



Nancy Reuben Primary School

Safeguarding and Child Protection Policy

September 2017

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1. INTRODUCTION	

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and optimising children's life chances.

At NRPS our Child Protection and Safeguarding Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of our school.

In particular this policy should be read in conjunction with Recruitment Policy, Behaviour Policy, Restraint/ Physical Intervention Policy, Anti-Bullying Policy and E-Safety Policy

This policy is in accordance with:

- The Education Act 2002
- Keeping Children Safe in Education September 2016 (KCSIE)
- Education (Independent Schools Standards) (England) Regulations September 2016 (as amended from time to time)
- What to do if you are worried a Child is being Abused (March 2015)
- Working Together to Safeguard Children (March 2015)
- WT refers to the non-statutory advice: Information sharing (March 2015)
- Information Sharing (2015)
- Preventing and Tackling Bullying (2014)
- Behaviour and Discipline in Schools (2014) (Non Statutory)
- Prevent Duty Guidance: for England and Wales (March 2015). Prevent is supplemented by non-statutory advice and a briefing note:
 - The Prevent duty: Departmental advice for schools and childminders (June 2015)
 - The use of social media for on-line radicalisation (July 2015)
- Independent Schools regulatory requirements and as amended)
- Disqualification under the Childcare Act 2006 (March 2015)
- Serious Crime Act 2015/Counter-Terrorism and Security Act 2015
- Teacher misconduct – Disciplinary procedures for the regulation of the teaching profession July 2014
- Use of Reasonable Force Advice for head teachers, staff and governing bodies July 2013

THE PURPOSE OF A CHILD PROTECTION POLICY

The purpose of our policy is:

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

2. SCHOOL STAFF AND VOLUNTEERS

At NRPS the School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.

All of our school staff will receive Safeguarding Children Training (Level 1), so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. This training will be refreshed every two years. The Designated Senior Person will deliver an annual update.

Volunteers and temporary staff will be made aware of the Safeguarding policies and procedures by the Designated Senior Person during Induction Meetings.

It is acknowledged that the role of the governors will be a monitoring and supporting one whereas staff will be actively involved in the management of safeguarding and child protection issues on a daily basis.

3. MISSION STATEMENT

At NRPS our goals are to:

- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.
- Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well-being of a child.
- Ensure children know that there are adults in the school whom they can approach if they are worried.
- Ensure that children who have been abused will be supported in line with a child protection plan.
- Include opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.
- Contribute to the five outcomes which are key to children's wellbeing:
 - be healthy
 - stay safe
 - enjoy and achieve
 - make a positive contribution
 - achieve economic wellbeing

4. IMPLEMENTATION MONITORING AND REVIEW OF THE CHILD PROTECTION POLICY

The NRPS Child Protection and Safeguarding policy will be reviewed annually by the governing body. It will be implemented through the school's induction and training programme, and as

part of day to day practice. Compliance with the policy will be monitored by the Designated Senior Person and through staff performance measures.

5. STATUTORY FRAMEWORK

In order to safeguard and promote the welfare of children, the school will act in accordance with the legislation and guidance provided in 'Keeping Children Safe in Education'.

6. WHAT IS CHILD ABUSE?

All School staff should be aware of the signs of abuse and neglect. These descriptions are taken from the DfE statutory guidance 'Keeping children safe in education'.

Abuse

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

Physical Abuse

Physical abuse is a form of abuse which 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.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child 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 a 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, although it may occur alone.

DfE advice on cyberbullying can be found here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/374850/Cyberbullying_Advice_for_Headteachers_and_School_Staff_121114.pdf

Also please refer to the E-Safety Policy

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.

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.

Female Genital Mutilation (FGM)

Staff are aware of what this means and the potential possibility of a child being at risk, however the school community is very low risk in this regard. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

Preventing Radicalisation

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. 12 The School has a duty to have due regard to the need to prevent people being drawn into terrorism and the statutory guidance issued - The Counter-Terrorism and Security Act, February 2015 (section 26 and 29) (the CTSA 2015) These are in four general themes: risk assessment, working in partnership, staff training and IT policies. Protecting children the risk of radicalisation is seen as part of the schools' wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse.

