



Child Protection & Safeguarding Policy 2019/20

Reviewed: September 2019
Next Review: September 2020

Introduction

This policy is a combination of child protection and safeguarding. There is a distinction between safeguarding and child protection but the two are closely linked and hence are dealt with in this one policy.

Safeguarding and promoting the welfare of the child is defined by the Department for education as

- Protecting children from maltreatment
- Preventing impairment of children's health and development
- Ensuring children are growing up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

Child protection is part of safeguarding and promoting welfare. It refers to activity that is undertaken to protect specific children who are suffering or likely to suffer significant harm. Effective child protection is essential as part of wider work to safeguard and promote the welfare of children.

Legislation

The key legislation upon which this policy is formed is:

Children Act 2004

Keeping Children Safe in Education: Statutory Guidance for schools and colleges (September 2019) –

This document is available on the school website in the policies section and is also linked to the policy. **Part I and Annex A must be read by all staff.**

In this section there are a number of additional areas of concern which all staff must be aware of These include

- Children and the court system
- Children with family members in prison
- Child Criminal Exploitation: county lines
- Homelessness
- Honour Based violence
- Sexual violence and sexual harassment between children in schools/upsirtinging

https://www.org.gov.uk/government/uploads/system/attachment_data/file/550511/Keeping_children_safe_in_education.pdf

Keeping Children Safe in Education: Part I – Information for all school and college staff (September 2019)

http://dera.ioe.ac.uk/27165/1/Keeping_children_safe_in_education_Part_I.pdf

Every member of staff has a copy of this document

Working Together to Safeguard Children: A guide to inter- agency working to safeguard and promote the welfare of children (July 2018)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

The Prevent Duty: Department Advice for schools and childcare providers (June 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-department-advice-v6.pdf

Mandatory Reporting of Female Genital Mutilation – Procedural Information (October 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469448/FGM-Mandatory-Reporting-procedural-info-FINAL.pdf

Guidance – Female Genital Mutilation: Resource (May 2016)

<https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack>

Children Missing Education: Statutory guidance for local authorities (September 2016)

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550416/Children Missing Education - statutory guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550416/Children_Missing_Education_-_statutory_guidance.pdf)

Child Sexual Exploitation: Definition and a guide for Practitioners, Local Leaders and Decision Makers Working to Protect Children from Child Sexual Exploitation' (February 2017)

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE Guidance Core Document 13.02.2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf)

Handling cases of Forced marriage

<https://www.gov.uk/government/publications/handling-cases-of-forced-marriage-multi-agency-practice-guidelines-english>

Child Protection

Ortu Hassenbrook Academy believe that all children should be kept safe and free from abuse and neglect.

The Governing Body and staff take seriously their obligations as detailed in the Children Act 2004 to work together with other professionals to improve the 'well being' of children in their care with respect to

- physical and mental health
- protection from harm and neglect
- education training and recreation
- contribution to society
- emotion, social and economic well being

When dealing with Child Protection issues we will follow the procedures set out by the Local Safeguarding Children Board (LSCB) and take account of the guidance issued in Working Together to Safeguard Children (July 2018). In addition we will follow SET (Southend Essex Thurrock child protection) Multi Agency Child Protection Procedures Manual 2019.

Ortu Hassenbrook Academy aim to safeguard and promote the welfare of all pupils by

- creating and maintaining a safe learning environment
- ensuring staff identify any welfare concerns and take appropriate actions to address them in partnership with other organisations where appropriate

The Three main elements of Child Protection include

1. Prevention

Ortu Hassenbrook Academy aims to:

- Provide an environment in which children and young people feel safe, secure, valued and respected, feel confident and know how to approach adults if they are in difficulty.
- Raise awareness of all staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse.
- Ensure all adults within the school who have access to children have been rigorously checked as to their suitability using safe recruitment procedures

2. Protection

Through close monitoring of children known or thought to be at risk of harm.

Through the establishment of structure procedure within the school which will be followed by all members of the school staff in cases of suspected child abuse.

Through the development of effective working relationships with all other agencies involved in safeguarding children.

3. Support

Ensuring key concepts of child protection are integrated within the curriculum via PSHE, citizenship, assemblies, and form time activities. These will include anti-bullying work, road, rail and cycling safety, and stranger danger. We will also ensure that pupils' parents and carers are educated about risk associated with internet use and new technology.

Pupils surveys will be conducted annually to gather pupils views on safety and School Council will regularly discuss safety in school.

Parents will also be surveyed to gather information about safety.

Ensuring all children are listened to and their concerns taken seriously and acted upon.

Working with others, to support pupils who may have been abused, to access the curriculum and take part in school life.

Training

All staff receive annual child protection and safeguarding training including how to recognise signs of abuse (physical, emotional and sexual) and neglect, how to handle disclosure and the procedure to follow in the event of the above. (Appendix I and I0)

All new staff and cover staff will be advised as to who the designated persons are and where to access the policies associated with child protection and safeguarding

All staff receive annual training on the possible indicators or wider safeguarding issues including – Child Sexual Exploitation, Extremism and Radicalisation, Female Genital Mutilation, Children Missing Education and Special Educational Needs and Disabilities.

They are aware of the 'Duty to Report' in relation to FGM and Prevent (Extremism and Anti-Radicalisation)

As a school we recognise that we have a duty of care to all pupils and staff. This includes safeguarding them from the risk of being drawn into terrorism, which does not directly mean being drawn into violent extremism but also non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which can be exploited

We will follow guidelines as set out in the following:

- HM Government Prevent duty guidance March 2016
- Keeping Children Safe in Education 2019
- Working Together to Safeguard Children 2018 (See [link](#).)

All staff can also access the most recent staff training on

Winpool Types of Abuse and Neglect

The four categories of abuse and neglect are:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect

Details of these are found in Appendix 4

Roles and Responsibilities

1. Governors (The named Governor for Child Protection and Safeguarding is Dr Ian Frood)

The Governing Body at Ortu Hassenbrook Academy takes seriously its statutory responsibility under section 175 of the Education Act 2002 to safeguard and promote the welfare of children and to work together with other agencies to ensure adequate arrangements within the school to identify assess and support those children who are suffering harm.

Safeguarding also encompasses issues including Prevent, Child Sexual Exploitation, Female Genital Mutilation, pupil health and safety, bullying, Children Missing Education and a variety of other issues such as arrangements to meet medical needs of children with medical conditions, providing first aid, school security, drugs and substance misuse.

