

Hook Infant School

Child Protection and Safeguarding Policy

Purpose

Hook Infant School fully recognises its responsibility to safeguard and promote the welfare of children at our school. The purpose of this policy is to provide staff, volunteers and governors with the guidance they need in order to keep children safe and secure in our school and to inform parents and guardians how we will safeguard their children whilst they are in our care.

Context

We recognise that children have a right to feel secure and cannot learn effectively unless they do so. Parents, carers and other people can harm children either by direct acts or failure to provide proper care or both. Children may suffer neglect, emotional, physical or sexual abuse or a combination of such types of abuse. All children have a right to be protected from abuse. Whilst the school will work openly with parents as far as possible, the school reserves the right to contact Children's Social Care or the Police, without notifying parents if this is in the child's best interests.

Aims

These procedures apply to all staff, governors and volunteers working in the school. The aim of our procedures is to prevent children from being abused, and to safeguard and promote the welfare of pupils at this school in the following ways:-

- Raise awareness of child protection and safeguarding roles and responsibilities with staff, governors and volunteers.
- Develop, implement and review procedures in our school that enable all staff and volunteers to identify and report cases, or suspected cases, of abuse.
- Support pupils who have been abused in accordance with their agreed child protection plan.
- Support children with additional needs, e.g. through the CAF.
- Ensure the practice of safe recruitment in checking and recording the suitability of staff and volunteers to work with children.
- Establish a safe environment in which children can learn and develop.
- Ensure that allegations or concerns against staff are dealt with in accordance with Department for Education (DfE), Local Safeguarding Children's Board (LSCB) and Hampshire County Council (HCC).

Whole Staff Responsibilities

This school recognises that because of their day to day contact with children, school staff are well placed to observe the outward signs of abuse. The school will therefore:-

- Establish and maintain an environment where children feel secure, are encouraged to talk and are heard.
- Ensure children know that there are adults in the school whom they can approach if they are worried about any problems.
- Include opportunities in the curriculum for children to develop the skills they need to assess and manage risk appropriately and keep themselves safe
- Follow the procedures set out by the LSCB and HCC and take account of guidance issued by the DfE.
- Treat information with confidentiality but also in accordance with information sharing protocols.
- Ensure that parents have an understanding of the responsibility placed on the school and its staff for child protection and that parents are offered a copy of the policy on request.
- Notify parents of our concerns, and provide them with opportunities to change the situation, where this does not place the child at greater risk.
- Notify the allocated social worker if there is an unexplained absence of more than two days of a pupil with a child protection plan.

- Develop effective links with children's social care and co-operate, as required, with their enquiries regarding child protection matters including attendance at child protection conferences.
- Liaise with other agencies that support pupils such as Child and Adolescent Mental Health Service, Locality Team and the Educational Psychology Service through normal referral routes and the CAF process.
- Ensure the school has a Designated Safeguarding Lead (DSL) and a deputy Designated Safeguarding Lead to cover absences

DSL responsibilities

In this school the Designated Safeguarding Lead is Melanie Walker and the Deputy Designated Safeguarding Lead is Louise Hannan they will:

- Ensure that the Governing Body understand their responsibilities under s.175 of the Education Act 2002.
- Ensure they have received appropriate training and attend training every 2 years.
- Ensure every member of staff, governors and volunteers knows the name of the designated person, Designated Safeguarding Lead their role and their contact details
- 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 Safeguarding Lead.
- Ensure that whole school training occurs every three years so that every member of staff, governors and volunteers can fulfil their child protection responsibilities effectively and to comply with the requirements set out in 'Keeping Children Safe in Education' (DFE 2014) <https://www.gov.uk/government/publications/keeping-children-safe-in-education>
- Keep written records of child protection concerns that are kept securely and separately from the main pupil file and use these records to assess the likelihood of risk.
- Ensure that copies of child protection records and/or records of concern are transferred accordingly (separate from pupil files) when a child leaves the school.
- Ensure that where a pupil on a child protection plan or is a child looked after, leaves the school, their information is transferred to the new school immediately and that the child's social worker is informed.

Responsibilities of adults within the school community:

- All adults are required to be aware of and alert to the signs of abuse.
- If an adult worried that a child is being abused they should record their concerns and report their concerns to the DSL as soon as practical.
- If a child discloses allegations of abuse to an adult, they will follow the procedures attached to this policy.
- If the disclosure is an allegation against a member of staff they will follow the allegations procedures attached to this policy.

As a school we will educate and encourage pupils to Keep Safe through:

- The content of the curriculum
- A school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued
- The "Rights, Respect and Responsibility" agenda
- The creation of a culture which helps children to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.

Annual review form

As a school, we review this policy annually in line with DfE, LSCB and HCC guidance.

Keeping Children Safe in Education' (DFE 2014)

<https://www.gov.uk/government/publications/keeping-children-safe-in-education>

Child Protection Procedures

The prime concern at all stages must be the interests and safety of the child. Where there is a conflict of interests between the child and parent, the interests of the child must be paramount.

These procedures should be read in conjunction with the flow chart (Annex 2).

If a member of staff suspects abuse e.g. through physical injury etc. they must:

1. Record their concerns
2. Report it to Melanie Walker DSL / Head Teacher or Deputy Head/ DSL Louise Hannan immediately
3. Consider if there is a requirement for immediate medical intervention and if so assistance must be called for
4. Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:
 - Dates and times of their observations
 - Dates and times of any discussions they were involved in
 - Any injuries
 - Explanations given by the child / adult
 - What action was taken.

The records must be signed and dated by the author.

Following a report of concerns from a member of staff, the DSL must:

1. Decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to Children's Social Care.
2. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm they must contact Children's Social Care via the Central Reception Team (CRT) on 01329 225379 and make a clear statement of:
 - the known facts
 - any suspicions or allegations
 - whether or not there has been any contact with the child's family

If the CPLO feels unsure about whether a referral is necessary they can phone Children's Social Care (CRT) to discuss concerns. To do so will not constitute a child abuse referral and may well help to clarify a situation.

3. If there is not a risk of significant harm, then the DSL will either actively monitor the situation or instigate the Common Assessment Framework (CAF) process.
4. The DSL must confirm any referrals in writing to Children's Social Care, within 24 hours, including the actions that have been taken. The written referral should be made using the inter-agency referral form at

https://eforms-ext.hants.gov.uk/AF3/an/default.aspx/RenderForm/?F.Name=Md_9d1aRLwN

which will provide Children's Social Care with the supplementary information required about the child and family's circumstances.

5. If a child is in immediate danger and urgent protective action is required, the police should be called. The DSL should also notify Children's Social Care of the occurrence and what action has been taken. The DSL should seek advice from the police / Children's Social Care about informing the parents.
6. Normally the school should try to discuss any concerns about a child's welfare with the family and where possible to seek their agreement before making a referral to Children's Social Care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk. The child's views should also be taken into account.
7. Where there are doubts or reservations about involving the child's family, the DSL should clarify with Children's Social Care or the police whether, the parents should be told about the referral and, if so, when and by whom this is important in cases where the police may need to conduct a criminal investigation. Where appropriate, the CPLO should help the parents understand that a referral is in the interests of the child and that the school will be involved in the S 47 enquiry as per the Children Act 1989 or a police investigation.
8. When a pupil is in need of *urgent* medical attention and there is suspicion of abuse the DSL - Head Teacher should take the child to the Accident and Emergency Unit at the nearest hospital, having first notified Children's Social Care. The DSL should seek advice about what action Children's Social Care will take and about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention. If the suspected abuse is sexual then the medical examination should be delayed until Children's Social Care and/or the police can liaise with the hospital, unless the needs of the child are such that medical attention is the priority. If a decision is made not to inform the parents there must be a responsible adult with the child at all times, whether from the school, Children's Social Care or the police.

