessments.

All adults working in this school (including visiting professionals, volunteers and students on placement) are required to report instances of actual or suspected child abuse or neglect to the Headteacher.

The Designated Person for Child Protection is Lesley Julian (Headteacher)

In the absence of Lesley Julian, **Jo Watson (Deputy Headteacher)** will be the next point of contact.

Should neither Lesley nor Jo be available, **Debbie Edwards (Senior Teaching Assistant)** or **Madeleine Trowles (School Business Manager)** are the next points of contact.

The role of the designated person is to co-ordinate child protection and child welfare concerns.

All staff can be contacted through the school office on 0208 230 0015

The name of the Chair of Governors is Anna Ballantyne and the designated governor for Safeguarding is Andrew Dodge. Governors can be reached via the school office on the above number.

Responsibilities of the Designated Person

Referrals

- Referring cases of suspected abuse or allegations to the relevant investigating agencies.
- Acting as a source of support, advice and expertise within the school when deciding whether to make a referral by liaising with relevant agencies.

Training

- Attending up to date training so that s/he is able to recognise how to identify signs of abuse and when it is appropriate to make a referral.
- Attending training so that s/he has a working knowledge of how LSCBs operate and of the conduct of a child protection case conference, and be able to contribute to these effectively when required to do so.
- Receiving training so that s/he is able to keep detailed, accurate, secure, written records of referrals and concerns.
- Ensuring appropriate training is provided for all members of staff and governors in the school and that this ensures that all staff are able to recognise and report any concerns immediately they arise.
- Ensuring that new staff receive Child Protection and Safeguarding training within 2 working days of starting to work in the school.

- Ensuring that temporary staff and volunteers receive Child Protection and Safeguarding training within 2 working days starting to work in the school.

Raising awareness

- Ensuring the Child Protection and Safeguarding policy is updated and reviewed annually, working with the Governing Body on this.
- Ensuring parents are aware of, and may request to see, the Child Protection & Safeguarding policy which alerts them to the fact that referrals may be made.
- Ensuring that all relevant information about a child is disseminated to appropriate staff within the school.
- Ensuring that, where children leave the establishment, their child protection file is sent to the new establishment and is transferred separately and securely from the main pupil file to a named contact in the new school.
- Monitoring attendance and development of children who are currently on a child protection plan and informing children's social care of a proposed or actual change of school.
- To hold information and contact details on child abuse and Child Protection procedures, consultation, referral and any support services available, following Hounslow's information sharing procedures
- To alert the Safeguarding Children Board of any child who is thought to have been in a private fostering situation for more than 28 days. (looked after by someone other than close family where this has not been arranged by children's services).
- To ensure the provision of appropriate reports and ensuring school representation at associated meetings.
- To liaise with staff from other agencies and monitor all aspects of child protection work within the school.
- To provide guidance to parents, children and staff about obtaining suitable support.

Responsibilities of the Office Staff

- To mark registers, collect and record absence notification and monitor pupils' absence.
- To take responsibility for the initial contact with parents either by telephone or letter. To follow up absence on the first day of absence.

- To inform Social Care of any absence issues with children known to them.
- To liaise and refer cases to the Education Welfare Service.
- To monitor attendance data and provide weekly reports to the Headteacher.
- To confirm absence/attendance of Looked After Children daily with welfare call.
- To provide information on attendance of Traveller children as and when required
- To have face to face contact with parents / carers and report on any unusual or concerning behaviour / incidents overheard, witnessed or suspected.

Responsibilities of all staff

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

To ensure effective practice staff will:

- Be alert to potential indicators of abuse and neglect and know when and to whom they should report concerns or suspicions (see appendix A)
- Be alert to the risks of harm that individual abusers, or potential abusers, may pose to children.
- Prioritise direct communication and positive and respectful relationships with children, ensuring the child's wishes and feelings underpin assessments and any safeguarding activities.
- Be aware of and follow local Safeguarding Children Board procedures including the procedures for when a member of staff is suspected of abuse.
- Provide information to other agencies e.g. submitting reports to social care departments and case conferences, on any child about whom there are concerns about abuse or neglect. This may include details of the most effective means of communicating with the child.
- Create and maintain a safe environment for children and young people.
- Be alert to, and manage, situations where there are child welfare concerns.
- Contribute to the prevention of child abuse through teaching, including assisting children to understand what is/is not acceptable towards them. This builds awareness of the dangers of abuse, helps children to protect themselves and develops more responsible attitudes to adult life and parenthood.