The Designated Governor for child protection and safeguarding will ensure there is an effective Child Protection and Safeguarding Policy in place and that it is reviewed annually. (Governors will not be given specific details of individual child protection cases to ensure confidentiality) . This will be published on the school website together with a copy of Keeping Children Safe in Education

The Designated Governor will ensure the Principal and designated lead will undertake an annual Safeguarding Audit in line with their responsibilities under S157/S175 of the Education Act 2002.

The Designated Governor will ensure Designated Safeguarding lead training takes place at least, every 2 years and all staff are in receipt of annual Safeguarding training.

The Designated Governor will ensure there are procedures for dealing with allegations of abuse against staff, with the Chair of Governors being the nominated Governor for dealing with allegations against the Principal / CEO.

2. The Principal at Ortu Hassenbrook Academy will:

Ensure safeguarding policies and procedures are fully implemented and followed by all staff.

Provide adequate resources to ensure designated safeguarding leads and other staff as needed, are able to attend strategy discussions, inter agency meetings, as well as contribute to assessments etc.

Ensure that the designated safeguarding leads receive appropriate training and support at least every 2 years.

Ensure appropriate members of staff (including Lead DSL) have received training on the use of Common Assessment Framework so young people receive appropriate support at an early stage.

Identify a deputy to take over above responsibilities in their absence.

Be responsible for receiving allegations against staff and volunteers, and for recording all allegations against staff and volunteer and for reporting to the Local Authority Designated Officers (LADO) Sharon Owen - sowen@thurrock.gov.uk (01375652921) in order to ensure allegations are dealt with in an objective transparent way.

Consult with the LADO responding to an allegation and be responsible for carrying out any actions agreed with the LADO and reporting on outcomes.

The Principal / Designated safeguarding Lead will provide a child protection / safeguarding update for the Headteacher report at each Governor's meeting.

3. Designated members of Staff

The nominated staff are Andrew Scott (Lead) – Assistant Headteacher and Mariane Major, CPO. In their absence, the Headteacher Ms Joanne Williams should be consulted.

Governors will ensure appropriate child protection training for designated safeguarding leads and a nominated governor, together with Prevent training

The senior designated safeguarding lead will be charged with co-ordinating child protection matters in the school.

The designated safeguarding leads will follow the Southend, Essex, Thurrock (SET) procedures 2019 for safeguarding and protecting children.

<https://www.gov.uk/how-we-keep-children-safe/set-child-protection-procedures>

The designated safeguarding lead will work with the Principal to undertake an annual safeguarding audit.

They will provide the point of contact for staff who have concerns that a child may be at risk from or suffering abuse.

They will make the necessary referrals to social services (MASH 01375652802) and or police (101).

They will ensure all staff contribute appropriately to the child protection process.

They will maintain accurate and clear confidential records via My Concern

They will liaise with other agencies and professionals when necessary.

They will co-ordinate attendance of appropriate staff at case conference family support meetings, multi-agency meeting and ensure appropriate contributions to the Common Assessment Framework Process. They will ensure all staff are familiar with the Child Protection and Safeguarding Policy and know the procedures and know how to recognise and refer any concerns.

They will attend all necessary training and ensure all staff receive appropriate training on Child Protection, Prevent, Child Sexual Exploitation, Gang Related Violence, E Safety and Female Genital Mutilation every year.

They will provide the Principal with reports for the Governing Body giving details of changes to the policy and procedures, training undertaken by the staff and the number of children with a Child Protection Plan.

4. The Whole School Community will:

- Establish and maintain an ethos which enables all children to feel secure and encourage them to talk knowing they will be listened to and supported.
- Ensure that through PSHE, Citizenship, assemblies and form activities, pupils will be encouraged to become more self-aware and develop a positive self- image; develop a greater understanding of relationships; become confident in recognising accepting and expressing their feelings.
- Ensure all Children know there is an adult in the school whom they can approach if they are worried or in difficulty.
- Provide children with opportunities to equip themselves with the knowledge and skills they will require to stay safe from harm and whom to turn to for help.
- Be vigilant to indicators of abuse and refer to the designated members of staff (see appendix 2).

5. Responsibilities of teaching and non-teaching staff:

- To undertake appropriate training in relation to safeguarding and promoting the welfare of children, including Prevent, Child Sexual Exploitation, Gang Related Violence, Female Genital mutilation and E Safety annually
- Read the document Keeping Children safe in Education part 1 following training together with The Child Protection and safeguarding Policy, The Whistle Blowing Policy and The E Safety Policy
- To be alert to signs of abuse or neglect and report IMMEDIATELY to one of the designated persons
- To be aware of the documentation to record referrals via My Concern and the need to complete this as soon as possible (certainly before the end of the day). They should note what was said or seen using a body map to record if appropriate. Any written records or accounts must be dated and signed and will include the action taken. If urgent this needs to be presented to the designated lead who will decide on further action.(see appendix 2 and 10)
- To be aware that everything associated with child protection and safeguarding is confidential
- To comply with the school's procedures on behaviour management, restraint and the staff codes of conduct

Confidentiality

It is the duty of professionals whether they are providing services to adults or children to place the needs of the child first.

Staff cannot keep confidential a disclosure of abuse and should never promise the child that confidentiality. Matters must be passed on to the designated teacher as soon as possible.

There may be occasions when other staff may need to be alerted to concerns about individuals but this will be kept to a need to know basis.

Parents and carers will be informed of any intentions to refer their child to Social services unless in so doing it puts the child at greater risk of harm.

Record keeping is an important element of the child protection process. These will be kept separate from main school files in a locked cabinet.

Referring staff will be asked to write up information relating to;

- the reason for concern
- what was said or witnessed
- dates and times of incidents
- descriptions of any injuries using the referral pro forma

All subsequent records will be made by the designated safeguarding lead/leads.

Key areas of concern

Child Sexual Exploitation (CSE)

Child Sexual Exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. Details can be found in Appendix 5

Female Genital Mutilation (FGM)

Female Genital Mutilation refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. This practice is illegal in the UK.

All staff are aware that the Serious Crime Act 2015 sets out a duty on professionals (including teachers) to notify police when they discover that FGM appears to have been carried out on a girl under 18.

Teachers must personally report to the police (via the school's Designated Safeguarding lead) cases where they discover that an act of FGM appears to have been carried out. The signs and symptoms of FGM are detailed in Appendix 6

'Honour Based' Violence

These are so called incidents that have been committed to protect or defend the honour of the family and or the community including FGM, forced marriage and breast ironing. It can often involve a wider network of family or community pressure and include multiple perpetrators.