When dealing with allegations against staff, governors and volunteers:

- Report any concerns about the conduct of any member of staff or volunteer to the Head Teacher as soon as possible and within 24 hours
- If an allegation is made against the Head Teacher, the concerns need to be raised with the Chair of Governors, or the nominated Governor for dealing with allegations against the Head Teacher, as soon as possible and within 24 hours.
- In either event the Head Teacher or Chair of Governors should contact the Local Authority Designated Officer on 01962 876364

Annex 1

Safeguarding Issues

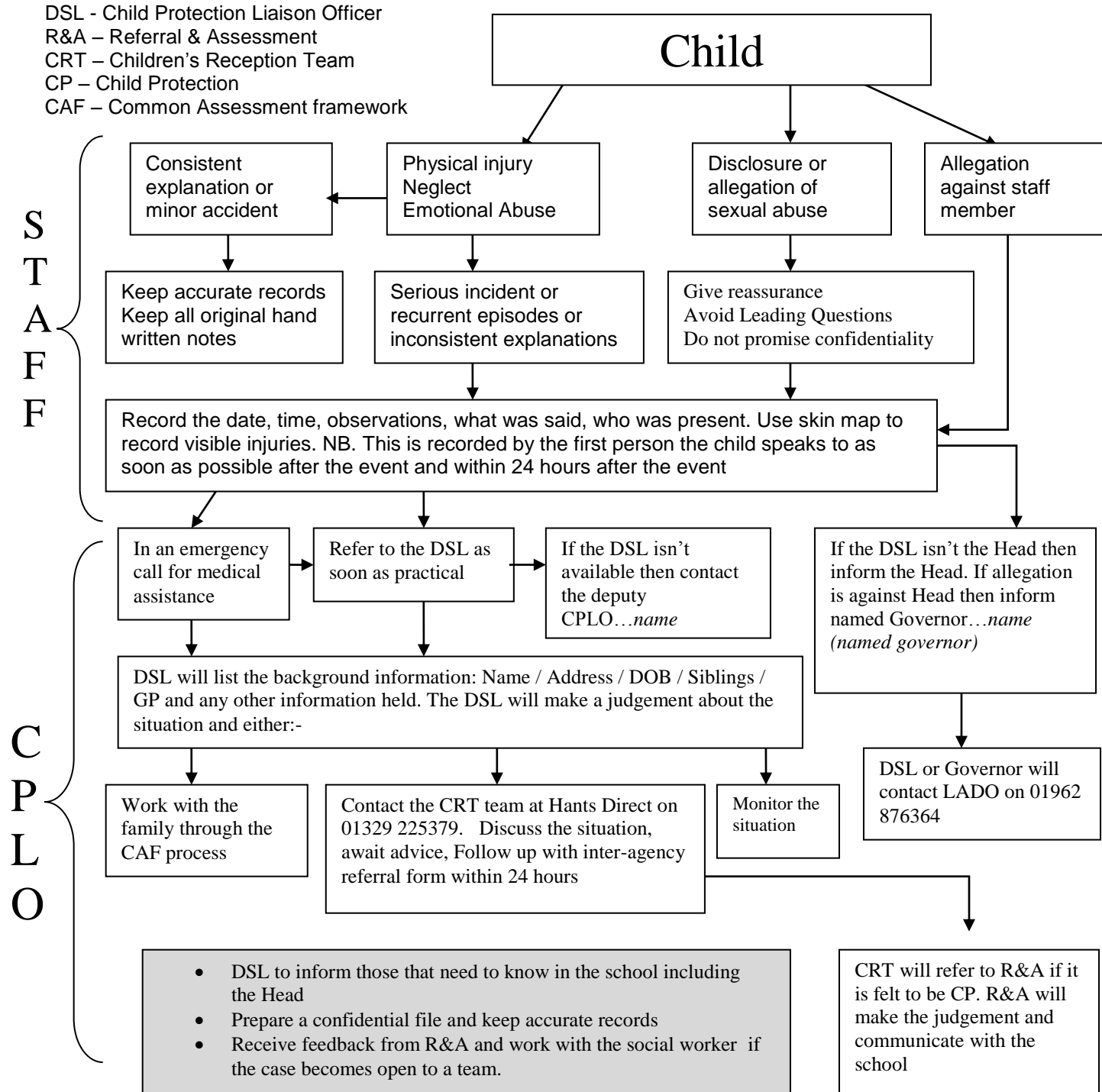
**(in line with Ofsted Inspecting Safeguarding in maintained schools and academies
January 2015**

<https://www.gov.uk/government/publications/keeping-children-safe-in-education>

Issue	Links to Useful Resources
Health and Safety	http://intranet.hants.gov.uk/childrens-services/cs-healthandsafety.htm
Anti – Bullying	http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/bullying.htm
Anti-Racism	http://www3.hants.gov.uk/education/ema/ema-service.htm
Physical Intervention	http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/educational-psychology/heps/heps-policies.htm
Harassment and Discrimination	As anti - bullying
Policy on meeting the needs of pupils with medical conditions	See Annex 8
First Aid	http://intranet.hants.gov.uk/firstaidpolicytemplate_csh_steam_-14.doc
Drug and Substance Misuse	http://www3.hants.gov.uk/education/hias/drug-and-alcohol/supporting-young-people.htm
Educational Visits	http://www3.hants.gov.uk/education/outdoor-education.htm
Intimate Care	See Annex 7
Internet Safety	http://www3.hants.gov.uk/childrens-services/schoolsandcolleges/esafety
School Site Security	http://intranet.hants.gov.uk/childrens-services/cs-healthandsafety/cs-healthandsafetyschools.htm
Safer Recruitment Policy	Safer Recruitment Toolkit and Allegations Guidance (both obtained from http://www3.hants.gov.uk/education/eps/child-protection-introduction.htm) DBS Guidance (http://intranet.hants.gov.uk/eps/eps-crb-guidance.htm) Single Central Record Guidance http://intranet.hants.gov.uk/eps/single-central-record.htm

Annex 2

DSL - Child Protection Liaison Officer
 R&A – Referral & Assessment
 CRT – Children's Reception Team
 CP – Child Protection
 CAF – Common Assessment framework

