



## **Safeguarding & Welfare of Children**

### **Child Protection Policy**

**Last Reviewed and Updated:**            **November 2020**  
**Next Review:**                                **November 2021**  
(earlier if new and relevant legislation or guidance is issued)

**CPotential**  
**143 Coppetts Road, London N10 1JP**  
**Registered Charity No. 1124524**

## Safeguarding Children and Child Protection Policy

### Key Personnel:

The **designated safeguarding lead** for child protection is:

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## Policy & Procedures for the Protection of Children

### Introduction:

**All children have a right to be protected and to be safe from harm. The Trust is committed to ensuring the safety and protection of children from harm whilst living out our values especially in being both supportive and accountable in how we protect the children in our care. In any situation where there are child protection concerns, the welfare of the child will be given paramount consideration.**

‘Working together to Safeguard Children’ (2016) places a general duty on the Trust to co-operate with other agencies in the protection of children. It also requires that the Trust have a policy and procedures in place to deal with any issues relating to the safety and protection of the children who attend the Centre. It also requires the Trust to share information about the policy and procedures to parents and all staff members. The Trust pays full regard to the DfE guidance ‘Keeping Children Safe in Education’ (September 2018). The Trust also pays full regard to ‘Safeguarding Disabled Children: Practice Guidance (2009).

From 1<sup>st</sup> July 2015, all schools are subject to a duty under section 26 of the ‘Counter-Terrorism and Security Act 2015 (Paragraphs 57-76), in the exercise of their functions to have ‘due regard to the need to prevent people from being drawn into terrorism’. This duty is known as the Prevent Duty. The Trust will ensure that it will do all it can to protect the children who attend the school from the risk of radicalisation.

The Trust fully recognises and is accountable for its responsibilities for child protection. Its policy applies to all staff, trustees and volunteers associated with the Centre. There are four main elements to the policy:

- **Preventing unsuitable people from working with children** - ensuring we practice safe recruitment in checking the suitability of staff and volunteers to work with children. (See Recruitment Policy for full details)
- **Building resilience** - raising awareness of child protection issues and equipping children with the skills needed to keep them safe where possible and appropriate. Establishing a safe environment in which children can learn and develop within an ethos of openness.
- **Procedures** - developing and then implementing procedures for identifying, monitoring and reporting cases, or suspected cases of abuse.
- **Supporting vulnerable pupils** - supporting pupils who has been abused, have witnessed violence towards others or may be vulnerable to abuse.

The Trust will follow the procedures set out by the London Child Protection Procedures and take account of guidance issued by the Department for Education to:-

- Ensure we have a designated senior person for child protection who has received appropriate training and support for this role
- Ensure we have a nominated trustee for child protection

- Ensure all personnel responsible for child protection are up to date with changes in legislation
- Ensure every member of staff (including temporary and supply and volunteers) and the Board of Trustees knows the name of the designated senior person responsible for child protection and their role
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated senior person. (Staff should also be made aware of the Trust's Whistleblowing Policy).
- Keep written records of concerns about children, even when there is no need to refer the matter immediately.
- Ensure all records are kept securely, separate from the main child's file
- Develop and then follow procedures where an allegation is made against a member of staff or a volunteer
- Ensure safe recruitment practices are always followed. (See Keeping Children Safe in Education 2016 and Recruitment Policy)

### **Vulnerable Children – Disabled Children:**

All children attending services at CPotential have disabilities. The reasons why disabled children are more vulnerable to abuse are summarised below:

- Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than their non-disabled peers.
- Their dependence on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour
- They may have an impaired capacity to resist or avoid abuse.
- They may have speech, language and communication needs which may make it difficult to tell others what is happening.
- They may not have access to someone they can trust to disclose that they have been abused.
- They are especially vulnerable to bullying and intimidation.
- Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home, but are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day to day physical care needs.

### ***(Safeguarding Disabled Children: Practice Guidance 2009)***

#### **Staff Training:**

All members of staff and members of the Board of Trustees will receive training on safeguarding children annually. Regular half termly training on aspects of Keeping Children Safe in Education is put in place for staff members. Staff are given copies of the safeguarding policy and procedures during their first week of employment. They have all received and signed an acknowledgement that they have read and understood the latest

DfE guidance – Keeping Children Safe in Education (September 2018) and Keeping Children Safe in Education (September 2016, July and March 2015).

All staff need to be aware of the vulnerability to allegations and must address their practice accordingly. All staff must adhere to the school policy/guidance in respect to safe conduct.

Any member of staff who is deemed to be unsuitable to work with children will be referred to the Independent Safeguarding Authority by the Designated Safeguarding Lead. As per legislation if an organisation removes an individual from work such as looking after children because the person poses a risk of harm to the children, the organisation must make a referral to the Disclosure and Barring Service. The Designated Safeguarding Lead will make this referral.