- Have an ethos in which children feel secure, their view points are valued and they are encouraged to talk and be listened to. Children need to be encouraged to speak out if they have worries or concerns.
- Contribute to an inter-agency approach to Child Protection by developing effective and supportive liaison with other agencies.
- Have an anti-bullying policy (See “*Behaviour Policy*”) and work positively to discourage all forms of bullying.
- Maintain clear policies on confidentiality. (See “*Information Sharing and Confidentiality Policy*”)
- Teachers at a school are allowed to use reasonable force to control or restrain pupils under certain circumstances. (see school’s restraint policy) Other staff may also do so provided they have been authorised by the Headteacher. Staff must have regard to the Guidance on the Use of Restrictive Physical Interventions. Staff need to be aware that the inappropriate excessive use of force could lead to allegations of abuse. (See “*Behaviour Policy*”)
- Adhere to the school’s policy on Safeguarding.
- Work co-operatively with parents unless this is inconsistent with ensuring the child’s safety.
- Ensure children are given information about the availability of advice and support in their local area and on-line
- Ensuring children can recognise and manage risks in different situations, including on the internet, and then can decide how to respond.
- Ensuring children recognise when pressure from others (including people they know) threatens their personal safety and wellbeing and developing effective ways of resisting pressure.

The role of The Governing Body

The Governing Body is accountable for ensuring the school has effective policies and procedures in place in accordance with the safeguarding guidance and it is also responsible for monitoring the school’s compliance with those policies and procedures.

Neither the Governing Body nor individual Governors have a role in dealing with individual Child Protection Cases, except when exercising their disciplinary functions in respect of allegations against members of staff.

It is the role of the Chair of Governors to take the lead in dealing with allegations of abuse made against the Headteacher.

Governing bodies must ensure that the school:

- Has a named Governor for Child Protection who receives relevant training
- Has a Child Protection policy and procedures in place that are in accordance with LA guidance and the 'London Child Protection Procedures.
- Operates safe recruitment procedures and makes sure that all appropriate checks, including Criminal Records, are carried out on new staff and volunteers who will work with children, according to current legislation.
- Have procedures for dealing with allegations of abuse against members of staff and volunteers that comply with LA guidance and the 'London Child Protection Procedures.
- Has a senior member of the school's leadership team who is designated to take lead responsibility for dealing with Child Protection issues, providing advice and support to staff, liaising with the LA and working with other agencies.

Additionally, The Governing Body must ensure that:

- All governors have read and understood Section 1 & 2 of the document Keeping Children Safe in Education
- The designated person undertakes basic child protection training as well as training in inter-agency working and undergoes refresher training at two-yearly intervals to keep his/her knowledge and skills up to date.
- All other staff who work with children undertake appropriate training to equip them to carry out their responsibilities for child protection effectively.
- Temporary staff and volunteers are made aware of the school's arrangements for Child Protection and their responsibilities in Child Protection
- Its policies and procedures are reviewed annually
- Information is provided annually to the LA about its policies and procedures and informs them about how the safeguarding duties of the Governing Body have been discharged

Particularly Vulnerable Children

Children who may be more vulnerable to being harmed

- Babies and younger children
- Disabled children
- Children who are isolated
- Children who are already thought of as a problem (e.g. children in care; children in secure accommodation; children with emotional/behavioural difficulties)

Children living in particularly stressful circumstances. These include families:

- Living in poverty
- Where there is domestic violence
- Where a parent has a mental illness
- Where a parent is misusing drugs or alcohol
- Where a parent has a learning disability
- That face racism and other forms of social isolation
- Living in an area with a lot of crime, poor housing and high unemployment

Disclosure and Barring Service Checks

At The Cedars we will apply for an enhanced check for:

- Directly employed paid staff
- Long term unpaid volunteers
- Governors
- Contractors with unsupervised access to children

We will check the DBS for :

- Visiting Professionals
- Therapists working in the school
- Students

We apply for new checks for existing staff where there are concerns about individuals. Staff or volunteers who change their role may undertake the checks for their new position. Agency staff are checked by their agency. A vetting form is sent to the school and the relevant information recorded on the Single Central Register.