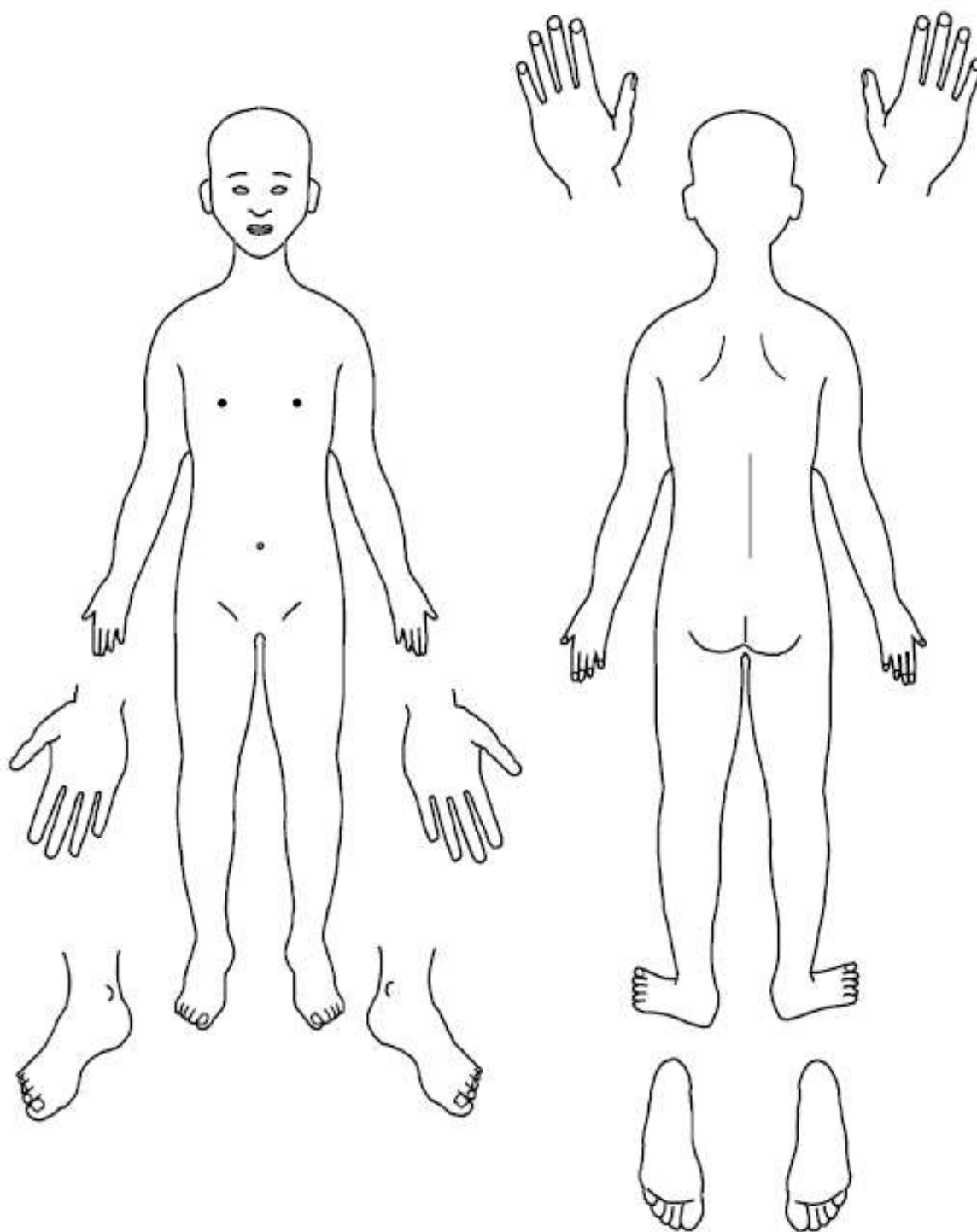


Model Recording Form**Child's Name:****D.o.b.****Name/title of person raising concern:**

Date and Time	Details of concern	Action taken - To whom and organisation (Has a CAF or referral to Children's Social Care been considered?)	Outcome of action	Further actions required by whom and when	Review Date	Name and signature of person completing entry

Name:**Designation:****Copied to:**

Skin Maps



Name of Child: _____

Date of birth: _____ Date of recording: _____

Name of completer: _____



Any additional information

Dealing with Disclosures:

Guidance

The guiding principles are that all staff should:-

- always act where there are concerns
- seek advice and refer to the DSL – do not promise complete confidentiality
- do not investigate but do listen and reassure.

A member of staff or a volunteer who is approached by a child should listen positively and try to reassure them. They cannot promise complete confidentiality and should explain that they may need to pass information to other professionals to help keep the child or other children safe. The degree of confidentiality should always be governed by the need to protect the child.

Additional consideration needs to be given to children with communication difficulties and for those whose preferred language is not English. It is important to communicate with them in a way that is appropriate to their age, understanding and preference.

All staff should know who the DSL is and who to approach if the DSL is unavailable. Ultimately, all staff have the right to make a referral to the police or social care directly and should do this if, for whatever reason, there are difficulties following the agreed protocol, e.g. they are the only adult on the school premises at the time and have concerns about sending a child home.

Three stages of action

The actions that a member of staff should take can be divided into three stages:

Stage 1: Dealing with the disclosure as it happens; ensuring that the child's immediate needs are met and that they feel supported.

Stage 2: Ensuring that the DSL is immediately informed.

Stage 3: Ensuring that details are recorded as soon as possible; that they feel satisfied that the disclosure has been followed up and is acted upon appropriately.

Stage 1

When a disclosure is made to a member of staff it is most important that they understand that they do not have to investigate the disclosure themselves. The disclosure must always be taken seriously and dealt with according to procedures even if the truth of the disclosure is uncertain.

The member of staff should:

- Listen to the pupil, keeping calm and offering reassurance.
- Observe visible bruises and marks but not ask a child to remove or adjust their clothing to observe them.
- Allow the child to lead the discussion and to talk freely if a disclosure is made.
- Listen to the child without investigating.
- Avoid using questions such as 'Is there anything else you'd like to tell me?' (which could be construed as a leading question)
- Accept what the pupil says without challenge.
- Reassure them that they are doing the right thing in telling and that they recognize how hard it is for them to tell.
- Seek support for themselves if appropriate

They should not:

- Press for details by asking questions such as 'What did they do next?'
- Lay blame or criticise either the child or the perpetrator.
- Ask the child to repeat what they said to a colleague.
- Promise confidentiality – but they should explain that the child has done the right thing and who will need to be told and why.

Stage 2

As soon as possible, once the immediate comfort and safety of the child is secured, the member staff should inform the

DSL of the disclosure. If the DSL is not available then their deputy or the most senior member of staff available should be informed.

It can be particularly difficult to handle a disclosure which involves another member of staff. Staff should be given guidance in case of this possibility, including instances where the allegation is against the DSL. In such a case the Head Teacher should be informed. Where the designated person is also the Head Teacher then the chair of governors or safeguarding governor should be contacted.

The member of staff can make a referral themselves directly if they are concerned about the child's immediate safety and are having difficulty contacting the designated person or their delegate.

Stage 3

The member of staff receiving the disclosure should note down details as soon as possible. What is clearly etched at the time can become blurred after a few hours. Staff should understand that it is vital that they make clear and concise notes soon after the disclosure in order to complete a more detailed record and incident sheet later. Immediate notes should include:

- date and time
- place and context of disclosure or concern
- important facts provided, e.g. names mentioned.

Wherever possible, staff should record information as it was told to them using the language of the child rather than their own interpretation of it. The school will need to have an agreed format for recording significant incidents like this.

In the case of bruises or observed injuries a body map (a drawing of a body outline, upon which the location of bruises/injuries can be indicated) might be completed. Any records should be copied to the designated person and will be used by them during the referral process.

It is important that staff are instructed to report factual information rather than assumption or interpretation. They might convey their intuitive thoughts but these should be recognised as such and should not form part of the record.

What happens next?

It is important that concerns are followed up and it is everyone's responsibility to ensure that they are. The member of staff should be informed by the DSL what has happened following the report being made. If they do not receive this information they should be proactive in seeking it out.

If they have concerns that the disclosure has not been acted upon appropriately they might inform the safeguarding governor of the school and/or may ultimately contact the Children's Services Department.

Receiving a disclosure can be upsetting for the member of staff and schools should have a procedure for supporting them after the disclosure. This might include reassurance that they have followed procedure correctly and that their swift actions will enable the allegations to be handled appropriately.

In some cases additional counselling might be needed and they should be encouraged to recognise that disclosures can have an impact on their own emotions.

Allegations against Staff & Safer Working Practice

All schools and FE colleges should have procedures for dealing with allegations against staff.

- The procedures should make it clear that all allegations should be reported straight away, normally to the Head Teacher, principal or proprietor if it is an independent school.
- The procedures should also identify the person, often the chair of governors, to whom reports should be made in the absence of the Head Teacher or principal, or in cases where the Head Teacher or principal themselves are the subject of the allegation or concern.
- Procedures should also include contact details for the local authority designated officer (LADO) responsible for providing advice and monitoring cases.

Allegations against staff procedures should be used in all cases in which it is alleged that a teacher or member of staff (including volunteers) in a school or FE college that provides education for children under 18 years of age has:

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

It is essential that all staff, governors and volunteers working in schools are aware of how to pass on any concerns about other members of staff or volunteers and be conscious of how they should conduct themselves to minimise the risk of finding themselves as the subject of any child protection processes.