In conjunction with this policy staff members should also be aware of the following:

- Charter for Children (Appendix A)
- Guidelines for Intimate Care (Appendix B)
- Policy for Physical Intervention (Appendix C)
- E-Safety Policy
- Behaviour and Discipline Policy
- Staff Conduct Policy
- Whistle Blowing Policy
- Recruitment Policy
- Equality, Diversity & Anti-discrimination Policy

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school's safeguarding regime and that such concerns will be taken seriously by the senior leadership team.

Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them.

- The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285. The line is available from 8.00 a.m. to 8.00 p.m. Monday to Friday and their email is [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

## Definitions & Descriptors of Child Abuse:

Child abuse represents a failure by omission or commission, to respect the needs and rights of children. The following definitions are taken from 'Working Together under the Children Act 1989 and Keeping Children Safe in Education (2016)– a guide for arrangements for inter-agency co-operation for the protection of children from abuse' and are used for registration and statistical purposes.

- **Neglect:** 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.
- **Physical Abuse:** 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..
- **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.
- **Emotional Abuse:** 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 the child that they are worthless or unloved, inadequate or valued 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 a child's developmental capability as well as over protection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including 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.
- **Organised Abuse:** Organised abuse is a generic term which covers abuse which may involve a number of abusers, a number of abused children and young people and

often encompasses different forms of abuse. It involves, to a greater or lesser extent, an element of organisation.

- **Child Sexual Exploitation:** Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact: it can also occur through the use of technology. Like all forms of child sex abuse, child sexual exploitation:
  - Can affect any child or young person (male or female) under the age of 18 years including 16 and 17 year olds who can legally consent to have sex;
  - Can still be abuse even if the sexual activity appears consensual;
  - Can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity;
  - Can take place in person or via technology, or a combination of both;
  - Can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
  - May occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media);
  - Can be perpetrated by individuals or groups, males and females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
  - Is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status and access to economic or other resources.

Some of the following signs may be indicators of child sexual exploitation:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or do not take part in education.

See 'Risk Assessment Framework for Children Abused through Sexual Exploitation' [http://www.londongcp.co.uk/files/supp\\_sex\\_app1\\_riskframe.pdf](http://www.londongcp.co.uk/files/supp_sex_app1_riskframe.pdf) Further information can be found on the London Safeguarding Children Board's website: [http://www.londoncp.co.uk/chapters/sg\\_sex\\_exploit\\_ch.html](http://www.londoncp.co.uk/chapters/sg_sex_exploit_ch.html)

**Child criminal exploitation: County lines:**

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism (National crime agency human trafficking) should be considered. Like other forms of abuse and exploitation, county lines exploitation:

- Can affect any child or young person (male or female) under the age of 18 years;
  - Can affect any vulnerable adult over the age of 18 years;
  - Can still be exploitation even if the activity appears consensual;
  - Can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
  - Can be perpetrated by individuals or groups, males and females and young people or adults; and
  - Is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age is the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status and access to economic or other resources.
- **Female Genital Mutilation (FGM):** Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and is a form of child abuse with long lasting harmful consequences. Professionals in all agencies and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practice FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care as per Multi-Agency Practice Guidelines'

Any indication that FGM is a risk or is imminent will be dealt with under the child protection procedures outlined in this policy. Indications that FGM may be about to take place include:

- the family comes from a community that is known to practice FGM. The practice is most common in the western, eastern and north-eastern regions of Africa, in some countries in Asia and the Middle East and among people from these areas.

- a child may talk about a long holiday to her country or origin or another country where the practice is prevalent, including African countries and the Middle East.
- a child may confide to a professional that she is to have a 'special procedure' or to attend a special occasion
- a child may request help from a teacher or another adult.

Professionals also need to be vigilant to the emotional and psychological needs of children who may/are suffering from the adverse consequence of the practice (e.g. withdrawal, depression etc.).

The designated child protection lead will make appropriate and timely referrals to social care if FGM is suspected to be a possibility and to the police if it is believed to have taken place. In these cases, parents will not be informed before seeking advice. The case will be referred to social care even if it is against the child's wishes.