Training

All school staff and volunteers will receive Child Protection and Safeguarding 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.

Whole-school in-service training on Child Protection issues will be organised on a yearly basis.

All members of SMT will be expected to undertake additional Child Protection Training provided by LSCB. (Local Safeguarding Children Board) if appropriate.

All new members of staff are taken through Child Protection Procedures and Safeguarding Procedures at the beginning of their Induction Programme.

The Designated Person will attend the LA's dedicated training course and be encouraged to attend Designated Person seminars and inter-agency training.

Senior staff will undergo training in safer recruitment and information sharing as appropriate to their role.

Child Protection concerns and procedures are discussed daily in the school's debrief meeting every afternoon.

New information of a Child Protection nature is shared with staff at the Wednesday morning briefing.

Considering the Criteria for Levels of Intervention

Common Assessment Framework (CAF) – Simple Support Needs

Section 17 – Complex Support Needs – 'Children In Need'

- Impaired health or development without the provision of services
- Those who are disabled

Section 47 – Child Protection Needs – ‘Child Protection Plans’

- Risk of significant harm
- No absolute criteria
- A single traumatic event may constitute significant harm
- A compilation of significant events, both acute and long-standing
- Impaired health and development compared to peers
- Degree and extent of physical harm
- The duration and frequency
- The extent of premeditation
- The presence or degree of threat, coercion
- Any sadistic, bizarre or unusual elements

Procedures

- The London Borough of Hounslow’s Child Protection Procedures are published on the yellow poster displayed in the staff room.
- All records of a Child Protection nature are kept in a secure place i.e. in a pink folder alongside the children’s personal files. In cases which reach the Courts the school may be required to provide its Child Protection records. When children transfer to another school the records are sent separately and securely by registered post or may be given by hand.
- Concerns will be written up in the school’s Incident Book and also shared at the staff debrief meeting and logged in the Debrief Book.
- Concerns raised at debrief, plus all communication of a safeguarding nature with parents and outside agencies will be recorded in the Safeguarding folder each day. This will be locked away each night.
- Governors exercise their Child Protection responsibilities by ensuring that school Child Protection policies are in place and that they respond to allegations against staff by following the agreed procedures. (Held in the Headteacher’s office)
- The school follows Hounslow’s safer recruitment procedures.
- All parents applying for places at this school are informed of our Child Protection responsibilities and the existence of this policy.

Action to be taken by the person initially identifying / receiving a concern or allegation

All staff should be alert to the signs of abuse and neglect and know when and to whom they should report their concerns or suspicions. [See Appendix A](#)

Where a concern is reported or identified by a member of staff, the first priority is to whether the child is in need of medical attention and/or protection.

If a child requires medical attention, this should be dealt with in line with the school's First Aid procedures and an immediate referral made to Children's Social Care and/or the police.

The following key points give a guide on what to do and not to do:

- **Always stop and listen** straight away to someone who wants to tell you about incidents or suspicions of abuse. Act with tact and sympathy and listen and treat the concern seriously. Only ask questions when it is necessary to clarify.
- **Communicate** as appropriate to the age, understanding, language preference and any communication difficulties of the child/person reporting.
- Report in writing the information, where possible using the child's own words, and including times, dates, place of incident(s), persons present, what was said. Sign and date the written record
- Keep an **open mind**.
- Explain what has to be done next and who has to be told
- Immediately **tell the designated adult** (unless they are themselves accused or suspected of abusing – In which case contact the Children's Services office - Child Protection and Safeguarding Partnerships) and do not tell others what you have been told.
- **Discuss with the designated adult** whether any steps need to be taken to protect the person who has told you about the abuse (this may need to be discussed with the person who told you).
- As soon as possible the designated adult should refer the matter to the local Social Care office.
- Stress that it was the right thing to tell

A person receiving a concern should not:

- Interrupt the child reporting while s/he is recalling events.
- Make assumptions or interpretations.
- Make suggestions or offer alternative explanations.
- Criticise the alleged perpetrator
- **Do not ask leading questions** that might give your own ideas of what might have happened – just ask “What do you want to tell me?” or “Is there anything else you want to say?”
- **Never attempt to carry out an investigation** of suspected or alleged abuse by interviewing people etc, - you could cause more damage and spoil criminal proceedings. It is your duty to refer concerns, not investigate
- **Never promise** that you will keep what is said confidential or secret – if you are told about abuse, you have a responsibility to tell the right people to get something done about it. If asked, explain that if you are going to be told something very important that needs to be sorted out, you will need to tell the people who can sort it out, but you will only tell the people who absolutely have to know.

Confidentiality

(See “*Information Sharing and Confidentiality Policy*”)

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

- All staff in school, both teaching and non-teaching, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative issues (Children’s services and the police)
- 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.

Private fostering

Definition

A private fostering arrangement is one that is made privately for the care of a child under the age of 16 (or under 18 if disabled) by someone other than their parent or a close relative with the intention that it should last for 28 days or more.

Although this arrangement has been made between a parent and the carer without the involvement of the local council the parent is still required to notify them.

Close relatives are defined as grandparents, brother, sister, uncle or aunt (whether of full blood or half blood or by marriage) or step-parent (a parent's unmarried partner is not a step-parent in this context).

The Local Authority has a legal duty to ensure that any child or young person is safe, well looked after and does not come to any harm in a private fostering arrangement, by making sure that he/she and their carer are visited regularly and offered advice and guidance when needed.

What you must do

The law requires Children's Services to be notified within 6 weeks of the child going to stay with someone who is not a close relative for 28 days or more.

When staff become aware of a child in any private fostering situation – whether proposed or where the placement has begun they should tell the designated teacher who will advise the private fostering carer, the parents and any other person involved in making the arrangements to contact the agency below.

Tel: 020 8583 3426

Email: Fostering@hounslow.gov.uk

Hounslow Family Placement

Civic Centre

Lampton Road

Hounslow

TW3 4DN

They should be advised that it is a potential offence not to do so.

How can we recognise private fostering?

Private fostering is an arrangement that is made *privately* and does not involve the local authority. For example, parents may arrange for their child to be cared for by an extended member of their family, a neighbour, friend or even someone unknown to the child. Many private foster carers and parents are not aware of the notification requirements. As a result, a significant number of these care arrangements remain hidden. Private fostering can be helpful for a child but may leave some children vulnerable to abuse or neglect.

Private fostering situations can include:

- Children or young people who are sent to this country for education by their birth parents from overseas
- Teenagers living with a friend's family because they have fallen out with their parents
- Children staying with another family because their parent has been hospitalised
- A child from overseas staying with a host family while attending school, or overseas students at boarding school who stay with a host family over the holidays – for more than 28 days

Communication with parents

The Cedars Primary 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.

Advice and Support

Advice on Child Protection issues and concerns is available from the following Local Authority staff.

- Early Help Hounslow / Child Protection Advisor (**Duty**) 0208 583 6600
- Local Authority Designated Officer – 0208 583 3065
- Children's Safeguarding & Specialist Services 0208 583 3002
- Head of Child Protection & Safeguarding 0208 583 4479
- Child Protection –out of hours 0208 583 2222

Recruitment

(See “Recruitment & Selection Policy”)

All staff recruited by the school will be subject to reference, qualification and DBS checks prior to their appointment. The school follows Hounslow’s safer recruitment procedures.

This school will only use employment agencies, which positively vet their staff. The school requires agencies to provide a vetting sheet on all staff supplied by them and the details from this are entered on the single central record.

Staff joining the school on a permanent or temporary basis will be appraised of the Child Protection Policy and Safeguarding Policy.

Disqualification by Association

Identifying staff who may be ‘disqualified by association’

At The Cedars, staff identified by legislation as required to do so, complete a Disqualification by Association declaration on appointment and annually thereafter. The date on which the disqualification checks were made will be recorded on the Single Central Register.

What should schools do when staff indicate they may be disqualified?