In dealing with allegations or concerns against an adult in the school all staff, governors and volunteers should:

- Report any concerns about the conduct of any member of staff or volunteer to the Head Teacher as soon as possible and within 24 hours
- If an allegation is made against the Head Teacher, the concerns need to be raised with the Chair of Governors, or the nominated Governor for dealing with allegations against the Head Teacher, as soon as possible and within 24 hours.
- In either event the Head Teacher or Chair of Governors should contact the Local Authority Designated Officer on 01962 876364

Safe Working Practice

All staff, governors and volunteers should:

- Work in an open and transparent way, avoiding any actions that would lead a reasonable person to question their motivation and/or intentions
- Dress appropriately for your role
- Avoid unnecessary physical contact with children. If physical contact is made:
 - ensure you are aware of and understand the rules concerning physical restraint
 - where it is essential for educational or safety reasons, gain pupil's permission for that contact wherever possible
 - to remove a pupil from a dangerous situation or an object from a pupil to prevent either harm to themselves or others, then this should be recorded on the correct form and reported to the Head Teacher
 - it should not be secretive, even if accidental contact was made, it should be reported.
- Understand their position of power and influence over children and not misuse it in any way. This includes but is not limited to;
 - accepting regular gifts from children
 - giving personal gifts to children
- Recognise their influence and not engage in activities out of school that might compromise their position within school,
- Not establish or seek to establish social contact with pupils outside of school. This includes;
 - communication with pupils in inappropriate ways, including personal e-mails and mobile telephones
 - passing your home address, phone number, e-mail address or other personal details to pupils/children
 - the transportation of pupils in your own vehicle without prior management approval
 - contact through social networking sites.
- Avoid volunteering to house children overnight.

All staff, volunteers and governors should:

- Only use e-mail contact with pupils via the school's system.
- Be careful about recording images of children and do this only when it is an approved educational activity. This can only be done when parents have given their express permission.
- Ensure that areas of the curriculum that may involve sexually explicit information are taught in accordance with school policies.
- Allow children to change clothes with levels of respect and privacy appropriate to their age, gender, culture and circumstances.
- Avoid working in one-to-one situations or conferring special attention on one child unless this is part of an agreed school plan or policy.
- Only arrange to meet with pupils in closed rooms when senior staff have been made aware of this in advance and given their approval.
- Not access inappropriate material via the internet
- Not allow boundaries to become blurred and unsafe in more informal settings such as trips out, out of school activities etc.
- Never use a physical punishment of any kind.
- Not attribute touch to their teaching style.

Informing the Head Teacher

All staff, volunteers and governors should inform the Head Teacher if:

- There are any incidents or issues that might lead to concerns being raised about your conduct towards a child.
- There is any suggestion a pupil may be infatuated with you or taking an above normal interest in you.

If a member of staff is the subject of concerns or allegations of a child protection nature they should contact their professional association or trade union for support.

For more information on safe working practice see "Guidance for Safer Working Practices for Adults who Work with Children and Young People" (AMA 2009) at:-
<http://www.childrenengland.org.uk/upload/Guidance%20.pdf>

Intimate Care

Introduction

An increasing number of children and young people with disabilities and medical needs are being included in mainstream educational settings and early years and childcare settings in the private, voluntary and independent sector. A significant number of these require assistance with intimate care tasks, especially toileting. Other children may also experience difficulties with toileting for a variety of reasons. All of the children/young people we work with have the right to be safe, to be treated with courtesy, dignity, and respect, and to be able to access all aspects of the education curriculum.

This guidance is a response to requests for clear principles issue of supporting intimate care needs with specific reference to toileting

Where the term child/children is used, it refers to children and young adults. The term parent/carer is used to refer to parents and legal guardians or carers. Staff includes all adults working in a school or setting, although those required to undertake intimate care will have that task specified in their job description.

Definition of intimate care

'Intimate Care' can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. Help may also be required with changing colostomy or ileostomy bags, managing catheters, stomas or other appliances. In some cases, it may be necessary to administer rectal medication on an emergency basis.

Working with parents

Establishing effective working relationships with parents is a key task for all schools and is particularly necessary for children with special care needs or disabilities. Parents should be encouraged and empowered to work with professionals to ensure their child's needs are properly identified, understood and met.

Plans for the provision of intimate care must be clearly recorded to ensure clarity of expectations, roles and responsibilities. Records should also reflect arrangements for ongoing and emergency communication between home and school, monitoring and review. It is also important that the procedure for dealing with concerns arising from intimate care processes is clearly stated and understood by parents and all those involved. Monitoring of plans should take place at least annually or at times of significant change.

Links with other agencies

Children with special care needs or disabilities may be known to a range of other agencies. It is important therefore that positive links are made with all those involved in the care or welfare of individual children. This will enable school based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's well being and development remains the focus of concern. Arrangements for ongoing liaison and support to school staff where necessary should also be formally agreed and recorded. It is good practice for schools to identify a named member of staff to co-ordinate links with other agencies.

Cross gender care

There is positive value in both male and female staff being involved in intimate/personal care tasks, although it may be unacceptable to some parents, carers, or the child or young person, to have a carer of the opposite sex, to attend to toileting or other intimate needs, and this should be respected.

However, at times there may be exceptional circumstances where there are human resource implications preventing full consideration to the optimum gender balance.

It is vital that schools and settings meet with parents/carers and the child/young person prior to enrolment, to discuss the care plan and staff most likely to be involved in providing the intimate/personal care aspects.

Examples of positive approaches to intimate/personal care which ensure a safe and comfortable experience for the child/young person:

- Get to know the child/young person beforehand in other contexts to gain an appreciation of his/her mood and systems of communication
- Have a knowledge of and respect for any cultural or religious sensitivities related to aspects of intimate care
- Speak to the child/young person by name and ensure they are aware of the focus of the activity. Address the

child/young person in age appropriate ways.

- Give explanations of what is happening in a straightforward and reassuring way
- Agree terminology for parts of the body and bodily functions that will be used by staff and encourage children/young people to use these terms appropriately
- Respect a child/young person's preference for a particular sequence of care
- Give strong clues that enable the child/young person to anticipate and prepare for events e.g. show the clean nappy/pad to indicate the intention to change, or the sponge/flannel for washing
- Encourage the child/young person to undertake as much of the procedure for themselves as possible, including washing intimate areas and dressing/undressing
- Seek the child/young person's permission before undressing if he/she is unable to do this unaided
- Provide facilities that afford privacy and modesty
- Keep records noting responses to intimate care and any changes of behaviour.

Training

The requirement for staff training in the area of personal care will vary greatly between schools and will be largely influenced by the needs of the children for whom staff have responsibility. Consideration should be given, however, to the need for training on a whole school basis and for individual staff who may be required to provide specific care for an individual child or small number of children.

Whole staff group training should provide staff with opportunities to work together on the range of issues covered within this guidance thus enabling the development of a culture of good practice and a whole school approach to personal care. Whole school training should further provide opportunities for staff to increase knowledge and enhance skills. New members of staff require training as part of their induction.

More individualised training will focus on the specific processes or procedures staff are required to carry out for a child. In some cases this will only involve basic physical care of the type familiar to any parent or carer that requires no special training. In cases of medical procedures, such as catheterisation, qualified health professionals should be called upon to provide training. Staff may also require training in safe moving and handling. This will enable school staff to feel competent and confident and ensure the safety and well-being of the child. It is imperative for the school and individual staff to keep a dated record of all training undertaken.

For any child requiring personal care, it is recommended as good practice that this be discussed with the school nursing service.

Hook Infant School - Intimate Care

Introduction

Hook Infant School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure that some children are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development. Intimate care may involve help with drinking, eating, dressing and toileting. In most cases Intimate Care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process and should only be carried out by suitably trained, competent staff.

Our approach to best practice

The school recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care will be treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (training includes Child Protection/ Safeguarding and Moving and Handling) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

The child will be supported to achieve the highest level of autonomy that is possible given their age. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys as no male staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The protection of children

Child Protection Procedures and Multi-Agency Child Protection procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of ability, development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the DSL.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted without delay as part of this process in order to reach a resolution.

Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount.

Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed

This policy was evolved by consultation between staff and school's governing body and was approved on November 2013

This policy was reviewed February 2015

Role Profiles

LSA role profiles can be seen at:

<http://intranet.hants.gov.uk/hrrp2130.pdf>

<http://intranet.hants.gov.uk/hrrp2131.pdf>

**HAMPSHIRE COUNTY COUNCIL
CHILDRENS SERVICES DEPARTMENT
EDUCATION and INCLUSION SERVICE**

Policy Statement on Provision for Young People Out of School Because of their Medical Needs

1. The Hampshire Education Inclusion Service:

It is possible that, from time to time, schools may need to seek support from the Hampshire Education and Inclusion Service (EIS) for children and young people who are temporarily unable to attend school on a full time basis because of their medical needs. These children and young people are likely to be:

- children and young people suffering from long-term illnesses
- children and young people with long-term post-operative or post-injury recovery periods
- children and young people with long-term mental health problems (emotionally vulnerable)

N.B. For the purposes of this policy statement, “long-term” is defined as any period exceeding 15 continuous school days of absence from school because of medical needs. The Education and Inclusion Service considers that education provision for absences of up to 15 days remain the responsibility of the pupils’ home school.

Where it is clear that an absence will be for more than 15 continuous school days then the Education and Inclusion Service provision should begin at the earliest possible date and should not automatically be delayed until the 16th day of absence.

It is important that the referring school must notify the School Nurse service at the point it is identified that the child or young person’s medical need is preventing their attendance at school.

At all times during the period of Education and Inclusion Service provision the young person will remain on the roll of their home school and the home school will retain ultimate educational responsibility for the young person.

2. Aim:

The aim of the Education and Inclusion Service, is to provide appropriate, effective education during the period of unwellness, and to re-integrate pupils back into fulltime education at their home school at the earliest possible opportunity. In order to achieve this, the Education and Inclusion Service will seek to work collaboratively with pupils, parents, schools, and other services and agencies, as appropriate.

3. Referral to the Education and Inclusion Service:

Referral to the Education and Inclusion Service must be made by the young person’s home school and must be made via the Education and Inclusion Service referral form. Referrals should normally be supported by either:

- a Hospital Consultant
- a Senior Clinical Medical Officer
- a Consultant Child Psychiatrist
- a General Practitioner (GP)
- a member of the Hampshire Education Psychology Service (HEPS)

and made in partnership with the School Nurse service.

In addition, referrals should be supported by other services and medical agencies as appropriate.

4. Action Required to Initiate a Referral:

Referrals should be submitted to the Area Strategic Manager at the relevant Local Office.

At the same time the school must convene a multi-agency planning meeting in conjunction with the Locality Team to include:

- the child or young person (if appropriate)
- parents/carers
- appropriate school staff
- Locality Team manager or representative
- Education and Inclusion Service representative

- Health representative
- representatives from other services, as appropriate

and the school should chair and formulate a plan with agreed named actions and outcomes that are recorded and circulated to the Team Around the Child (TAC) participants. The purpose of this meeting will be to determine whether the Education and Inclusion Service support is appropriate and, if so, to decide:

- a venue for the tuition (e.g. home, school, Education Centre, hospital ward, etc)
- system of ensuring tutor arrangements with parents, school and locality
- learning programme and pattern of attendance
- the levels of contribution from other services and agencies as part of an integrated support programme for the pupil
- a re-integration plan for the pupil including targets for re-integration
- monitoring arrangements
- the date of the next review meeting
- pastoral arrangements by the school
- appropriate coursework

5. Funding and Other School Responsibilities:

The School retains the Age Weighted Pupil Unit (AWPU) funding for pupils during the period of Education and Inclusion Service provision and will be charged according to the agreed formula.

The home school will also be responsible for:

- monitoring the agreed action plan for the pupil and informing all relevant parties of any changes
- providing or loaning specialist resource materials, where possible (such materials to be itemised and returned to the school at the end of the period of Education and Inclusion Service provision)
- making examination arrangements (e.g. GCSE, SATs, etc.)
- examination entry fees
- overall collation and assessment of examination coursework
- any offsite activity (if appropriate)

and supported by the Education and Inclusion Service.

6. Responsibilities of the Hampshire Education and Inclusion Service:

The Hampshire Education and Inclusion Service will be responsible for:

- the delivery of a suitable and flexible curriculum appropriate to the pupils' needs. (This will be based on a minimum provision of 5 hours per week personalised learning. Wherever possible students will receive fulltime education. It is recognised, however, that for medically unwell students the level of their provision may need to be directed by health professionals).
- drawing up weekly/monthly reports outlining the pupils' progress and achievements and circulating these as agreed in the action plan
- maintaining accurate weekly/monthly attendance records and circulating these as agreed in the action plan
- overseeing, in partnership with the home school, the implementation of the agreed re-integration programme
- attending new meetings

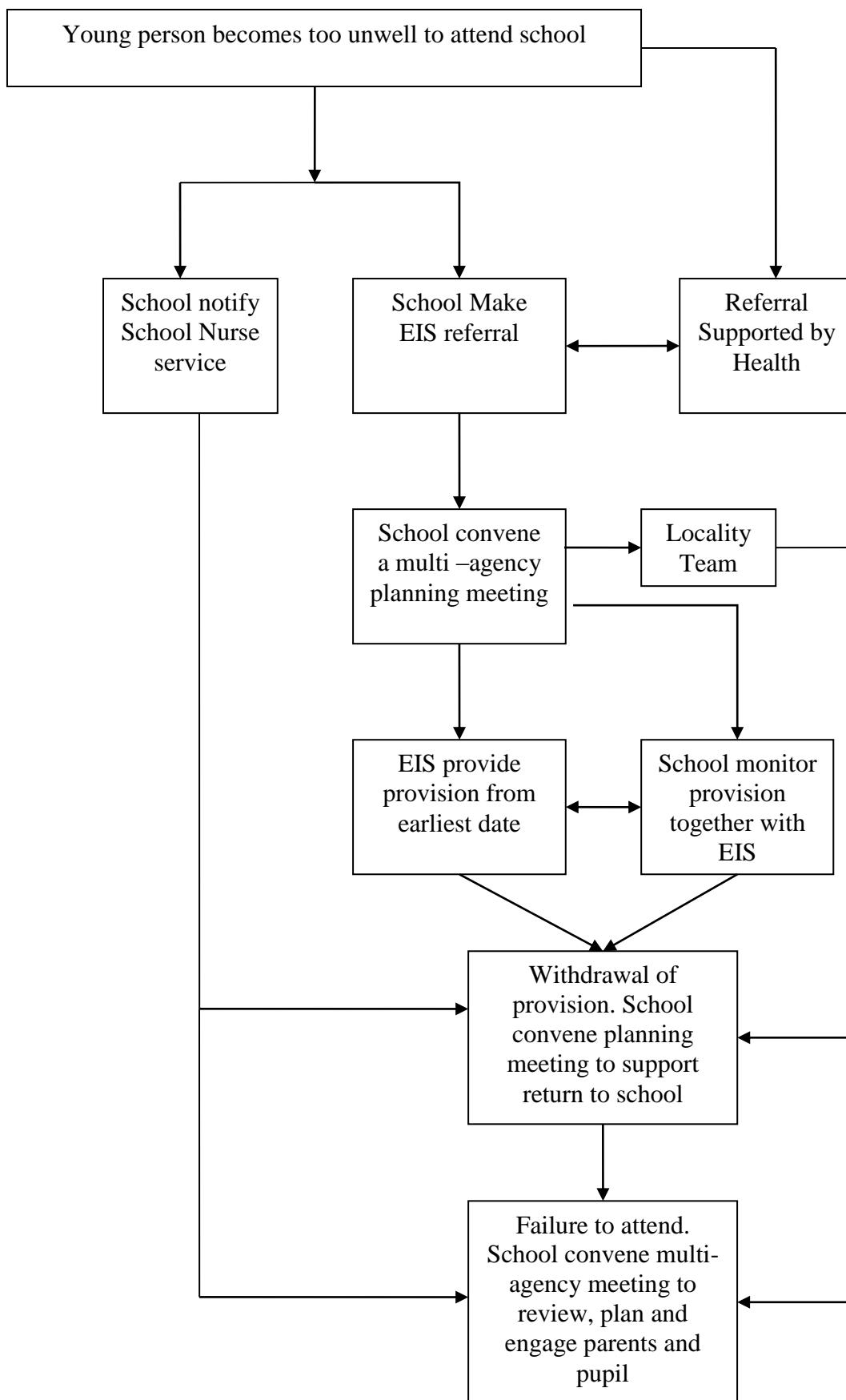
7. Withdrawal of the Education and Inclusion Service provision:

A meeting should be convened to:

- review the learning outcomes of the child or young person and their readiness to return to school.
- Where a child or young person fails to attend or to make him/herself available on a regular basis without production of a medical certificate or without having a valid reason for absence (as determined by the Education and Inclusion Service tutor in conjunction with the school), all relevant parties will be invited to a meeting to be convened by the home school. The purpose of the meeting will be to review the education plan and establish an appropriate way forward to engage with the child or young person and their family.