Further information can be found on the London Safeguarding Children Board's website and the fact sheet from the World Health Organisation: Safeguarding children at risk from FGM –

[http://www.londoncp.co.uk/chapters/sg\\_ch\\_risk\\_fgm.html](http://www.londoncp.co.uk/chapters/sg_ch_risk_fgm.html)

World Health Organisation Factsheet –

<http://www.who.int/mediacentre/factsheets/fs241/en/>

- **Children of Substance Misusing Parents/Carers:** Misuse of drugs and/or alcohol is strongly associated with significant harm to children, especially when combined with other features such as domestic violence. Where there is a concern the matter must be referred as per the procedures. This is particularly important if the following factors are present:
  - use of the family resources to finance the parents dependency, characterized by inadequate food, heat and clothing for the children.
  - children exposed to unsuitable caregivers or visitors e.g. customers or dealers.
  - the effects of alcohol leading to an inappropriate display of sexual and/or aggressive behaviour.
  - chaotic drug and alcohol use leading to emotional unavailability, irrational behaviour and reduced parental vigilance.
  - disturbed moods as a result of withdrawal symptoms or dependency
  - unsafe storage of drugs and/or alcohol or injecting equipment.
  - drugs and/or alcohol having an adverse impact on the growth and development of the unborn child.
- **Domestic Abuse:** The cross government definition of domestic violence and abuse is 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can

encompass but is not limited to – psychological, physical, sexual, financial and emotional.

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

Advice on identifying children who are affected by domestic abuse and how they can be helped is available at:

NSPCC-UK domestic-abuse signs symptoms and effects.

Refuge what is domestic violence/effects of domestic violence on children

Safelives:young people and domestic abuse.

- **Forced Marriage:** Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. Schools and colleges can play an important role in safeguarding children from forced marriage.

The Forced Marriage Unit has published statutory guidance and Multi-agency guidelines with pages 35 to 36 of which focus on the role of schools. School staff can contact the Forced Marriage Unit if they need advice or information. Contact: 02070008 0151 or email [fmfco.gov.uk](mailto:fmfco.gov.uk)

- **So called 'Honour Based' Violence:** So called 'honour based' violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

#### **Actions:**

If staff have a concern regarding a child that might be at risk of HBV or who has suffered from HBV they should speak to the designated safeguarding lead (or deputy). As

appropriate they will activate local safeguarding procedures, using existing national and local protocols for multiagency liaison with police and children's social care.

### **Online Safety:**

The use of technology has become a significant component of many safeguarding issues. Child sexual exploitation; radicalisation; sexual predation – technology often provides the platform that facilitates harm. An effective approach to online safety empowers a school to protect and educate the whole school or college community in their use of technology and establishes mechanisms to identify, intervene and escalate any incident where appropriate.

The breadth of issues classified within online safety is considerable but can be categorised into three areas of risk:-

- content: being exposed to illegal, inappropriate or harmful material
- contact: being subjected to harmful online interaction with other users
- conduct: personal online behaviour that increases the likelihood of, or causes, harm

Governing bodies and proprietors should be doing all that they reasonably can to limit the children's exposure to the above risks from the school's IT systems. At our school the children are always accompanied by a member of staff when the child accesses a computer, laptop or Ipad on line. The children do not have mobile phones with them when they are at school and staff members are prohibited from taking their mobile phones into the classrooms during school hours. (See e-safety policy for further information).

### **Safer Recruitment, Single Central Record, DBS Checks:**

Keeping Children Safe in Education (2016) outlines safer recruitment processes in educational settings. Safer Recruitment at this school means that all applicants will:

- Complete an application form
- Provide at least two referees, including the last employer and at least one who can comment on the applicants suitability to work with children
- Provide evidence of identity and qualifications
- Complete a barred list and DBS check before taking up a post..
- Be interviewed, with at least one question referring to Child Protection knowledge.

The school staffing regulations require that at least one person on any appointment panel has undertaken safer recruitment training.

### **Single Central Record:**

It has been a requirement since 2007 that all schools must maintain a Single Central Record of recruitment and vetting checks. This was set out in the original publication 'Safeguarding Children and Safer Recruitment in Education (2007) and updated in the DfE's Keeping Children Safe in Education (September 2016) statutory guidance. The details of all staff and

regular volunteers must be kept on the charity's single central record to ensure that checks have been carried out.

The Statutory guidance states – 'Generally the information to be recorded..... is whether or not the following checks have been carried out or certificates obtained, and the date on which the checks were completed:

- Full name and address checks
- A barred list check
- An Enhanced DBS check
- A prohibition from teaching 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/Visa Details
- Self-declaration of disqualification by association/disqualification from early years or childcare provision self-declaration form.

## **Identification of Risk:**

Any child can be vulnerable to being abused. However, those with a learning, physical or sensory disability or with communication problems are usually dependent on others for many aspects of their care, often intimate physical care. This dependency can make them particularly vulnerable.

Child protection concerns may be identified in a number of ways. Emergency situations may arise when a child is clearly at risk of significant harm or requiring immediate medical attention. On other occasions, allegations may be made by the child, by adults outside the family or a member of staff may have observed worrying signs. If there are any concerns or suspicions about:

- unusual or unexplained injury
- the parent's explanation does not 'fit'
- the child's explanation does not 'fit'
- the allegation is made by the child
- the child's behaviour.