Indicators of abuse

There are a number of warning indicators which might suggest that a child may be being abused or neglected. It is recognised that warning signs and symptoms of child abuse and neglect can vary from child to child and a warning sign does not automatically mean a child is being abused.

Set out below are some examples of signs which may be indicators of abuse taken from Government non-statutory guidance 'What to do if you're worried a child is being abused' (these examples are not exhaustive)¹.

Physical Abuse:

- Children with frequent injuries;
- Children with unexplained or unusual fractures or broken bones; and/or
- Children with unexplained bruises or butts, burns or scalds or bite marks.

Emotional Abuse:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons; and/or
- Parents or carers blaming their problems on their child.

Sexual Abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age;
- Children who use sexual language or have sexual knowledge that you would not expect them to have; and/or
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

Sexual Exploitation:

- Children who have older boyfriends or girlfriends;
- Children who appear with unexplained gifts or new possessions; and/or
- Children who regularly miss school or education or don't take part in education.

Neglect:

- Children who do not have adequate clothing e.g. not having a winter coat;
- Children who are hungry or dirty; and/or
- Children who are often angry, aggressive or self-harm.

Members of staff are expected to be aware of signs of abuse and neglect so that they are able to identify cases of children who may need help or protection.

All staff have a responsibility to report any concerns they may have to the relevant Designated Safeguarding Person ("DSP") or appropriate child protection services (as set out in this policy), however they are not required or expected to investigate or decide whether a child has been abused.

¹ Further examples are set out at Appendix 1 of this policy

7. RECRUITMENT, INDUCTION AND TRAINING OF STAFF

NRPS has written recruitment and selection policies and procedures in place and these will be followed at all times.

For all candidates:

- written information about previous employment history must be provided;
- checks need to be carried out to ensure that the information is not contradictory or incomplete; and
- before interview all shortlisted candidates' references will be sought (including internal ones).

Any information about past disciplinary action or allegations must be considered carefully when assessing an applicant's suitability for the post.

Any offer of employment is conditional (and it shall be made clear to the successful candidate that this is the case) on satisfactory completion of the necessary pre-employment checks. These checks include:

- verification of candidates' identity;
- obtaining a certificate for an enhanced DBS check which will include barred list information, for those who will be engaging in regulated activity;
- verification of the person's right to work in the UK;
- where the individual has worked outside the UK any other checks the School considers appropriate have been carried out;
- where the role applied for is for a teacher, confirmation that the individual is not subject to a prohibition from teaching order in the UK or abroad;
- where the role applied for is a management position, confirmation that the individual is not subject to a prohibition from management direction; and
- where Childcare (Disqualification) Regulations 2009 applies the candidate will be required to provide the School with information requested to enable the School to comply with its obligations under the Regulations.

Staff must advise the Headteacher of any changes to the information provided. The candidate will be made aware of the provisions of the Childcare (Disqualification) Regulations 2009, including the fact that they may be disqualified 'by association' under regulation where they live in the same household as a disqualified person or in a household in which a disqualified person is employed.

Induction

Staff induction will include an explanation of the systems within the School which support the Safeguarding and Child Protection Policy and the Staff Code of Conduct.

On induction all staff will receive a copy of the following documents which the individual must read and become familiar with:

- a copy of this Safeguarding and Child Protection Policy;
- the Staff Code of Conduct;
- DfE statutory guidance '[Keeping Children Safe in Education – Information for all school and college staff](#)'; and
- where providing education, childcare or supervised activity during school hours to children under reception age, or outside of school hours for children above reception age and under eight staff will read the DfE statutory guidance [Disqualification under the Childcare Act 2006](#) and any Ofsted guidance referenced in the statutory guidance.