The first step we would take is to contact the school’s HR provider, legal provider, LADO, safeguarding lead officer or advisor and explain the circumstances.

If the school is satisfied that the staff member is ‘disqualified by association’, they will inform Ofsted and explain to the member of staff that they may apply to Ofsted for a waiver.

Although we must not continue to employ an individual who is disqualified, it does not imply that individuals are prevented from working in a school in any other setting.

Options whilst an Ofsted waiver is being considered

Whilst a waiver is being considered, we may redeploy staff away from the relevant age groups or adjust their role.

Where we are unable to redeploy the member of staff or adjust their role, we will consider paid leave or, as a last resort, suspend the person whilst the waiver is considered.

Options where a staff member decides not to apply for a waiver

We will have to decide whether the person could be permanently redeployed or whether dismissal would be appropriate.

Options when a waiver is declined

The school will have to decide whether the person could be permanently redeployed or whether dismissal would be appropriate.

Applying to Ofsted to waive a disqualification

If you are disqualified, you can request a form from Ofsted to waive the disqualification by emailing them here: disqualification@ofsted.gov.uk .

The form must be completed in writing. They will not agree to waive a disqualification on the strength of information given over the telephone.

Further help

Department for Education mailbox.disqualification@education.gsi.gov.uk or
01325 340 409
Ofsted: disqualification@ofsted.gov.uk

Volunteers / Governors

Any parent or other person employed by the school to work in a voluntary capacity with pupils will be subjected to all reasonable vetting procedures. Where it is not possible to police check, volunteers will be asked to provide references and to sign a declaration to say they have not been convicted of any criminal or disciplinary offence which would preclude their employment as a paid worker with children. Volunteers will work under the direct supervision of an established staff member and will be subject to the same code of conduct as paid employees of the school. Volunteers will at no time be given responsibility for the personal care of pupils or be left on their own with pupils at any time.

Staff Code of Conduct

All staff (paid and voluntary) are expected to adhere to the school's **Staff Personal Conduct Policy**.

Children will be treated with respect and dignity and no punishment, restraint, sanctions or rewards are allowed outside of those detailed in the school's Behaviour Policy. Whilst it would be unrealistic and undesirable to preclude all physical contact between adults and children, staff are expected to exercise caution and avoid placing themselves in a position where their actions might be open to criticism or misinterpretation. Where incidents occur which might otherwise be misconstrued, they should be appropriately recorded in the Incident Book and reported to the Headteacher. Further action will be taken if necessary. Only qualified First Aiders should administer First Aid and, if it is necessary for the child to remove clothing for this treatment, there should wherever possible be another adult present. The school has an Intimate Care Policy which must be followed. If a child needs help with toileting or washing after soiling themselves, another adult should be present or close enough to hear what has been said. All head injuries will be recorded and parents will be notified. If a child requires further treatment e.g. hospitalisation, this will be recorded.

For their own safety and protection, staff should exercise caution in situations where they are alone with pupils. Where this is not practicable because of the need for confidentiality, another member of staff will be asked to maintain a presence nearby.

School staff should also be alert to the possible risks, which might arise from contact with the pupils outside of the school. Home visits to pupils should only take place with the knowledge and approval of the Headteacher.

Visits/telephone calls by pupils to the homes of staff members is not allowed.

Please see the [Staff Personal Conduct Policy](#)

Complaints/Allegations Made Against Staff

(See school's Complaints Policy)

We take seriously all complaints made against members of staff. Mechanisms are in place for children, parents and staff to share any concern that they may have about the actions of any member of the school staff. All such complaints will only be dealt with if made in accordance with the school's Complaints Policy.

If there are concerns about the Headteacher, these should be taken to the Chair of Governors, Anna Ballantyne, via the school office.

Please see the policy "Child Protection Procedures for Allegations Against Staff".

Records

Brief and accurate written notes will be kept of all incidents or Child Protection concerns relating to individual pupils. All Child Protection records including records of e-mails and notes of telephone calls will be kept locked away in pink folders alongside, but separate from, the children's blue files. Notes of telephone calls will be made on a separate sheet and these are available from the office.