**Staff members must report their suspicion directly to the designated child protection officer, who will then inform the Chief Executive Officer.**

A decision will then be made as to the most appropriate course of action. This may mean monitoring the situation or it may mean a referral to the child's local Social Care Group.

When a decision has been made to make a child protection referral, it is good practice to inform the suspected person of such action. However, sometimes this may be detrimental to the welfare of the child. Discussion with Social Services/LSCB as to when this might be appropriate will be helpful in making the judgement about this.

It is important to make sure that a careful record is made of everything that was said and observed. Staff will be expected to co-operate with all agencies who have statutory powers and share with them all relevant and pertinent information.

## **Practice Guidelines:**

If a child makes an allegation about abuse to a member of staff, they should listen carefully to the child, allowing them to continue at his/her own pace, offer reassurance and only ask questions for clarification purposes. It is important that the staff member should not 'interview' the child or ask questions which suggest particular answers i.e. leading questions should not be asked.

A record must be kept of everything that has been seen and said ensuring that the date, time and any names that have been mentioned, and whom the information was passed on to is all included. The record must then be dated and signed by the person recording it.

The relevant staff member, the Safeguarding Lead and the Chief Executive will then discuss what the next steps will be. If a decision is made to refer the matter to the relevant LSCB (local safeguarding children board), then the parents should normally be informed of this decision unless it is considered that a child's welfare would be at risk – advice should be sought from the relevant LSCB Team if needed. LSCB procedures will then apply. Support will be given to the child throughout and the Trust, where relevant, will participate in any monitoring that may be part of the child's protection plan.

### **Confidentiality:**

- We recognise that matters related to Child Protection are of a confidential nature. The Designated Senior Person will therefore share detailed information about a pupil with other staff members on a need to know basis only.
- All staff must be aware that they have a professional responsibility to share information with other relevant agencies where necessary to safeguard and promote the welfare of children.
- All staff must be aware that they cannot promise a child that they will keep certain information secret.

### **Support for Staff:**

- We recognise that staff working in the school who have been dealing with child protection issues may find the situation stressful or upsetting.
- We will ensure that opportunities are provided for staff to be supported in these circumstances and to talk through any anxieties they may have with the Designated Senior Person and/or the Headteacher.

### **Allegations against Staff Members:**

Allegations about staff members could come from a child, parents or from another member of staff. It should be noted that in principle, child protection procedures take precedence over all other Trust procedures and policies.

Allegations might indicate that a person would pose a risk of harm if they continue to work in regular or close contact with children in their present position, or in any capacity. It is essential that any allegation of abuse made against a member of staff or volunteer is dealt with very quickly, in a fair and consistent way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.

The following definitions should be used when determining the outcome of allegation investigations:-

- **Substantiated:** there is sufficient evidence to prove the allegation
- **Malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive
- **False:** there is sufficient evidence to disprove the allegation

- **Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

In the first instance the Safeguarding Lead, the CEO or the Chairman of the Trust should immediately:

- Discuss the allegation with the Designated Officer (s) to consider the nature, content and context of the allegation to agree a course of action.
- The Designated Officer (s) may want to obtain relevant additional information, such as previous history, whether the child or family have made similar allegations previously and the individual's current contact with children.
- The Designated Officer (s) may seek advice from the LADO at Haringey for advice, guidance and help to determine whether the allegation sits within the scope of the procedures. **(Haringey LADO contact information is 020 8489 4838 or email LADO@haringey.gov.uk)**
- The Designated Senior Officer may decide to involve the police immediately if the person is deemed to be an immediate risk to children or there is evidence of a possible criminal offence.
- The sharing of information and evaluation may lead to a decision that no further action is required with regard to the individual facing the allegation or concern. In which case this decision should be recorded and the justification for it by both the Designated Senior Officer (or CEO/Chairman) and the individual should be informed in writing of the outcome.
- The Designated Senior Officer should inform the accused person about the allegation as soon as possible, providing them with as much information as possible. However, where a strategy discussion is needed or police or children's social care services need to be involved, the Designated Senior Officer should not inform the individual concerned until those agencies have been consulted and have agreed what information can be disclosed to the accused.
- Careful consideration must be given to whether the circumstances of a case warrant a person being suspended from contact with children at the school or whether alternative arrangements can be put in place until the allegation or concern is resolved. All options to avoid suspension should be considered prior to taking that step.
- If there is cause to suspect a child is suffering or is likely to suffer significant harm, a strategy discussion should be convened with the child's LSCB and the police in accordance with the statutory guidance – Working Together to Safeguard Children 2015. If the allegation is about physical contact, the strategy discussion or initial evaluation with the police should take into account that teachers and other school staff are entitled to use reasonable force to control or restrain children in certain circumstances, including dealing with disruptive behaviour.
- The member of staff must be advised of their rights to representation and support, which ideally should be provided from outside the Trust.