Breast Ironing

Breast ironing, much like FGM has been identified by the United Nations as one of the five under reported crimes relating to female-female / gender-based violence.

It is where young pubescent girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. The custom uses hard stones, a hammer or spatulas that have been heated over scorching coals to compress the breast tissue, or an elastic belt to press the breasts so as to prevent them growing in girls as young as 9 years of age

The practice is usually performed by mothers and female relatives and the following is believed to be the results of carrying out this act:

- Young girls will be protected from harassment, rape and abduction
- It will prevent early pregnancy that would tarnish the family name
- It will allow the girls to pursue education rather than be forced into an early marriage
- It will delay pregnancy by 'removing' signs of puberty
- Girls may not appear sexually attractive to men

Most at risk are young pubescent girls between 9 – 15 years of age

Extremism and Anti-Radicalisation – The prevent Duty

Protecting children from the risk of radicalisation is part of the school's wide safeguarding duties

Staff should be alert to changes in pupil's behaviour which could indicate that they may be in need of help or protection.

Staff will use their judgement to identify children who may be at risk of radicalisation and act appropriately, this may include a referral to the Channel Panel (a service used where a vulnerable child is at risk of being involved in terrorist activities).

Designated Safeguarding Leads will undertake prevent awareness training to be able to offer advice and support on how to protect children against radicalisation.

We will use the curriculum to ensure that pupils understand how people with extreme views share these with others, especially through the internet

Ortu Hassenbrook Academy is committed to ensuring that pupils are offered a broad and balanced curriculum that aims to prepare them for modern life in Britain. Teaching the schools core values alongside the

fundamental British Values supports quality teaching and learning, whilst making a positive contribution to the development of a fair, just and civil society.

The school ensures that pupils are safe from terrorist and extremist materials when access the internet by having suitable filtering in place.

Details of early indicators of radicalisation or extremism can be found in Appendix 7

Forced Marriages

A 'forced' marriage is distinct from a consensual 'arranged' marriage because it is without valid consent of both parties and where duress is a factor. A child who is forced into marriage is at risk of significant harm through physical, sexual and emotional abuse. Information about forced marriages may come from the child themselves, the child's peer group, a relative or member of the child's local community or from another professional. Forced marriages may also become apparent when other family issues are addressed, e.g. domestic violence, self-harm, child abuse or neglect, family/young person conflict, a child absent from school or a missing child/runaway. Forced marriage may involve the child being taken out of the country for the ceremony, is likely to involve non-consensual/underage sex and refusal to go through with a forced marriage has sometimes been linked to 'honour killing'. Honour based violence is an ancient cultural tradition that encourages violence towards family members who are considered to have dishonoured their family. It is rooted in domestic violence and is often a conspiracy of family members and associates meaning victims are at risk from their parents and families.

Any concerns regarding suspicions of forced marriage or honour base violence should be referred to Children's Service Initial Response Team – MASH (01375652802 or out of hours 01375372468. If acute risk ring 999 or 101). Staff should not approach family or friends or attempt to mediate as this will alert them to agency involvement.

Children Missing Education

A child going missing from school is a potential indicator of abuse and neglect and may also raise concerns about child sexual exploitation

All staff are aware of the need to keep accurate records of pupils' attendance and to monitor pupils that go missing from school, particularly on repeat occasions and report them to the Attendance Officer and the DSL with attendance as their responsibility.

Children with family members in prison

Approximately 200,000 children have a parent sent to prison. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. NICCO provides information to help support offenders and their children.

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 to carry drugs and money from an urban to suburban and rural areas.

A key indicator of potential involvement is missing episodes.

County lines exploitation can affect any child or vulnerable adult. It can involve force and is often typified by some form of power imbalance.

Homelessness

Being homeless or at risk of homelessness presents a real risk to a child's welfare. Indicators include household debt, rent arrears, domestic abuse and anti-social behaviour.

The homeless Reduction Factsheets summarised the new duties which has shifted focus to early intervention and to encourage those at risk to seek support as soon as possible before they face homelessness.

Private Fostering

A private fostering arrangement is one that is made privately (without the involvement of the Local Authority) for the care of a child under 16 year (under 18 if disabled) by someone other than a parent or close relative in their own home, with the intention that it should last for 28 days or more.

Whilst most privately fostered children are appropriately supported and looked after they are a potentially vulnerable group who should be monitored by the local authority particularly if they have come from another country. In some cases they may be affected by abuse, neglect or be involved in trafficking or child sexual exploitation.

Relevant staff are aware that the school has a mandatory duty to report to the local authority where they are aware or suspect that a child is subject to private fostering arrangements. Concerns will be reported to the DSL with responsibility for Looked After Children who will investigate and notify the local authority if required.

On admission to the school we will take steps to verify the relationship of the adults to the child who is being registered.

Pupils with Special Educational Needs and disabilities (SEND)

At Ortu Hassenbrook Academy we are aware that pupils with special educational needs and disabilities are statistically three times more likely to suffer abuse and may need more support to be kept safe or to keep themselves safe.

The following will be considered in relation to any safeguarding referral made in relation to pupils with SEND:

Indicators of possible abuse such as behaviour, mood and injury will not be assumed to relate to the child's disability or additional need – investigation / exploration of the concerns raised will always take place:

- The pupil's voice will always be heard and adaptations to allow this will be put in place if required
- LSA's and other adults who work with the pupil will be encouraged to share any changes they notice.

Safeguarding disabled children: practice guidance

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/190544/00374-2099DOMEN.pdf

Peer on Peer abuse

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms including bullying (including cyber bullying): sexual violence and sexual harassment: physical abuse such as hitting, kicking, biting, hair pulling or otherwise causing physical harm: sexting and initiating violence.

Sexual Violence and Sexual Harassment between children

This can occur between 2 children of any age or a group of children. Children who are victims will in all likelihood suffer adversely in relation to educational attainment.

Any behaviours that are potentially criminal in nature such as grabbing bottoms, breasts or genitalia, flicking bras or lifting skirts, should be challenged immediately.

By sexual harassment we mean unwanted conduct of a sexual nature. This can occur on or off line. It is likely to violate a child's dignity and/or make them feel intimidated, degraded or humiliated.

Sexual harassment can include sexual comments, sexual jokes, physical behaviour or on line sexual harassment such as non-consensual sharing of sexual images and videos, unwanted sexual comments and messages, sexual coercion and threats.

Managing Allegations against other pupils

Occasionally, allegations may be made against pupils by others in the school which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is likely that to be considered a safeguarding allegation against a pupil, some of the following features will be found.