8. Procedural Action:

A flowchart is appended to amplify the referral process.



PUPIL DETAILS

EIS REFERRAL FORM

Name: _____ Date of Birth: _____ UPN: _____

Address: _____

Post Code: _____

Telephone Nos: Home: _____

Mobile: _____

Work: _____

Accommodated with Parent/Carer (delete) _____

Person with Parental Responsibility: _____

Contact Details if different from above: _____
_____Child's 1st Language: _____

Ethnicity:

White British	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Any other ethnic group*	<input type="checkbox"/>
Any other White background*	<input type="checkbox"/>	Any other Black background*	<input type="checkbox"/>	Asian Bangladeshi	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Withheld	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>	Any other mixed background*	<input type="checkbox"/>	Traveller of Irish Heritage	<input type="checkbox"/>	White Gypsy/Roma	<input type="checkbox"/>		

*If other please specify: _____

Does the child have a disability ☐ Yes ☐ NoIf yes, please describe:

SCHOOL DETAILS

Current School: _____ Year Group: _____

Last School attended: _____

SEN Statement ☐ Yes ☐ No

If yes,

ISSUE DATE: _____

REASON FOR STATEMENT: _____

DATE OF LAST ANNUAL REVIEW: _____

Child in Care: ☐ Yes ☐ No

Eligible for Free School Meals ☐ Yes ☐ No

CAF Completed ☐ Yes ☐ No

Lead Professional: _____

If CAF completed please detail TAC meetings/attach minutes

REASON FOR REFERRAL

At risk of permanent exclusion ☐
Significant emotional problems ☐
Inappropriate sexualised language & behaviour ☐
Medical ☐
Pregnancy ☐

Additional Information

Background Information

Emotional and Social Issues

Feeling special; early attachments;
risking/actual self-harm; phobias;
psychological difficulties; coping with
stress; motivation, positive attitudes;
confidence; relationship with peers;
feeling isolated and solitary; fears;
often unhappy

Behavioural Issues

Lifestyle; self-control; reckless or
Impulsive activity; behaviour with
peers; substance misuse; anti-social
behaviour; sexual behaviour;
offending; violence and aggression;
restless and overactive; easily
distracted, attention span/
concentration

Medical

Previous Strategies

Please describe the strategies already employed and provide copies of Individual Education Plans/Individual Behavioural Plans/Pastoral Support Plans

Profile of Pupil Capability – please complete as fully as possible

Name: _____ Date of birth: _____ Year group: _____

Year R

Early Learning Goals
Teacher Assessment

Key Stage 1

	Reading	Writing	Mathematics	Science
Test level achieved				
Teacher assessment				

Please indicate any enthusiasms/interests and strengths shown by the pupil

Please comment on the pupil’s learning difficulties and attitudes to work

Other (details and timetable)

Who is involved with this pupil?

	Name	Tel/e-mail
Locality Team (incl EWO)		
Education Psychologist		
Social Services		
YISP/YOT		
Health		

EIS REFERRAL CHECKLIST

Please ensure that the relevant parts of the following information are attached before sending them, with this form to the appropriate EIS office. ***Failure to send all the supporting information will delay the processing of this referral.***

For all pupils**Assessment Data**

- ☐ SIMS Assessment Printout or equivalent assessment data
- ☐ FFT Category D - Projection Data
- ☐ Additional Data e.g. LASS
- ☐ Current or recent academic reports
- ☐ Attendance records for previous 12 months
- ☐ Copy of the statement of SEN (if applicable and date of annual review and last annual review)
- ☐ Individual Education Plans (IEPs)
- ☐ Individual Behaviour Plans (IBPs)
- ☐ Pupil Support Plans (PSPs)
- ☐ Records of involvement with external agencies
- ☐ Incident records relating to physical violence or assault or inappropriate sexual behaviour e.g. behaviour diaries and conduct logs

For emotionally vulnerable pupils

- ☐ Child and Family Therapy Information
- ☐ Educational Psychologist report
- ☐ Education Welfare Officer information
- ☐ Any other relevant information

For pupils referred on medical grounds

- ☐ Recent medical report confirming inability to attend school
- ☐ Education Welfare Officer information (where involved)
- ☐ Any other relevant information

Please give the name of the member of staff responsible for liaison with EIS and provision of school work

Name (please print): _____ Position _____

Contact Details _____

Head Teacher's Signature: _____ **Date:** _____

Area Strategic Manager
(Alternative Provision)
Winchester Local Office
Falcon House
Monarch Way
Winchester
Hampshire
SO22 5PL
Tel: 01962 876 263

Area Strategic Manager
(Alternative Provision)
Alton Health Centre (1st Floor)
Anstey Road
Alton
Hampshire
GU34 2QX
Tel: 023 9244 1507

Briefing Sheet for Temporary and Supply Staff

For supply staff and those on short contracts in Hook Infant School

While working in Hook Infant School, you have a duty of care towards the children/pupils/students here. This means that at all times you should act in a way that is consistent with their safety and welfare.

In addition, if at any time you have a concern about a child or young person, particularly if you think they may be at risk of abuse or neglect, it is your responsibility to share that concern with the school Designated Safeguarding Lead (DSL), who is Melanie Walker Headteacher.

This is not an exhaustive list but you may have become concerned as a result of:

- observing a physical injury, which you think may have been non-accidental.
- observing something in the appearance of a child or young person which suggests they are not being sufficiently well cared for.
- observing behavior that leads you to be concerned about a child or young person.
- a child or young person telling you that they have been subjected to some form of abuse.

In any of the circumstances listed here, you must write down what you saw or heard, date and sign your account, and give it to the DSL. This may be the beginning of a legal process – it is important to understand that legal action against a perpetrator can be seriously damaged by any suggestion that the child has been led in any way.

If a child talks to you about abuse, you should follow these guidelines:

- Rather than directly questioning the child, just listen and be supportive.
- Never stop a child who is freely recalling significant events, but don't push the child to tell you more than they wish.
- Make it clear that you may need to pass on information to staff in other agencies who may be able to help – do not promise confidentiality. You are obliged to share any information relating to abuse or neglect.
- Write an account of the conversation immediately, as close to verbatim as possible. Put the date and timings on it, and mention anyone else who was present. Then sign it, and give your record to the designated person/child protection officer, who should contact children's social care if appropriate.

Please read <https://www.gov.uk/government/publications/keeping-children-safe-in-education>

Remember, if you have a concern, discuss it with the DSL Melanie Walker

Parents & volunteers assisting with transporting children on school activities

The issue of transporting children has become a sensitive issue for some schools. Many schools argue that after school activities could not operate without the goodwill of volunteers and parents ensuring that children are returned home or transported to events in a private car. To this end please find below a standard letter and declaration form that you may find useful when considering the safeguarding elements of transporting children.

Dear Parent / Volunteer

On occasions parents and volunteers are kind enough to help with the task of transporting children to visits and off-site activities arranged by the school. (This is in addition to any informal arrangements made directly between parents for after school clubs etc.) The school is very grateful for this help. In managing these arrangements the school would like to put in place sensible measures to ensure the safety and welfare of young people carried in parents and volunteers cars. This is based on guidance from the local authority and follows similar procedures for school staff using their cars on school business.

Where parents/volunteers cars are used on school activities the Head should notify parents/volunteers of their responsibilities for the safety of pupils, to maintain suitable insurance cover and to ensure their vehicle is roadworthy.