**Supporting those involved:**

The Trust has a duty of care to its employees and will act to manage and minimise the stress inherent in an allegation process. Support for the individual is vital in fulfilling this duty of care. The Trust will ensure that:-

- the staff member will be informed of concerns or allegations as soon as possible and advised of the likely course of action, unless there is an objection by the childrens' social care services or the police.
- the staff member should be advised to contact their trade union representative or a colleague for support.
- The staff member managing the case should appoint a named representative to keep the individual informed of the progress of the case and to consider what other support is appropriate.
- particular care will be taken when an employee is suspended to ensure that they are kept informed of both the progress of their case and current work-related issues.
- social contact with colleagues and friends will not be prevented unless there is evidence to suggest that such contact is likely to be prejudicial to the gathering and presentation of evidence.
- the parents or carers of a child or children involved will be told about the allegation as soon as possible if they do not already know of it. If a strategy discussion is required, this will not be done until the other agencies involved, such as the children's social care services or the police have agreed.
- the parents or carers will be kept informed about the progress of the case and the outcome where there is not a criminal prosecution. This will include the outcome of any disciplinary processes. The deliberations of a disciplinary hearing and the information taken into account when reaching a decision, cannot normally be disclosed, but the parents or carers will be told the outcome in confidence.
- the parents or carers will be advised of the need to maintain confidentiality about any allegations made against the staff member whilst investigations are ongoing. If the parents or carers wish to apply to the court to have reporting restrictions removed, they will be advised to seek legal advice.
- in the case where a child may have suffered significant harm or it is likely that there may be a criminal prosecution, the children's social care services or the police, as appropriate will consider what support the child or children involved may need.

### **Confidentiality:**

It is important that when an allegation is made, the charity must make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered. The reporting restrictions also cease to apply if the individual effectively waives their right to anonymity by going public themselves, or by giving their written consent to do so or if a judge lifts the restrictions in response to a request to do so.

The case manager at the charity will take advice from the designated officer (s), police and children's social care services to agree the following:-

- Who needs to know and what information can be shared.
- How to manage speculation, leaks and gossip.

- What, if any information, can be reasonably given to the wider community to reduce speculation.
- How to manage press interest if and when it arises.

If the accused person resigns or ceases to provide their services, this should not prevent an allegation being followed up in accordance with the guidance above. A referral to the DBS must be made if the relevant criteria are met. Additionally if the criteria are met, it would not be appropriate to reach a settlement/compromise agreement. In fact it would be illegal to do so.

Details of allegations that are found to be malicious will be removed from personnel records and reference to them will not be included in any future employer references. However for all other allegations it is important that a clear and comprehensive summary of the allegation, how it was followed up and resolved and a note of any action taken and decisions reached, is kept on the confidential personnel file of the accused. A copy of this record will be given to the person concerned. The record should be retained at least until the accused has reached normal pension age or for a period of 10 years from the date of the allegation if that is longer.

#### **Time Scales:**

It is in everyone's interest to resolve cases as quickly as possible consistent with a fair and thorough investigation. All allegations will be investigated as a priority to avoid any delay. It is expected that 80% of case should be resolved within one month, 90% within 3 months and all but the most exceptional cases should be completed within 12 months. Those cases where it is clear immediately that the allegation is unsubstantiated or malicious, should be resolved within one week. If the nature of the allegation does not require formal disciplinary action and does not involve a possible criminal offence, appropriate action will be instituted within 3 working days. If a disciplinary hearing is required and can be held without further investigation, the hearing should be held within 15 working days.

The designated officer(s) have overall responsibility for oversight of the procedures for dealing with allegations; for resolving any inter-agency issues and for liaison with the LSCB, the police and other agencies. Cases will be monitored to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process. Reviews will be held on a fortnightly or monthly basis depending on the complexity of the case. If the strategy discussion or initial assessment decides that a police investigation is required, the police will set a target date for reviewing the progress of the investigation and consulting the CPS about whether to charge the individual, continue to investigate or to close the investigation. This review should take place on later than four weeks after the initial evaluation. Dates for subsequent fortnightly reviews should be set if the investigation continues.

#### **Suspension:**

The possible risk of harm to children posed by an accused person should be evaluated and managed in respect of the child(ren) involved in the allegations. In some rare cases the charity may have to consider suspending the accused until the case is resolved. Suspension

should not and will not be an automatic response when an allegation is reported; all options to avoid suspension will be considered prior to taking that step. Suspension should only be considered in a case where there is cause to suspect that a child or other children at the charity is/are at risk of harm or the case is so serious that it might be grounds for dismissal.