Staff will be notified as to the names of the people responsible for child protection (DSPs) and their role.

The induction will make clear that all staff should refer to the DSPs if they have any concerns or that in emergencies or where a member of staff has a genuine concern that appropriate action has not been taken, staff members can speak directly to Multi Agency Safeguarding Hub - MASH

Where the individual holding the post of DSP changes, this change will be notified to all school staff and governors as soon as practicable.

The School will keep a Single Central Record – covering all staff (including supply staff, volunteers, unpaid staff and teacher trainees on salaried routes) working at the School and records whether the following checks have been carried out or certificates obtained, and the date on which each check was completed /certificate obtained:

- an identity check;
- a barred list check;
- an enhanced DBS check/certificate;
- a prohibition from teaching check;
- a prohibition from management check;
- further checks on people living or working outside the UK;
- a check of professional qualifications;
- a check to establish the person's right to work in the UK;
- for supply staff whether written confirmation that the employment business supplying the member of supply staff has carried out the relevant checks and obtained the appropriate certificates, whether any enhanced DBS check certificate has been provided in respect of the member of supply staff and the date the confirmation was received; and
- where checks are carried out on volunteers, this should also be recorded on the Single Central Record.

Training

Upon induction and regularly thereafter, the School will make sure that all staff receive adequate training in child protection and safeguarding and are aware of systems within the School which support safeguarding.

Staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the School's safeguarding regime. Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, are in place for such concerns to be raised with the School's management team.

8. THE DESIGNATED SENIOR PERSON

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

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

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

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

- Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date.
- Ensure that all staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children effectively and that this is kept up to date by refresher training at two yearly intervals.
- Ensure that new staff receive a safeguarding children induction within 7 working days of commencement of their contract.
- Ensure that temporary staff and volunteers are made aware of the school's arrangements for safeguarding children within 7 working days of their commencement of work.
- Ensure that the school operates within the legislative framework and recommended guidance.
- Ensure that all staff and volunteers are aware of the LSCB Inter-agency Child Protection and Safeguarding Children Procedures and any other relevant local guidance e.g. safe drop off/collection of children guidance.
- Ensure that the Headteacher is kept fully informed of any concerns.
- Develop effective working relationships with other agencies and services.

- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Common Assessment Framework (CAF) or refer to Children, Schools and Families social care.
- Liaise and work with MASH and other relevant services/agencies over suspected cases of child abuse.
- Ensure that accurate, written safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision.
- Submit reports to DSP or Lead Practitioner for any Multi Agency Meeting and ensure the school's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child.
- Ensure that the school effectively monitors children about whom there are concerns, including notifying MASH when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan.
- Provide guidance to parents, children and staff about obtaining suitable support.
- Discuss with new parents the role of the DSP and the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and how to access the child protection policy.
- Ensure that where concerns are raised they (where relevant):
 - refer all cases of suspected abuse to the local authority children's social care;
 - report incidences where a person is dismissed or left due to risk/harm to a child to the DBS; and
 - report where a crime may have been committed to the police.
- Liaise with the headteacher or principal to inform them of issues, especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
- Ensure that each member of staff has access to and understands the School's Safeguarding and Child Protection Policy and procedures, especially new and part time staff.
- Ensure the School's child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly.
- Ensure the Child Protection Policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the School in this.
- Undertake Prevent Awareness Training such as the Home Office's Workshop to Raise Awareness of Prevent (WRAP).
- Ensure a child's Child Protection file is transferred to the new school or college as soon as possible when children leave the School.

9. THE GOVERNING BODY

The School governing body has overall responsibility for ensuring that there are sufficient and appropriate measures in place to safeguard the children in the School.