The Allegation:

- Is made against an older pupil and refers to their behaviour towards a younger pupil or more vulnerable pupil
- Is of a serious nature, possibly including a criminal offence
- Raises risk factors of other pupils in the school
- Indicates that other pupils may have been affected by this pupil
- Indicates that young people outside the school may be affected by this pupil

Examples might include:

Physical Abuse

- Violence, particularly pre-planned
- Forcing others to use drugs or alcohol

Emotional Abuse:

- Blackmail or extortion
- Threats and intimidation

Sexual Abuse

- Indecent exposure. Indecent touching or serious sexual assaults
- Forcing others to watch pornography or take part in sexting

Sexual Exploitation

- Encouraging other children to attend inappropriate parties
- Photographing or videoing other children performing indecent acts
- In areas where gangs are prevalent, older pupils may attempt to recruit younger pupils using any or all of the above methods. Young people suffering from sexual exploitation themselves may be forced to recruit other young people under threat of violence

Minimising the risk of safeguarding concerns towards pupils from other

pupils What to do

- If an allegation is made by one pupil against another, the member of staff should consider if the complaint raises safeguarding concerns. If there is a safeguarding concern the Designated Safeguarding Lead must be informed
- A factual record must be made of the allegation
- The DSL will contact the MASH team to discuss the case. The DSL will follow through with outcomes from that discussion and make a CAF referral where appropriate
- If the referral indicates a potential crime has taken place, the police must be contacted at the earliest opportunity and parents informed
- Where neither social services nor the police accept the complaint, a school investigation will take place using the school disciplinary procedures.

Allegations involving a member of staff

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

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

It is essential that the high standards of concern and professional responsibility adopted with regard to child abuse by parents are similarly displayed when member of staff are accused of abuse.

Only authorised agencies may investigate child abuse allegations (Social Care Services or the Police). Whilst it is permissible to ask the child / children simple, non-leading questions to ascertain the facts of the allegation, formal interviews and the taking of statements is not.

The procedure to be followed in the event of an allegation being made against a member of staff can be found in section 7 of the SET procedures.

Where an allegation against a member of staff has been made, the Principal or Deputy Head (DSL) will immediately contact the Local Authority Designated officer (LADO) on 01375652921 to seek advice and guidance. The LADO will advise on how to proceed and whether the matter requires police involvement. This will also include advice on speaking to the pupil and parents

Where the allegation is against the CEO or Principal, The Chair of the Trust (Mr Steve Nash) should be informed by e mail stevenash@gablehall.com. Mrs Alison Harrold should also be contacted at school so that she can contact him on his personal line to ensure he accesses the e mail immediately. The Chair of the Trust will consult LADO without notifying the Principal.

Safe use of Information Technology

The internet has become a significant tool in the distribution of abusive images of children. Some adults use it to establish contact with children with a view to grooming them for inappropriate relationships.

At Ortu Hassenbrook Academy we aim to ensure positive use of IT which models safe and effective practice and have a comprehensive e-safety policy which outlines ways to safeguard children.

Staff must not use any IT equipment provided by the school for personal use. They must not have any links with pupils via Facebook and should not provide e-mail addresses other than the Ortu Hassenbrook Academy Office. Personal mobile phone number should not be given to pupils.

Sexual Activity

A child under 13 is not legally capable of consenting to sexual activity.

Any offence under the Sexual Offences Act 2003 involving a child under 13 is very serious and will be taken as an indicator of risk of harm to the child. All information which comes to the attention of staff must be discussed with the designated person.

Under the Sexual Offenders Act 2003, any penetrative sex with a child under 13 will be referred to Social Care via the MASH team.

Any cases of pupils over 13 will be referred to MASH for them to decide if the child is at risk.

Recruitment and selection of staff and volunteers

Preventing unsuitable people from working with children and young people is essential to keeping children safe. Rigorous selection and recruitment of staff and volunteers is therefore a key responsibility of the Principal and Governing Body.

An enhanced DBS check with barred list information will be undertaken for all staff members engaged in regular activity. A person will be considered to be in 'regular activity' if, as a result of their work, they:

- Are responsible on a daily basis for the care or supervision of children
- Regularly work in school at times when children are on the premises
- Regularly come into contact with children under 18 years of age

A DBS certificate will be obtained from candidates before or as soon as practicable after their appointment

Recruitment advertisements will include a child protection statement.

Identity checks and qualification checks will be carried out in accordance with the DCFS guidance, Safeguarding Children and Safer Recruitment in Education 2007.

All records will be on the Single Central Record and monitored every month.

The Principal, all the Senior Leadership team and key personnel including certain Governors are trained in Safer Recruitment to ensure that safe recruitment procedures are followed.

The school Recruitment Policy outlines in detail the current procedures and principles.

Site Security

We aim to provide a secure school site but recognise that the site is only as secure as the people that use it. Therefore certain rules have to be adhered to.

The school ensures that:

- All gates allowing access from the street to the areas of the school where pupils are will be locked 10 minutes after school starts and re-open 10 minutes before home time.
- Visitors wishing to access the school site must report to reception, where they will be signed in. Should they need to enter the school they will be provided with a red visitors lanyard if they do not have a DBS check and a blue lanyard if they do have a DBS check
- All visitors are shown a copy of the school's Safeguarding leaflet
- All Ortu Hassenbrook Academy staff wear identity badges at all times during school hours
- Any pupils wishing to leave site during a school day must have permission from their parent / carer and will need to be met in reception unless prior arrangements have been made. They must sign out (and back in again if appropriate) at reception.
- CTCV is in operation at various points around the school site

Extended Schools and Lettings

Where services or activities are provided by another body using the school premises the Governing Body will seek assurance that the body concerned has appropriate policies and procedures in place in regards to safeguarding children and child protection.

Links to other Policies

This policy should be read in conjunction with the following other policies:

Behaviour

Whistleblowing

Anti-Bullying

E Safety

Relationships and Sex Education

Health and Safety

Drugs Education

Recruitment Policy

Crisis Response Policy

Monitoring Visits Policy

Sexual Harassment Policy

Complaints policy

APPENDIX I

HOW TO DEAL WITH CHILD PROTECTION ISSUES

- 1) Ensure that our approach is in keeping with our wider curricular aims. We will seek to foster security, confidence and independence in students and through the personal social and health education programme we specifically encourage students to:
 - become more self-aware and to develop a positive self-image
 - develop a greater understand of relationships
 - become confident in recognising, accepting and expressing their feelings.
- 2) Establish an environment where pupils feel secure, are encouraged to talk and are listened to.
- 3) Always be vigilant and open-minded concerning suspected abuse. We will follow up suspected abuse swiftly, and take urgent action if there is a risk of physical injury.
- 4) Co-operate fully with other agencies, and ensure that records are transferred efficiently to other agencies or receiving schools. We will attend child protection case conferences as requested and notify Social Services if there is an unexplained absence of a pupil on the child protection register.
- 5) Give pupils involved in child protection issues every support, and ensure that their views are fully represented at case conferences.
- 6) Ensure that we practise safe recruitment in checking the suitability of staff and volunteers to work with our pupils.