The Head or Party Leader will need to consider the suitability of parents or volunteers to carry young people in their car and whether vetting is necessary. It is advisable that parents or volunteers are not put in a position where they are alone with a young person.

All parents are therefore asked to complete and return the attached form to the school before they offer to use their car to help with transporting pupils.

This form will only need to be completed once for each driver. However, please inform the school if your circumstances change and you can no longer comply with these arrangements.

Many thanks, once again, to all parents and volunteers who have been able to help with the provision of transport. Naturally our primary concern is the safety and welfare of pupils. However, we also want to maintain a wide range of opportunities for young people to participate in off-site activities and visits.

Signed

Head Teacher

✂
✂

DECLARATION FORM

Safeguarding statement

At this school, we strongly recognise the need for vigilant awareness of safeguarding issues. It is important that all staff have appropriate training and induction so that they understand their roles and responsibilities and are confident about carrying them out. Staff, pupils, parents and governors should feel secure that they could raise any issues or concerns about the safety or welfare of children and know that they will be listened to and taken seriously. This will be achieved by maintaining an ethos of safeguarding and promoting the welfare of children and young people and protecting staff. This is supported by clear behaviour, anti-bullying and child protection policies, appropriate induction and training, briefing and discussion of relevant issues and relevant learning in line with current legislation and guidelines.

The school may require parents or volunteers who have regular or unsupervised access to young people to be checked through arrangements with the Criminal Records Bureau.

All drivers must:

- . Hold a valid driving licence for the type of vehicle being driven
- . Be fit to drive

- . Have no medical condition which affects their ability to drive
- . Have a valid MOT for any vehicle older than 3 years old
- . Ensure that any vehicle is roadworthy, including brakes, lights, tyres, bodywork, wipers, mirrors etc
- . Ensure that any vehicle used has current road tax
- . Ensure that they adhere to the appropriate speed limit
- . Ensure that all seat belts are working and worn by everybody in the vehicle

Insurance:

- . Maintain valid insurance, as a minimum, for third part liability
- . Check with their insurance company and inform them that the driver occasionally conveys children on school activities. (This is unlikely to affect the cost of your insurance premium.)

Safety:

- . Be familiar with, and drive in accordance with, the Highway Code at all times
- . Drive safely and observe the speed limit
- . Before driving not to consume alcohol or drugs which may impair driving
- . Ensure that all passengers wear seat belts as appropriate
- . Use child proof locks on rear doors where necessary
- . Child seats such as booster seats are to be used at all times according to the height of each child in the vehicle

I have read and understood the above requirements and agree to comply with them.

I agree to inform the school if circumstances change and I can no longer comply with these arrangements.

Signature: Date:

Name (Please print)

Number of seats in vehicle:

Legislative framework

This is a brief overview of the Legislation and Guidance that staff can refer to if they want more information

United Nations Convention on the Rights of the Child (1989)

This is an international agreement setting out the minimum standards for protecting children's rights. It was incorporated into the law in the Children Act 1989. The Convention refers to all children up to the age of 18 years. In relation to safeguarding children, it states that:

- the best interests of the child should be a primary consideration when action is taken concerning them
- children are to be protected from all forms of discrimination
- every child has the inherent right to life, survival and development
- children should not be punished cruelly or in a way that belittles them
- children have the right to be protected from all forms of abuse and neglect and be given proper care by those looking after them
- children who are victims of abuse are entitled to the care and treatment needed to recover from the effects of their mistreatment.

Children Act 1989

The Children Act 1989 came into force in October 1991. It brought together legislation on caring for and protecting children and is still the framework for safeguarding children and promoting their welfare. The Children Act 1989 is underpinned by the following principles:

- **welfare principle** – the child's welfare is the paramount consideration in any decision which affects them.
- **parental responsibility** – replaces parental rights. Parents share parental responsibility with the local authority for a child in care.
- **partnership** – professionals and families must work together for the welfare of children
- **the child's voice** – a child's wishes and feelings should be sought and taken into account in making decisions affecting them (if they are old enough to understand).
- **family is best** – a child's own family is the best place for a child to be brought up.
- **no order principle** – a court order should not be made unless it is needed to improve the child's life.
- **diversity issues** – racial, cultural, religious and linguistic background must be taken into account in all decisions.

The main safeguarding provisions of the Act are:

- **child protection** (s47) – a local authority has a duty to investigate if a child is thought to be suffering, or is likely to suffer, significant harm.
- **children in need** (s17) – a local authority has a duty to assess and provide services for a child in need if parents wish it.
- **inter-agency working** – health, education and other public sector agencies are required to assist children's social care in safeguarding and promoting the welfare of children.
- **court orders** – a court can order a child to be taken into care or to be under a supervision order. It can also order a child to be given emergency protection or to be assessed.

Adoption and Children Act 2002

Section 120 extends the definition of significant harm so that actually witnessing violence can also constitute harm.

Children Act 2004

The Act puts into practice the proposals for legislation set out in the Green paper *Every Child Matters* (Cm 5860, 2003), including the creation of a Children's Commissioner for England. It proposed a national framework of change for children focusing on five outcomes:

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- achieving economic well-being.

The Act made it statutory to safeguard and promote the welfare of children across all statutory agencies except education (where it was already statutory – Education Act 2002, s175 and s157). It set up local safeguarding children boards (LSCBs) to oversee the safeguarding of children, and required local authorities to produce annual children and young people's plans and appoint directors and lead members of children's services.

Human Rights Act 1998

The Human Rights Act applies the European Convention on Human Rights to UK law. Article 8, which covers respect for private and family life, limits state intervention in family life, which must be "...in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others." This ensures that a child's right to protection overrides a family's right to privacy. Article 3 covers the rights of an individual to be free from torture and inhuman and degrading treatment. It effectively imposes an obligation on the authorities to take preventative measures to protect a child at risk of harm.

Data Protection Acts 1984 and 1998

These Acts relate to the recording of information, including information about children. Under the 1998 Act personal information must be obtained fairly and processed lawfully. This information can be shared only in certain circumstances and it has to be accurate, relevant and kept securely. In certain circumstances, the Act allows for disclosure of personal information without the consent of the subject, including that "...for the purpose and detection of crime, the apprehension or prosecution of offenders or when a failure to disclose information could place the protection of children, young people or vulnerable adults at risk." This is particularly relevant where an organisation or employer holds information about someone who could pose a risk to children.

Sexual Offences Act 2003

This provides a comprehensive legislative framework for sexual offences. It covers offences against adults (including people with mental disorders), as well as offences against children and sexual offences within the family. It also makes amendments to the laws governing the sex offenders register by introducing a requirement for those cautioned or convicted of specific categories of sexual offences to inform the police of their name and address and any changes to those details. The Act also covers specific offences relating to the *abuse of trust* which applies when the child is under 18.

These offences include:

- sexual activity with a child
- causing or inciting a child to engage in sexual activity
- engaging with sexual activity in the presence of a child
- causing a child to watch a sexual act.

The Act lists occupations to which the abuse of trust laws apply. These include staff working in:

- institutions looking after children detained under a court order – e.g., a young offenders institution
- accommodation provided by local authorities and voluntary organisations under statutory provision
- hospitals, clinics, care homes, children's homes and residential family centres
- educational institutions.

The Act allows for a preventative order to be made to protect children from harm. This includes stopping offenders from visiting places where children may gather – e.g., parks and recreation grounds.

Education Act 2002

Section 175 of this Act introduced a new statutory duty on local education authorities, maintained and independent schools and further education institutions to ensure that their responsibilities are carried out with a view to safeguarding and promoting the welfare of children and young people.

Guidance

This section deals with government guidance to agencies on safeguarding children and young people.