The School's governors will:

- nominate a governor responsible for Safeguarding and Child Protection who will liaise with the designated officer(s) from the relevant local authority and partner agencies in the event of allegations of abuse being made against the Headteacher;
- refer to the Disclosure and Barring Service (DBS) anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult;
 - where the harm test is satisfied in respect of that individual;
 - where the individual has received a caution or conviction for a relevant offence (see Relevant offences in England, Wales, Scotland and Northern Ireland from DBS), orthere is reason to believe that individual has committed a listed relevant offence; and that individual has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left;
- where a teacher is dismissed or the services of a teacher are no longer used because of serious misconduct, or might have dismissed them or ceased to use their services had they not left first, consider whether to refer the case to the Secretary of State, as required by sections 141D and 141E of the Education Act 2002;
- ensure that staff have skills, knowledge and understanding necessary to keep looked after children safe. Ensure appropriate staff have information they need in relation to a child's looked after legal status and contact arrangements with birth parents or those with parental responsibilities;
- ensure there is a designated teacher to promote the educational achievement of children who are looked after and ensure that this individual has appropriate training. The designated teacher should ensure that the relevant DSP has details of the child's social worker and the name of the virtual school head in the authority that looks after the child;
- have regard to how children may be taught about safeguarding, including online;
- Ensure any deficiencies in child protection arrangements are remedied without delay; and
- Ensure that this policy and associated procedures are reviewed annually.

10. SCHOOL PROCEDURES – STAFF RESPONSIBILITIES

If any member of staff is concerned about a child he or she must inform the Designated Senior Person, and in his/her absence the Deputy Designated Senior Person

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations. **See appendix 2.** The Designated Senior Person will decide whether the concerns should be referred to Multi Agency

Safeguarding Hub (MASH). If it is decided to make a referral to MASH this will be discussed with the parents, unless to do so would place the child at further risk of harm.

Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept. If a pupil who is/or has been the subject of a child protection plan changes school, the Designated Senior Person will inform the social worker responsible for the case and transfer the appropriate records to the Designated Senior Person at the receiving school, in a secure manner, and separate from the child's academic file.

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

11. WHEN TO BE CONCERNED

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

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

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

Generally, in an abusive relationship the child may:

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

12. DEALING WITH A DISCLOSURE

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

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

Support

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

13. CONFIDENTIALITY

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

All staff in our school, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (MASH 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.

14. COMMUNICATION WITH PARENTS

NRPS 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. Any issues regarding children should be brought to the attention of the Head Teacher, Deputy Head Teacher or DSP, no parents may address or reprimand any child on the school grounds, (other than their own.)

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

15. RECORD KEEPING (Please see Appendix 2)

When a child has made a disclosure to a member of staff or volunteer, that member of staff/volunteer should:

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

- Give all records to the Designated Senior Person promptly. No copies should be retained by the member of staff or volunteer.
- The Designated Senior Person will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

16. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

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

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

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

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the procedures within the Dealing with Allegations of Abuse Against Staff Policy. The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

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

If the concerns are about the Headteacher, then the Chair of Governors should be contacted. In the absence of the Chair of Governors, another Governor may be contacted.

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

The Headteacher will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer. If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.

If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with Local Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures. Contact with the LADOs should be made as soon as possible.

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

The Headteacher should, as soon as possible, **following briefing** from MASH inform the subject of the allegation.

Listening to children

When a child approaches a member of staff or other adult about a child protection issue that adult must follow these rules:

- Do not promise complete confidentiality. Explain you might have to tell other people to help keep the child or other children safe.
- Listen positively and reassure the child that speaking to you is the right thing to do.
- Do not jump to conclusions, put words in the child's mouth, or ask questions that point towards a particular answer.
- Write a record of the conversation as soon as possible, including rough diagrams of any visible injury, and noting any action taken – these dated and timed notes must be handed to the relevant DSP and preserved.
- Do not try to investigate or take any action beyond the agreed procedures.

Taking Action

If staff members have concerns about a child they should raise these with the relevant DSP as a matter of urgency and provide him/her with a referral form.