The case manager and/or the designated safeguarding officer should also consider whether the result that would be achieved by immediate suspension could be obtained by alternative arrangements. Based on assessment of risk, the following alternatives should be considered before suspending a member of staff:

- Redeployment within the charity so that the individual does not have direct contact with the child or children concerned.
- Providing an assistant to be present when the individual has contact with children.
- Redeploying to alternative work so that the individual does not have unsupervised access to children
- Moving the child or children to classes where they will not come into contact with the member of staff whilst making it clear that this is not a punishment and that parents have been consulted.
- Temporarily redeploying the member of staff to another role in a different location, if this is possible.

These alternatives allow time for informed decision regarding a suspension and possibly reduce the initial impact of the allegation. The case manager and/or the designated safeguarding officer should also consider the potential permanent professional reputational damage to employees that can result from suspension where an allegation is later found to be unsubstantiated or maliciously intended.

If immediate suspension is considered necessary, the rationale and justification for this should be agreed and recorded by both the case manager and the designated officer (s). This record should also include what alternatives to suspension had been considered and why they were rejected.

Where a strategy discussion or initial evaluation concludes that there should be enquiries by the children's social care services and/or investigation by the police, the designated officer(s) should ask these agencies for their advice about whether a suspension is deemed necessary. Police involvement does not make it mandatory to suspend a member of staff; this decision should be taken on a case by case basis following a risk assessment.

### **Specific Actions:**

**Sharing of Information:** In a strategy discussion or initial evaluation of the case, the agencies involved should share all the relevant information they have about the person who is the subject of the allegation and about the alleged victim. Where the police are involved, wherever possible the school should ask the police to obtain consent from the individuals involved to share their statements and evidence for use in the employer disciplinary process. This should be done as their investigation proceeds and will enable the police to share relevant information without delay at the conclusion of their investigation or any

court case. Children's social care services should adopt a similar procedure when making their enquiries to determine whether the child or children named in the allegation are in need of protection or services.

**Following a criminal investigation or a prosecution:** The Police should inform the Trust and the designated officer(s) immediately when a criminal investigation and any subsequent trial is complete or if it is decided to close an investigation without charge or not to continue to prosecute the case after the person has been charged. At this point, the case manager and the designated officer(s) should discuss whether any further action, including disciplinary action, is appropriate and if so how to proceed. The options will depend on the circumstances of the case, and the result of the police investigation or trial, as well as the different standard of proof required in disciplinary and criminal proceedings.

**On conclusion of a case:** If the allegation is substantiated and the person is dismissed, or the person resigns, the designated officer(s) and the case manager should discuss whether the school will decide to make a referral to the DBS for consideration of inclusion on the barred list is required; and in the case of a member of the teaching staff whether or not to refer the matter to the National College for Teaching and Leadership (NCTL) to consider prohibiting the individual from teaching.

**There is a legal requirement for employers to make a referral to the DBS where they think that an individual has engaged in conduct that harmed (or is likely to harm) a child or if the person otherwise poses a risk of harm to a child.**

Where it is decided on the conclusion of a case that a person who has been suspended can return to work, the case manager and/or the designated safeguarding officer should consider how best to facilitate this. Most people will benefit from some help and support to return to work after a stressful experience. A phased return and/or the provision of a mentor to provide assistance and support in the short term may be appropriate. The case manager and/or the designated safeguarding officer should also consider how the person's contact with the child or children who made the allegation can best be managed if they are a pupil at the school.

If an allegation is determined to be unsubstantiated or malicious, the designated officer(s) should refer the matter to children's social care services to determine whether the child concerned is in need of services, or may have been abused by someone else. If an allegation is shown to be deliberately invented or malicious, the Headteacher should consider whether any disciplinary action is appropriate against the pupil who made it, or whether the police should be asked if action might be appropriate against the person responsible, even if he or she was not a pupil.

Finally, at the conclusion of a case in which an allegation is substantiated, the designated officer (s) should review the circumstances of the case with the case manager (if applicable) to determine whether there are any improvements to be made to the school's procedures or practice that might help prevent similar events in the future.

**September 2018**

**Child Protection and Safeguarding Procedures and Actions**

It is NOT the responsibility of the school staff to investigate welfare concerns or determine the truth of any disclosure or allegation. All staff, however, have a duty to recognise concerns and maintain an open mind. Accordingly all concerns regarding the welfare of pupils will be recorded and discussed with the Designated Senior Person (Headteacher) or the Deputy Senior Person in the absence of the designated person prior to any discussion with parents.