HANDLING DISCLOSURES OF ABUSE

- Always stop and listen to someone who wants to tell you about incidents or suspicions of abuse without displaying shock or disbelief
- Take the child seriously. Always assume he or she is telling the truth
- Do not promise confidentiality – you have a duty to refer to the designated person
- Reassure and alleviate guilt – e.g. you are not to blame you did the right thing
- Do not ask leading questions – e.g. what did you do next? (This can cause any criminal proceeding to be invalidated)
- Do not ask them to repeat this story to another member of staff
- End by summarising what they said and what actions you will take
- Be clear about what you intend to do next
- Record the conversation carefully
- Discuss your concerns/their disclosure with the designated person
- Do not discuss with others

APPENDIX 2

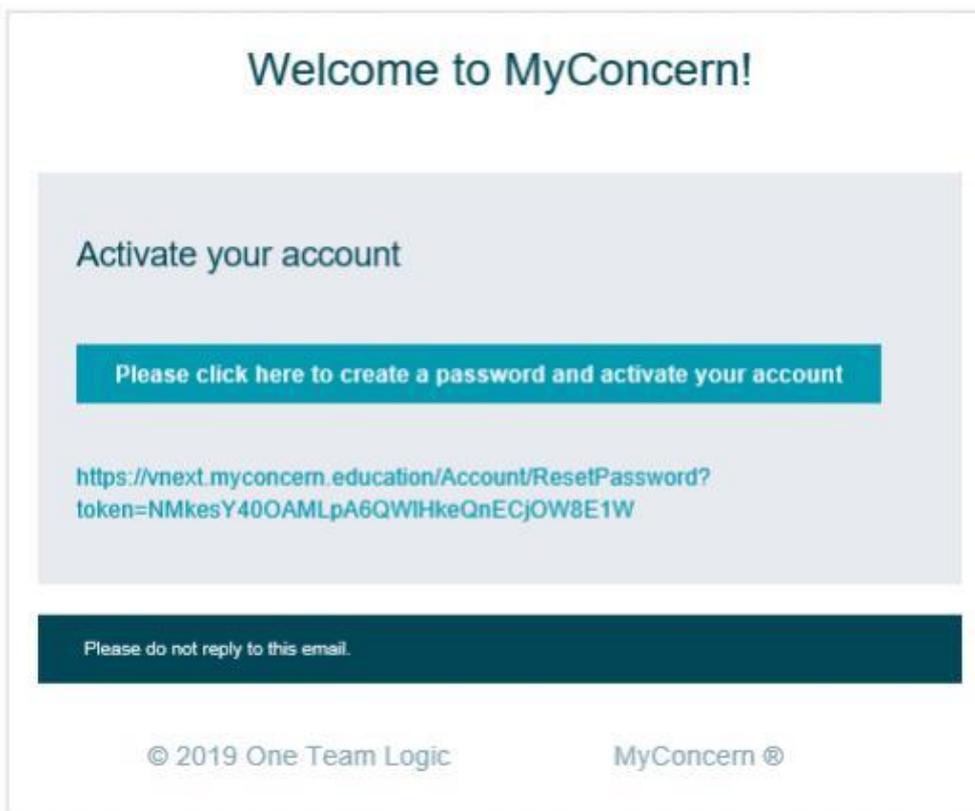
Report and Update a Concern

1. Logging on for the First Time

All first-time users of MyConcern will receive an email invitation with a hyperlink to the system. The username will be the work email address used by that individual member of staff. Any person with Account Admin rights can create user accounts on the system in bulk or individually.

The following email notification is sent to the user when they are logging into the system for the first time.

By following the hyperlink, they will be able to activate their account:



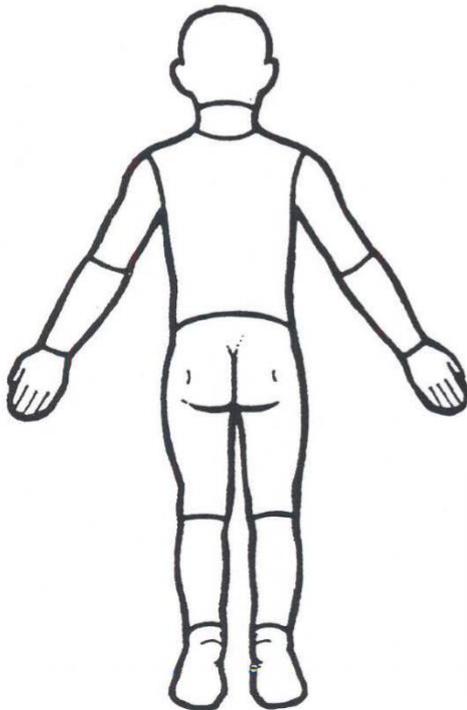
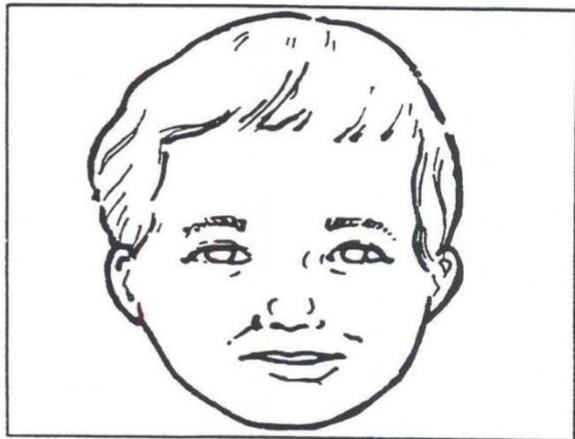
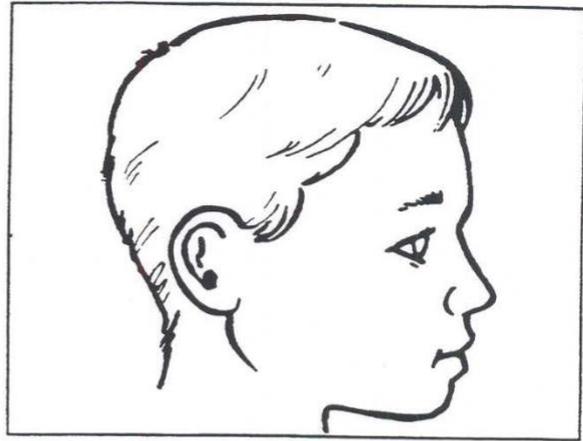
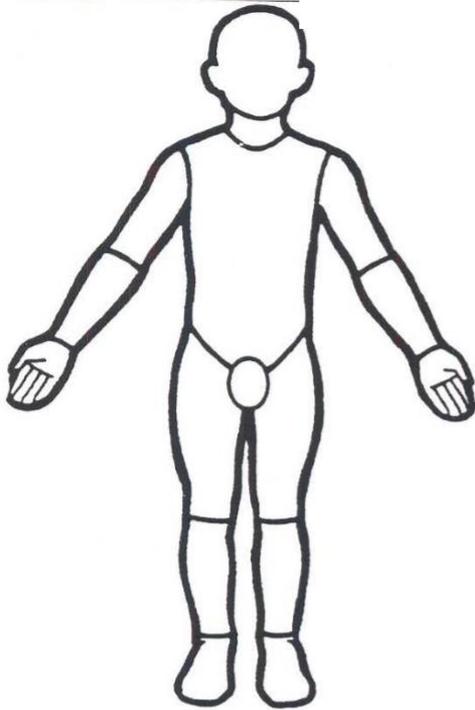
Help page with link to reporting a concern