Referrals made to Social Care under the Area Child Protection Committee procedures will be recorded on the appropriate referral form and a photocopy kept.

All safeguarding concerns will be written up in the 'Safeguarding Concerns' daily and this is kept locked every evening in the main office.

Any written records need to be given to the designated person promptly. No copies should be retained by the member of staff or volunteer.

Child Protection records are not available to pupils or parents. Child Protection records are securely kept. These records can only be accessed by the Headteacher, Deputy Headteacher, School Business Manager, and other office staff (for recording and filing purposes only) Child protection records are marked "Private and Confidential". Staff wishing to read these files must do so in the school office.

Contact with other agencies will be recorded in the External Agencies book kept in the main office so that cases can be chronicled & referenced.

The designated person will ensure that all safe-guarding records are managed in accordance with the Education (pupil information)(England) Regulations 2005.

Safety in the School

No internal doors to classrooms will be locked whilst pupils are present in these areas.

Entry to school premises will be controlled by a gate entry system for vehicles and pedestrians and also a video door entry system on Reception. Access to different zones within the school is by swipe card only. Unidentified visitors will be challenged by staff or reported to the Headteacher or school office.

All visitors to the school must report to the school office to be signed in and given an official visitor's badge.

See policy on "School Security"

Children not collected from school

The majority of our children are transported on home/school transport. However for those who are brought to school by their parents/carers or where children are not collected from after school clubs, the following procedures will apply.

Contact details for parents/carers must be kept up to date.

Responsibility for ensuring an uncollected child's safety is a shared one. The safekeeping of a child not collected from school whose parents are not at home at the end of the school day is the responsibility of Children's Social Care. However the school will endeavour to make contact with the child's parents or named carers and will keep the child at the school premises. If after 4pm they have been unsuccessful in contacting the parent/carer then the school will contact the Education Welfare Officer and/or children's social care as appropriate.

Drug and Alcohol Abusing Parents

Children of parents who abuse drugs or alcohol may be at risk of harm, either directly or indirectly because of a lack of boundaries and discipline. It is not the case, however, that all parents who misuse drugs or alcohol mistreat their children.

Any concerns about drug or alcohol abusing parents should be brought to the attention of the Designated Person with a view to deciding if a referral needs to be made.

Children in need of intimate care

(See "Intimate Care Policy")

For all children who require intimate care on a regular basis, a care plan is drawn up and agreed with parents/carers. Children in need of intimate care should be encouraged to be as independent as possible and to undertake as much of their own personal care as is practicable. When assistance is required, staff should ensure that another appropriate adult is in the vicinity and is aware of the task to be undertaken.

Curriculum

The Cedars Primary School acknowledges the important role that the curriculum can play in the prevention of abuse and in the preparation of our pupils for the responsibilities of adult life. It is expected that all curriculum subject leaders will consider the opportunities that exist in their area of responsibility for addressing personal safety and other Child Protection related issues.

The school has a Personal, Social and Health Education and Citizenship programme which incorporates sex education in year 6. Parents will be informed when their child will be receiving sex education and have the right to remove their child from the lessons that are not covered by the Science Curriculum. When delivering these programmes staff should be sensitive to the possibility that children have or are being abused.

The school uses the 'Learning to Respect Programme' across the school as part of its teaching about positive relationships. In years 5 and 6 this involves teaching about Domestic Violence.

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 Person and through staff performance measures.

Table of Amendments

Date	Section	Details of Amendment
May 16	Statutory Responsibilities	Updated all the current legislation and guidance
	Responsibilities and Immediate Action	Added name of Chair of Governors and named Governor for Child Protection
	Particularly vulnerable children	Added whole section
	Disclosure and Barring Service Checks	Added whole section
	Considering the Criteria for Levels of Intervention	Added whole section
	Private Fostering	Added Whole section
	Advice and Support	Updated phone numbers
	Disqualification by Association	Added whole section
	Complaints/allegation Made Against Staff	Added what to do if there are concerns about the Headteacher and referenced Complaints Policy
	Records	Added use of Safeguarding folder

Appendix 1

Definitions of Abuse

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.

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, arm, 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.
- Petechial hemorrhages (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 out 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 socialisation.

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.