**1. Staff must immediately report:**

- Any suspicion that a child is injured, marked or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play, for example.
- Any explanation given which appears inconsistent or suspicious
- Any behaviours which give rise to suspicions that a child may have suffered harm (e.g. worrying drawings or play)
- Any concerns that a child may be suffering from inadequate care, ill treatment or emotional maltreatment
- Any concerns that a child is presenting signs or symptoms of abuse or neglect
- Any significant changes in a child's presentation, including non-attendance
- Any hint or disclosure of abuse from any person
- Any concerns regarding person(s) who may pose a risk to children (e.g. living in a household with children present)

**2. Responding to Disclosure**

Disclosures or information may be received from pupils, parents or other members of the public. The school recognises that those who disclose such information may do so with difficulty, having chosen carefully to whom they will speak. Accordingly, all staff will handle disclosures with sensitivity. Such information cannot remain confidential and staff will immediately communicate what they have been told to the designated person and make a contemporaneous record.

Staff will not investigate but will, whenever possible, elicit enough information to pass on to the Designated Officer in order that he/she can make an informal decision of what to do next.

Staff will:

- Listen to and take seriously any disclosure or information that a child may be at risk of harm

- Try to ensure that the person disclosing does not have to speak to another member of school staff
- **Clarify the information**
- Try to keep questions to a minimum and of an 'open' nature e.g. "Can you tell me what happened?", rather than "Did x hit you?"
- Try not to show signs of shock, horror or surprise
- Not express feelings or judgements regarding any person alleged to have harmed the child
- Explain sensitively to the person that they have a responsibility to refer the information to the senior designated person
- Reassure and support the person as far as possible
- Explain that only those who 'need to know' will be told
- Explain what will happen next and to whom you have to talk to.
- Inform the designated child protection lead.

#### **Recording a disclosure:**

- As soon as is reasonably practicable make notes on what has happened using the School Welfare Concern form.
- Record the place, date and time and details of the child involved. Record any noticeable nonverbal behaviour of the child. If the child uses their own words to describe sexual organs/acts then record the actual words used. Do not translate them into proper words.
- Use the School Body Map to indicate positioning, size and location of any injuries you have identified/observed if this is appropriate.
- Be objective when recording. Include statements made and what you have seen, rather than assumptions or interpretations. Rely on FACT.
- Hand the record to the designated child protection lead.

### **3. Action by the Designated Child Protection Officer**

a). Following any information raising concern, the designated officer will consider:-

- Any urgent medical needs of the child
- Discussing the matter with other agencies involved with the family
- Consulting with the LSCB (Local Safeguarding Childrens Board) Haringey or the LSCB within the child's own borough.
- The child's wishes.

Then decide:-

- Whether or not to talk to parents, unless to do so may place a child at risk of significant harm, impede any police investigation and/or place the member of staff or others at risk

- Whether to make a child protection referral to social care because a child is suffering or is likely to suffer significant harm and if this needs to be undertaken immediately or NOT to make a referral at this stage.
- If further monitoring is necessary

All information and actions taken, including the reasons for any decisions made, will be fully documented. All referrals to social care will be accompanied (where possible) by a standard referral form.

**b). Sexual Abuse:**

If there is any suspicion of sexual abuse or an actual disclosure by a child that he or she has been sexually abused, the designated child protection lead must refer this immediately to the local authority single point of access team, who will contact the appropriate investigative agencies.

Parents/carers should not normally be informed at this stage as this may jeopardise the investigation and the safety of the child.

**c). Children of substance misusing parents/carers:**

When the school receives information or evidence about drug and alcohol abuse by a child's parents/carers the Designated Safeguarding Lead will follow the Single Point of Access referral procedures. **(See Definitions/Descriptors of Abuse)**

**d). Domestic Abuse:**

The Designated Safeguarding Lead will take appropriate action to ensure the children are kept safe and will seek advice from the child protection advisers where necessary. Involvement through the Early Help Offer can also support the child and parents/carers and the school will ensure communications and multiagency working with Social Care and Early Help is maintained to fully support the child and family.

**e). Forced Marriage/Honour Based Violence:**

All cases of disclosures or concerns relating to forced marriage/honour based violence will be reported directly to the DSL and the police where it is deemed necessary. The DSL can seek information and advice from the single point of access and referrals made to Early Help or Social Care where appropriate.

**f). Female Genital Mutilation (FGM):**

The DSL will make appropriate and timely referrals to social care via the single point of access if FGM is suspected to be a possibility and to the police if it is believed to have taken place. The case will be referred to social care even if it is against the pupil's wishes.

**g). Child Sexual Exploitation (CSE):**

The DSL will contact the child protection advisers if there is a concern that a child may be at risk. The risk will be assessed with reference to the 'Risk Assessment Framework for Children abused through Sexual Exploitation. (See Definitions/Descriptors for further information)

**h). Prevent:**

If there are concerns about a child being drawn into violent extremism or being vulnerable to this, the DSL will:-

- Talk to the family and other professionals working with the child about the concerns
- Seek consent to complete an early help referral and get a holistic perspective on the situation. Determine if there are additional needs and if so how these can be met.
- Contact other relevant agencies and engage them in a Team around the Child approach to supporting the child and the family.
- Contact and liaise with the local authority Prevent Lead Officer.
- If it is suspected someone is actually engaged in terrorist activity, the police or the anti-terrorist hotline (0800 789 321) will be contacted immediately.