<https://www.myconcern.education/Help/Download?documentMetadataUId=5bf7e648-1aed-4b22-acdf-3ef8d451650c>

APPENDIX 3 - Paper Copy to make notes if required

Referral Sheet

Older Child



APPENDIX 4 – WHAT CAN HARM CHILDREN

Child abuse can take many forms, but they are usually divided into four categories:

- Physical Abuse
- Neglect
- Sexual Abuse
- Emotional Abuse

PHYSICAL ABUSE

This can range from over-chastisement, slapping with the hand, a belt, a stick or other object, to shaking, punching or throwing a child across the room. Children have died as a result of deliberate physical injury by parents or other “carers”. This may also take the form of induced or fabricated illness (Factitious Disorder, formerly Munchausen’s Syndrome by Proxy).

NEGLECT

This can range from ignoring a child’s development needs to not feeding or clothing her/him adequately and/or not supervising her/him adequately.

SEXUAL ABUSE

This is the involvement of a child or adolescent in sexual activities they may not understand, to which they cannot give consent and which are not acceptable by our society. This includes inappropriate touching, obscene photographs, child pornography as well as attempted or actual sexual intercourse.

EMOTIONAL ABUSE

This may include rejecting a child, refusing to show a child love or affection, or deliberately making a child unhappy by continually belittling her/him or verbally abusing her/him.

Although divided into four categories for ease of description, the forms of abuse are often found together.

For the purposes of this policy the four commonly accepted headings outlined above will be used and dealt with separately for ease of reference and understanding.

There is now one single act of Parliament dealing with the welfare of children. The Children Act 1989 which does not use the concept of abuse at all, but introduces a new concept, that of

“SIGNIFICANT HARM”

This acknowledges that few of us get through childhood without suffering some harm and that parents are not “perfect!” The question to be considered for any child is how significant the harm may be and how reasonable is the parenting. The Act is looking for good enough parenting to keep children in their families.

APPENDIX 5 - Signs and Symptoms of Abuse

A) Physical Abuse

Recognition

Children are remarkably resilient and normal everyday scrapes and falls usually result in little bruising or other injury. We normally expect to see bruises on the bony protuberances e.g. foreheads, knees and shins, not on the softer fleshy parts of the body (see attached skin map). Nevertheless children do often acquire bruises in odd places! We should always ask how bruises, burns, scars and bites have occurred – and consider whether the explanation seems to fit the injury. The attitude of child and parent is also significant. Is the child's own demeanour causing us concern? Considerable force is required to cause actual bruising and is not an acceptable form of chastisement.

While a situation may not seem initially to be serious, it is worth remembering that providing prompt help to a family under stress may prevent minor abuse escalating into something more serious.

Non-Accidental injuries

The following is not a comprehensive or definitive list, but it does provide a guide to the more common non-accidental injuries and, taken in conjunction with the skin map, indicates situations in which more expert advice should be sought.

Clusters of signs may be more important than any one sign on its own. Much depends on whether the right questions are asked in order to make sense of what is seen. Any injury which the child, parent or carer tries to hide or gives several different explanations for; or give an unlikely explanation for, should raise concerns.

Bruises

Symmetrical bruised eyes are rarely accidental, although they may occur where there is a fracture of the head or nose and blood seeps from the injury site to settle in the loose tissue around the eye. A single bruised eye may be the result of an accident – or abuse. Careful consideration is required whenever there is an injury around the eye. It should be noted whether the lids are swollen and tender and if there is damage to the eye tissue.

Bruising in or around the mouth (especially in small babies)

Grasp marks on arms – or chest of a small child.

Finger marks (e.g. you may see 3 – 4 small bruises on one side of the face and one on the other).

Symmetrical bruising (especially on the ears)

Outline bruising (e.g. belt marks, hand prints)

Linear bruising (particularly on the buttocks or back)

Bruising on soft tissue with no obvious explanation.

Different age bruising (especially in same area e.g. buttocks)

N.B.

(1) Most falls or accidents produce one bruise on a single surface – usually on a bony protuberance. A child who falls downstairs generally has only one or two bruises. Bruising in accidents is usually on the front of the body as children generally fall forwards. In addition, there may be marks on their hands if they have tried to break their fall.

(2) Mongolian blue spots may be mistaken for bruising. These are purplish-blue skin markings most commonly on the back of black children. These marks do not change colour as do bruises which on all children change from purple to yellow over a few days.

(3) The following are uncommon sites for accidental bruising:

- (a) back of legs, buttocks (except occasionally along the bony protuberance of the spine)
- (b) mouth, cheeks, behind the ear
- (c) stomach, chest
- (d) under the arm
- (e) genital, rectal area
- (f) neck

Bites

These can leave clear impressions of the teeth. Human bites are oval or crescent shaped. If the distance is more than 3 cm across, they **must** have been caused by an adult or older child with permanent teeth.