Keeping Children Safe in Education (DfE 2014)

<https://www.gov.uk/government/publications/keeping-children-safe-in-education>

Working Together to Safeguard Children (HM Government, 2013)

What to Do if you're Worried a Child is Being Abused (HM Government, 2006)

Safeguarding Children and Safer Recruitment in Education
(Department for Education and Skills, 2007)

Information Sharing – practitioners' guide (HM Government, 2006)

Child Protection – A Guide to the Law for Governors

54. Section 175 of the Education Act 2002 came into force on 1 June 2004 and placed a duty on LAs, the governing bodies of maintained schools and the governing bodies of further education institutions to have arrangements in place to ensure that they:
- exercise their functions with a view to safeguarding and promoting the welfare of children;
 - have regard to any guidance issued by the Secretary of State for Children, Schools and Families when drawing up those arrangements.
55. “Safeguarding” covers more than the contribution made to child protection in relation to individual children. It encompasses issues such as pupil health and safety, and bullying, about which there are specific statutory requirements. It also includes a range of other issues, for example: arrangements for meeting the medical needs of children with medical conditions; providing first aid; school security; and drugs and substance misuse (about which the Secretary of State for Children, Schools and Families has issued guidance). There may also be other safeguarding issues that are specific to the local area.
56. Where there are statutory requirements, governing bodies should ensure their school has policies and procedures in place that satisfy them and comply with any guidance issued by the Secretary of State for Children, Schools and Families. Similarly, arrangements about matters on which the Secretary of State has issued guidance should be addressed by compliant policies and procedures or ones that achieve the same effect. Governing bodies also need to be able to show that they have considered whether children, including individual children in their area or establishment, have any specific safeguarding needs in addition to those covered by guidance. If so, governing bodies need to be able to show that they have policies and procedures in place to meet those needs.
57. Governing bodies are therefore accountable for ensuring their establishment has effective child protection policies and procedures in place that are in accordance with guidance issued by the Secretary of State for Children, Schools and Families, any LA guidance and locally agreed inter-agency procedures.

Allegations against staff and volunteers

58. Procedures which meet the requirements discussed in paragraphs 56 and 57, above, should be in place for dealing with allegations of abuse against members of staff and volunteers who work with children. However, neither the governing body nor individual governors has an automatic role in dealing with individual cases of abuse, or a right to know details of such cases (except when exercising their disciplinary functions in respect of allegations against a member of staff).
59. Chairs of governing bodies are expected to work with Head Teachers (unless the allegation concerns the Head Teacher) and the Local Authority Designated Officer to confirm the facts about individual cases and to reach a joint decision on the way forward in each case. Chairs have a crucial role to play in deciding courses of action, including disciplinary action, in those cases where a criminal investigation may not be required. In cases where allegations have been substantiated, the chair should work with the LA designated officer and Head Teacher to determine whether there are any improvements to be made to the school's procedures or practice to help prevent similar events in the future. It is important that school staff do not investigate cases of suspected abuse themselves. That is the responsibility of the police and the LA children's social care department. However, schools can be the very first link in the chain as they are largely in the lead on the identification of pupils suffering from abuse or neglect and referral of cases to children's social care. Schools should cooperate fully with police and children's social care in any child abuse investigations.
60. Some governing bodies have found it helpful for an individual member of the governing body to champion child protection issues within the school, liaise with the Head Teacher about them and provide information and reports to the governing body. However, it is not usually appropriate for that person to take the lead in dealing with allegations of abuse made against the Head Teacher. That is more properly the role of the chair of governors, or in the absence of a chair, the vice-chair. Whether the governing body acts collectively or an individual member takes the lead, it is helpful if all members of governing bodies undertake training about child protection to ensure they have the knowledge and information needed to perform their functions and understand their responsibilities.
61. Governors should ensure that a senior member of the school's leadership team is designated to take lead responsibility for dealing with child protection issues, providing advice and support to other staff, liaising with the LA and working with other agencies.

What is child abuse?

The following definitions are taken from *Working Together to Safeguard Children* HM Government (2013)

What is abuse and neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

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.

Emotional abuse

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 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 cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

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)
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators of Abuse

NEGLECT

The nature of neglect

Neglect is a lack of parental care but poverty and lack of information or adequate services can be contributory factors.

Far more children are registered to the category of neglect on child protection plans than to the other categories. As with abuse, the number of children experiencing neglect is likely to be much higher than the numbers on the plans.

Neglect can include parents or carers failing to:

- provide adequate food, clothing and shelter
- protect a child from physical and emotional harm or danger
- ensure adequate supervision or stimulation
- ensure access to appropriate medical care or treatment.

NSPCC research has highlighted the following examples of the neglect of children under 12

- frequently going hungry
- frequently having to go to school in dirty clothes
- regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- being abandoned or deserted
- living at home in dangerous physical conditions
- not being taken to the doctor when ill
- not receiving dental care.

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.

Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (*What to do if your worried a child is being abused* 2006) would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the designated person/child protection co-ordinator.

Indicators of neglect

The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself.

Physical indicators of neglect

- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated
- Looking sad, false smiles

Behavioural indicators of neglect

- Constant tiredness
- Frequent absence from school or lateness

- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

EMOTIONAL ABUSE

The nature of emotional abuse

Most harm is produced in *low warmth, high criticism* homes, not from single incidents.

Emotional abuse is difficult to define, identify/recognise and/or prove.

Emotional abuse is chronic and cumulative and has a long-term impact.

All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself.

Children can be harmed by witnessing someone harming another person – as in domestic violence.

It is sometimes possible to spot emotionally abusive behavior from parents and carers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could affect positive change and prevent more intensive work being carried out later on.

Indicators of Emotional Abuse

developmental issues

- Delays in physical, mental and emotional development
- Poor school performance
- Speech disorders, particularly sudden disorders or changes.

Behaviour

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, worthless etc)
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour – e.g., wetting
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late

Social issues

- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships

Emotional responses

- Extreme fear of new situations
- Inappropriate emotional responses to painful situations ("I deserve this")
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful with adults
- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression

PHYSICAL ABUSE

The nature of physical abuse

Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the *bony prominences* – e.g., shins. Injuries on the *soft* areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.

A body map (annex 4) can assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries and no child should be asked to remove clothing by a member of staff of the school.

Indicators of physical Abuse / Factors that should increase concern

- Multiple bruising or bruises and scratches (especially on the head and face).
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped).
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head.
- Bruises on the back, chest, buttocks, or on the inside of the thighs.
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette.
- Scalds with upward splash marks or *tide marks*
- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

In the social context of the school or college, it is normal to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most of all, concern should be increased when:

- the explanation given does not match the injury
- the explanation uses words or phrases that do not match the vocabulary of the child (adults words)
- no explanation is forthcoming
- the child (or the parent/carer) is secretive or evasive
- the injury is accompanied by allegations of abuse or assault

You should be concerned if the child or young person:

- is reluctant to have parents/carers contacted
- runs away or shows fear of going home
- is aggressive towards themselves or others
- flinches when approached or touched
- is reluctant to undress to change clothing for sport
- wears long sleeves during hot weather
- is unnaturally compliant in the presence of parents/carers.
- has a fear of medical help or attention
- admits to a punishment that appears excessive.

SEXUAL ABUSE

The nature of sexual abuse

Sexual abuse is often perpetrated by people who are known and trusted by the child – e.g., relatives, family friends, neighbours, babysitters, people working with the child in school, faith settings, clubs or activities.

Characteristics of child sexual abuse:

- it is often planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic
- grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent
- grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives.

Most people who sexually abuse children are men, but some women sexually abuse too.

Indicators of sexual abuse

Physical observations

- Damage to genitalia, anus or mouth
- Sexually transmitted diseases
- Unexpected pregnancy, especially in very young girls
- Soreness in genital area, anus or mouth and other medical problems such as chronic
- itching
- Unexplained recurrent urinary tract infections and discharges or abdominal pain

Behavioural observations

- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity Inexplicable decline in school performance
- Depression or other sudden apparent changes in personality as becoming insecure or clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly-compliant behaviour
- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults
- Regressive behaviour, Onset of wetting, by day or night; nightmares
- Onset of insecure, clinging behaviour
- Arriving early at school, leaving late, running away from home
- Suicide attempts, self-mutilation, self-disgust
- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Become worried about clothing being removed
- Trying to be 'ultra-good' or perfect; overreacting to criticism.