**4. Action following a child protection referral**

The designated child protection officer (or other appropriate member of staff) will:

- Make regular contact with Social Care
- Contribute to the Strategy Discussion and Initial Assessment (if appropriate)
- Provide a report for, attend and contribute (if required) to any subsequent Child Protection Conference
- Follow advice of the LSCB involved with the case.

**5. Recording & Monitoring:**

The School will record:

- Information about the child
- Key contacts in other agencies including GP details
- Any disclosures/accounts from the child or others, including parents (and keep original notes).
- All concerns, discussions, decisions, actions taken (dated, timed and signed) and arrangements for monitoring/review.

All records should be objective and include:

- Statements, facts and observable things (what was seen/heard)

- Diagram indicating position, size and colour of any injuries (not photograph)
- Words the child uses (not translated into 'proper words')
- Non-verbal behaviours

All child protection documents will be retained in a 'Child Protection' file, separate from the child's main file. This will be locked away and only accessible to the Headteacher (or other senior designated person). These records will be copied and transferred to any school or setting the child moves to, clearly marked 'Child Protection, Confidential, and for attention of the Designated Senior Person for Child Protection only.'

The Charity will monitor:

**Any cause for concern including where there could be serious child welfare concerns:**

- Injuries/marks
- Attendance
- Changes e.g. mood/academic functioning
- Relationships
- Language
- Behaviour
- Demeanour and appearance
- Statements, comments
- Medicals
- Stories, 'news', drawings
- Family circumstances
- Parental behaviour/care of child

## **6. Supporting the Child and Partnership with Parents**

- The charity recognises that the child's welfare is paramount, however good child protection practice and outcome relies on a positive, open and honest working partnership with parents.
- Whilst the charity may on occasion need to make referrals without consultation with parents, we will make every effort to maintain a positive working relationship with them whilst fulfilling our duties to protect any child.
- We will provide a secure, caring, supportive and protective environment for the child.
- Children will be given a proper explanation (appropriate to age & understanding) of what action is being taken on their behalf and why.
- The charity will endeavour always to preserve the privacy, dignity and right to **confidentiality** of the child and parents. The Designated Child Protection Officer will determine which members of staff 'need to know' personal

information and what they 'need to know' for the purpose of supporting and protecting the child.

## **Training:**

The designated safeguarding lead (and deputies) should undergo training to provide them with the knowledge and the skills required to carry out the role. This training should be updated at least every two years.

The designated lead should undertake Prevent awareness training.

In addition to the formal training set out above, their knowledge and skills should be refreshed (this might be via e-bulletins, meeting other safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, and at least annually to allow them to understand and keep up with any developments relevant to their role so they:

- Understand the assessment process for providing early help and statutory intervention, including local criteria for action and local authority children's social care referral arrangements.
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
- Ensure each member of staff has access to, and understands, the child protection policy and procedures, especially new and part time staff.
- Are alert to the specific needs of children in need, those with special educational needs and young carers.
- Are able to keep detailed, accurate, secure written records of concerns and referrals.
- Understand and support the school with regard to the requirements of the Prevent Duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation.
- Are able to understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online at school.
- Can recognise the additional risks that children with SEN and disabilities (SEND) face online, for example from online bullying, grooming and radicalisation and are confident they have the capability to support SEND children to stay safe online.
- Obtain access to resources and attend any relevant or refresher training courses
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school may put in place to protect them.

## **Raise Awareness:**

The designated lead should:

- Ensure the charity's child protection policies are known, understood and used appropriately.

- Ensure the charity’s child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly and work with governing bodies regarding this.
- 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.
- Link with the local LSCB to make sure staff are aware of any training opportunities and the latest local policies on local safeguarding arrangements.

### Child Safeguarding & Welfare Process – Flow Chart

A staff member has a concern about the safety or welfare of a child. (This may be due to something observed by the adult or due to something the child says).

Record the concern and email to one of the Designated Senior Officers



The Designated Senior Officer checks school records and seeks advice from Children’s Social Care Single Point of Access (SPA) or the Local Safeguarding Children’s Board (LSCB) as necessary.

Does the child’s file show other similar concerns?  
Is the family known to Children’s Social Care?



The Designated Senior Officer will either

- Make a referral to Children’s Social Care via SPA (and calls the police if appropriate) or
- Discuss the concern with parents and file the concern for future reference.

N.B. If a member of staff has reason to believe that FGM has taken place or that it is likely that it may occur within the near future, the member of staff must report their concerns directly to the police immediately.

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