Burns/Scalds

It can be very difficult to distinguish between accidental and non-accidental burns, but as a general rule of thumb, burns or scalds with clear outlines are suspicious as are burns of uniform depth over a larger area and also splash marks above the main burn area (caused by hot liquid being thrown).

Remember also

a responsible adult checks the temperature of the bath before a child gets in

a child is unlikely to sit down voluntarily in too hot a bath and cannot accidentally scald its bottom without also scalding its feet

a child getting into too hot water of its own accord will struggle to get out again and there will be splash marks

small round burns may be cigarette burns (but may be friction burns, and accidental, if along the bony protuberances of the spine)

Scars

Children may have scars, but notice should be taken of an exceptionally large number of differing age scars (especially if coupled with current bruising), unusual shaped scars (e.g. round ones from possible cigarette burns), or of large scars that are from burns or lacerations that did not receive medical treatment.

Fractures

These should be suspected if there is pain, swelling and discoloration over a bone or joint. The most common non-accidental fractures are to the long bones in arms, legs and ribs. It is very rare for a child under one year to sustain a fracture accidentally. Fractures also cause pain, and it is difficult for a parent to be unaware that a child has been hurt.

SUMMARY

There can never be a definitive list of indicators of physical abuse but we can, safely say that the following are causes for concern. The indicators can be divided into physical and behavioural indicators:

A) POSSIBLE PHYSICAL INDICATORS

Unexplained Bruises, Welts, Lacerations, Abrasions

- on face, lips, mouth
- on torso, back, buttocks, thighs
- in various stages of healing
- clustering forming regular patterns
- reflecting shape of article used, e.g. belt, buckle, electrical flex
- on several different surface areas
- regularly appear after absence, weekend, or holiday
- bite marks or fingernail marks

Unexplained Burns:

- Cigar, cigarette burns especially on soles of feet, buttocks, palms or back
- “immersion” burns, where hands feet or body have been forcibly immersed in very hot water,
- patterned like electrical burner, iron, etc.,
- rope burns on arms, legs, neck or torso

Unexplained Fractures:

- to skull, nose, facial structure
- in various stages of healing
- multiple or spiral fractures

POSSIBLE BEHAVIOURAL INDICATORS

- Flinching when approached or touched
- Reluctance to change clothes for PE lessons
- Wary of adult contacts
- Difficult to comfort
- Apprehension when other children cry
- Crying/irritable
- Frightened of parents, carers
- Afraid to go home
- Rebelliousness in adolescence
- Behavioural extremes – aggressiveness – withdrawal – impulsiveness
- Regresses to child-like, behaviour
- Apathy
- Depression

B) Neglect

Children need to be fed, clothed, kept from physical harm and moral danger, and most of all they need a loving and stimulating home.

Parents/carers can neglect any or all of a child's needs. Long-term damage to health or development may result from neglect and children may be injured or killed if they are not adequately supervised. If they are not loved or valued then they grow up not loving or valuing themselves or others.

We should be concerned about the child who:

- is regularly hungry and steals food from other children
- is always dirty, whose underwear is never changed or always has dirty nappies
- wears inappropriate clothing, e.g. summer clothes in the middle of winter
- has parents/carers who regularly forget to pick her or him up from day-care school
- has parents carers who regularly fail to take her or him for important medical or educational appointments

SUMMARY

Neglect is not always easy to recognise, but the following may give cause for concern when considered in relation to the age of the child:

- constant hunger
- poor hygiene
- inappropriate dress
- consistent lack of supervision, especially in dangerous activities, or for long periods
- unattended physical problems or medical needs
- abandonment
- weight problems
- stealing food
- constant fatigue, listlessness
- problems in relationship with care-giver
- regularly not collected on time from playgroup or school

C) Sexual Abuse

Sexual abuse is more common than generally believed. Whilst there is currently no research data available which conclusively proves that disabled children are abused more than non-disabled children, existing studies do show that, contrary to popular belief, children with disabilities are abused.

Some sexually abused children will tell of the abuse readily, but some deny it, perhaps for a considerable period. They can have good reason not to tell, including feeling shame, guilt, fear of the consequences or because they have been sworn to secrecy or threatened. For children with communication difficulties, 'telling' is not always possible without help.

Children can accommodate and adjust their lives to being abused but there is a sense of being abandoned, helpless and entrapped by the inability to escape their abuse. Their feeling of trust in people is damaged or destroyed, and further undermined if they have tried to tell and not been heard.

You should be concerned for a child who:

Is sore or bleeding in the genital or anal area. Such children often refuse to be undressed or are reluctant to go to the toilet.

Knows a lot more about sex than she/he should for her/his age and who plays in a sexualised way. Children under five usually know nothing about sex. They may look at each others' private parts but that is all they do.

Says that someone has done something bad to them and that it is a secret.

has regressed in her/his developmental milestones and has started wetting the bed or soiling when they used to be clean.

Is withdrawn or has wide mood swings, sometimes running around madly, sometimes crying a lot for no reason or running away from home.

Suffers night terrors sleep disturbances.

SUMMARY

The signs of sexual abuse are not always apparent, are very varied and can often be linked with the other forms of abuse.

The following list is only a guide and cannot be relied on as exhaustive. They too can be sub-divided into two groups.

POSSIBLE PHYSICAL INDICATORS

- Difficulty in walking, sitting down
- Stained or bloody underclothing
- Pain or itching in genital area
- Bruising, bleeding, injury to external genitalia, vaginal and or anal areas
- Vaginal discharge
- Bed-wetting
- Excessive crying
- Sickness
- Pregnancy

POSSIBLE BEHAVIOURAL INDICATORS

- Bizarre, sophisticated or age inappropriate sexual behaviour or knowledge
- Promiscuity
- Sudden changes in behaviour
- Running away from home
- Wary of adults
- Feeling different from other children
- Unusual avoidance of touch
- Reporting of assault
- Substance abuse (e.g. glue sniffing)
- Emotional withdrawal through lack of trust in adults
- Over-compliance with requests of others
- Frequent complaints of unexplained abdominal pains
- Eating problems
- Sleep disturbances
- Poor peer relationships
- Possessing money or “gifts” that cannot be adequately accounted for
- Panics in response to pain

D) Emotional Abuse

Emotional abuse causes damage to emotions and feelings, and because it is difficult to measure, it is the most difficult form of abuse to prove. Children need to be loved and nurtured so they can learn how to care and give affection. They also need to be controlled and supervised so they can learn self-control.