The DSP will decide whether to make a referral to Barnet Children and Family Care, Children's Service ("BCFC-CS") – however it is important that all staff are aware that any staff member may refer to BCFC-CS directly. Where it is considered that a child would benefit from coordinated support from more than one agency there should be an inter-agency assessment for early help.

If there is a risk of immediate serious harm to a child a referral should be made immediately to BCFC-CS.

If staff members have concerns about another staff member or volunteer having:

- behaved in a way that has, or may have, harmed a child.
- possibly committed a criminal offence against/related to a child.
- behaved toward a child in a way which indicated he/she is unsuitable to work with children.

This should be referred to the Headteacher. Management of the process will follow Part 4 of Keeping Children Safe in Education and should be done in line with the Whistle Blowing Policy and procedures as well as Dealing with Allegations Against Staff or Volunteers Policy.

Where there are concerns about the Headteacher this should be referred to the Chair of Governors.

Recording

Where a report of a child protection related matter is received, a written record of what happened and what action was taken must be made. All records on child protection are to be kept separate from routine pupil records, with restricted access. On the pupil's file a note will be placed to indicate the existence of a separate child protection file for that pupil.

Any minutes from a child protection conference should be kept in the separate child protection file.

Ongoing Pupil Support

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. The School may be the only stable, secure and predictable element in the lives of children at risk. When at the School their behaviour may be challenging and defiant or they may be withdrawn. The School will endeavour to support the pupil through:

- The content of the curriculum.
- The School ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
- The School's behaviour policy which is aimed at supporting vulnerable pupils in the School. The School will ensure that the pupil knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred.
- Liaison with other agencies that support the pupil such as social services, child and adult mental health service, education welfare service and educational psychology service.
- Where a pupil on the child protection register leaves, transferring their information to the new school immediately and informing the child's social worker.

Children missing from education

A child going missing from education is a potential indicator of abuse or neglect. The School will monitor all pupil absences from school and promptly address concerns about irregular attendance with the parent/carer. Details of procedures for addressing this can be found in the School Attendance Policy.

For the purposes of the mandatory reporting duty, a teacher is someone who undertakes teaching work as follows (including through distance learning or computer aided techniques):

- planning and preparing lessons and courses for pupils;
- delivering lessons to pupils;
- assessing the development, progress and attainment of pupils; and
- reporting on the development, progress and attainment of pupils.

. The mandatory reporting duty does not therefore apply to supervised teaching assistants.

If staff have concerns that FGM has taken place, as well as reporting this to the police, they should also activate local safeguarding procedures using existing and national and local protocols. Unless the teacher has a good reason not to, they should still consider and discuss any case of FGM with the DSP and involve children's social care as appropriate.

17. The following Section applies only to Nursery Staff

Disqualification from providing childcare or registration, including 'by association'

All staff in our school are required to notify the School immediately if they are any reasons why they should not be working with children. This includes any staff who are disqualified from childcare or registration including 'by association' i.e. they live in the same household (or someone is employed in their household) as someone who has unspent cautions or convictions for a relevant offence (please see a list of the relevant offences set out here: [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/384712/DBS_referrals_guide - relevant offences v2.4.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/384712/DBS_referrals_guide_-_relevant_offences_v2.4.pdf)).

The 'by association' requirement also applies if you live in the same household as or someone is employed in your household who has been disqualified from working with children under the Childcare Act 2006.

The Childcare (Disqualification) Regulations 2009 apply to those providing early years childcare or later years childcare, including before school and after school clubs, to children who have not attained the age of 8 AND to those who are directly concerned in the management of that childcare.

The School takes its responsibility to safeguard children very seriously and any staff member who is aware of anything that may affect his/her suitability to work with children must notify the School immediately. This will include notification of any convictions, cautions, court orders, reprimands or warnings he/she may receive. He/she must also notify the school immediately if he/she is living in a household where anyone lives or works who has been disqualified from working with children or from registration for the provision of childcare.

Staff who are disqualified from childcare or registration, including 'by association', may apply to Ofsted for a waiver of disqualification. Such staff may not be employed in the areas from which they are disqualified, or involved in the management of those settings, unless and until such waiver is confirmed.

Concerns under Prevent

We recognise that NRPS is intended to be a safe place in which children, young people and staff can understand the risks associated with terrorism and develop the knowledge and skills to be able to challenge extremist arguments. The School acknowledges its duty to have “due regard to the need to prevent people from being drawn into terrorism”.

In compliance with this duty and **where applicable** will:

- carry out risk assessments in order to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology (including the risk of online radicalisation);
- promote fundamental British Values;
- ensure that there are suitable filters in place for all IT equipment and that children and young people are equipped with the knowledge to stay safe online in school and outside. Every teacher will be aware of the risks posed by the online activity of extremist and terrorist groups.

18. MONITORING AND EVALUATION OF THE POLICY

The nominated Safeguarding and Child Protection Governor along with DSP will monitor and evaluate on an annual basis the effectiveness of child protection work carried out by the School and report back to the full governing body.

DATE CREATED: JULY 2016

UPDATED: SEPTEMBER 2017

DATE OF THE NEXT REVIEW: SEPTEMBER 2018

Appendix 1 INDICATORS OF HARM

PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Indicators in the child

Bruising

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

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

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

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

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

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

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

Poisoning

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

Fabricated or Induced Illness

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

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

Bite Marks

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

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

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

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

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

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get 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 in so far as they meet the needs of another person.

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

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

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

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

Indicators in the child

Developmental delay

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

Aggressive behaviour towards others

Child scapegoated within the family

Frozen watchfulness, particularly in pre-school children

Low self-esteem and lack of confidence

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

Over-reaction to mistakes

Fear of new situations

Inappropriate emotional responses to painful situations

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

Self-harm

Fear of parents being contacted

Extremes of passivity or aggression

Drug/solvent abuse

Chronic running away

Compulsive stealing

Low self-esteem

Air of detachment – 'don't care' attitude

Social isolation – does not join in and has few friends

Depression, withdrawal

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

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

Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

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

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

Scapegoats one child in the family

Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
Wider parenting difficulties may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

Lack of support from family or social network.

Marginalised or isolated by the community.

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

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

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

NEGLECT

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

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

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

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

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

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

Abnormal voracious appetite

Dry, sparse hair

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

Unmanaged / untreated health / medical conditions including poor dental health

Frequent accidents or injuries

Development

General delay, especially speech and language delay

Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders

Absence of normal social responsiveness

Indiscriminate behaviour in relationships with adults

Emotionally needy

Compulsive stealing

Constant tiredness

Frequently absent or late at school

Poor self esteem

Destructive tendencies

Thrives away from home environment

Aggressive and impulsive behaviour

Disturbed peer relationships

Self-harming behaviour

Indicators in the parent

Dirty, unkempt presentation

Inadequately clothed

Inadequate social skills and poor socialisation

Abnormal attachment to the child .e.g. anxious

Low self-esteem and lack of confidence

Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene

Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy

Child left with adults who are intoxicated or violent

Child abandoned or left alone for excessive periods

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

Indicators in the family/environment

History of neglect in the family

Family marginalised or isolated by the community.

Family has history of mental health, alcohol or drug misuse or domestic violence.

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

Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

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

Lack of opportunities for child to play and learn

SEXUAL ABUSE

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

The activities may involve physical contact, including SEXUAL ABUSE 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

Appendix Cause for Concern Form

Child's Name		Child's Date of Birth	
Male/Female	Ethnic Origin	SEN?	Religion
Date and Time of Concern			
Your account (what was said, observed, reported and by whom)			
Additional Information (context of concern/disclosure)			
Your response (what did you do/say following the concern)			
Name of person completing this form			
Signature of person completing this form			
Position in School of person completing this form			
Date and Time of this form being completed			
Action and response of DSP			
Name of DSP		Date	

**For
Non-Accidental
Injuries**

**For
Accidental
Injuries**