Parents/carers can emotionally abuse children by being cold and unloving and not giving or returning love and affection. They may show an active dislike of a child by being rude and unpleasant all the time, being negative, and always complaining instead of praising. Equally, they can be inconsistent by being loving one day and very unpleasant the next. Often one child in the family becomes the scapegoat or focus of family unpleasantness.

Emotional abuse damages the emotional growth of the child and in some cases it also damages physical growth. It might be evident in a child who is:

- not growing or putting on weight
- timid and withdrawn
- over-demanding or showing mood swings, sometimes running round madly and or sometimes crying a lot for no reason

SUMMARY

The signs of emotional abuse are probably the hardest to link to actual abuse as there may be other factors affecting the child's behavioural or physical development. However, we have compiled a list of the main indicators:

POSSIBLE PHYSICAL INDICATORS

- Failure to thrive
- Delays in physical development or progress

POSSIBLE BEHAVIOURAL INDICATORS

Behavioural disturbances such as:

- Sucking, biting, rocking
- Anti-social, destructive
- Sleep disorders, inhibition of play
- Compliant, passive, aggressive, demanding
- Impairment of intellectual, emotional, social or behavioural development
- Behaviour which seems to be too grown up or too **young** for the age and stage of development of the child

CONCLUSION

There is **NO** absolute list of indicators. Indications that abuse has occurred may come from other factors such as a child's paintings or drawings, or the presence of pornographic and or violent videos or literature. The carer's or abuser's behaviour can also give cause for concern, such as excessive touching, intimidating manner to the child, lack of parental warmth, etc.

Of course several of the indicators we have listed, taken on their own, do not mean that abuse must have occurred, and further evidence in such cases would normally be required. The indicators should be viewed as features which are usually present in cases of child abuse. They do not necessarily mean that child abuse has taken place indeed, some of the cases we have used support this view.

It is important, however that if you do recognise signs and symptoms of abuse and you are concerned about the child, you should do something about it.

Actions of DSL when Physical Abuse is alleged or suspected:

Make a careful note of the injuries or circumstances, which cause concern.

Ask the child to describe how the injury happened and make a careful note of the explanation. At this stage all that is needed is sufficient information to ascertain whether or not there is concern. Care should be taken to avoid contaminating evidence by leading the child or discussing the incidents in too great a depth.

Ask the parent or carer, if present, to describe how the injury occurred gaining sufficient information to ascertain whether or not there is concern and make a careful note of the explanation. Again care should be taken not to avoid contaminating evidence by not discussing the incidents in too great a depth.

Inform the carer if present of your concern and the action that you may be taking.

Discuss with senior colleagues where possible and appropriate.

Keep Principal informed where possible and appropriate in case a crisis team response is needed.

Ensure that you have all appropriate information like telephone numbers, addresses, dates of birth, names and relationships of family member and then contact the duty Social Worker with the referral and information as to whether or not the parents have been informed.

All information must be recorded in writing within 24 hours. A report of the referral should be completed and sent to Social Services with 24 hours.

Actions of DSL when Sexual Abuse is alleged or suspected

The person to whom the child first confides an allegation of sexual abuse needs to handle that confidence with tact and sympathy, asking sufficient questions to confirm that there is an allegation of a sexual nature but avoiding any cross-examination or detailed examination of the child. Care should be taken to avoid contaminating evidence by leading the child or discussing the incidents in too great a depth. It may well be advisable to have another member of staff present.

Listen carefully to the child.

Discuss with senior colleagues where possible and appropriate.

Keep Principal informed where possible and appropriate in case a crisis team response is needed.

Ensure that you have all appropriate information like telephone numbers, addresses, dates of birth, names and relationships of family member and then contact the MASH Team with the referral and information as to whether or not the parents have been informed. All information should be recorded in writing within 24 hours. A report of the referral should be completed and sent to the MASH Team within 24 hours.

N.B. There are less likely to be physical manifestations in sexual abuse and the child's account of what has happened assumes a greater importance. If the child is being abused by a member of their family, he or she may be under great pressure not to tell, and it is not always possible to be as open with parents initially as one would be when investigating other forms of abuse.

Always record and date all information – both factual and non-factual – making clear which it is as soon as possible. Maintain confidentiality. This information will then be stored in the child's confidential record.

APPENDIX 6

Definitions, signs and symptoms of Child Sexual Exploitation (CSE)

Child Sexual Exploitation involves exploitative situations, contexts and relationships where a child may receive something, such as food, gifts or in some cases simply affection, as a result of engaging in sexual activities.

Pupils rarely self-report CSE so it is important to be aware and alert to potential indicators of risk. Where CSE or a risk of it is suspected, staff will discuss with the DSL and if necessary local safeguarding procedures will be triggered.

CSE is a form of child sexual abuse. It may involve physical contact, including assault by penetration (e.g. rape or oral sex), or non-penetrative acts (e.g. masturbation, kissing, rubbing or touching outside clothing). It may include non-contact activities such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet)

CSE is typified by some form of power imbalance in favour of those perpetrating the abuse. Age is the most obvious power imbalance, it can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status and access to economic and other resources

CSE can:

- Affect any child or young person (male or female) under the age of 18, including 16 & 17 year olds who can legally consent to have sex.
- Still be abuse even if sexual activity appears consensual.
- Include both contact and non-contact activity.
- Take place in person or via technology, or a combination of both..
- Involve force and/or enticement based methods of compliance and may or may not be accompanied by violence or threats of violence.
- 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).
- Be perpetrated by individuals or groups, males or females and children or adults.
- Be a one-off occurrence or a series of incidents over time and range from opportunistic to complex or organised abuse.

Signs and Symptoms

Staff receive annual training and should be alert to key indicators of CSE which include:

- Acquisition of money, clothes, mobile phones etc without plausible explanation.
- Gang association and/or isolation from peers/social networks.
- Exclusion or unexplained absences from school.
- Leaving home/care without explanation and persistently going missing or returning late.
- Excessive receipt of texts/phone calls.
- Returning home under the influence of drugs/alcohol.
- Inappropriate sexualised behaviour for age/sexually transmitted diseases.
- Evidence of/suspicions of physical or sexual assault.
- Relationships with controlling or significantly individuals or groups.
- Multiple callers.
- Frequenting areas known for sex work.
- Concerning use of internet or other social media.
- Increasing secretiveness around behaviours.
- Self-harm or significant changes in emotional well being.

APPENDIX 7 – Signs and Symptoms of Female genital Mutilation (FGM)

FGM typically takes place between birth and around 15 years of age however, it is believed that the majority of cases happen between the ages of 5 and 8.

Risk factors for FGM include:

- Low level of integration into UK society.
- Mother or a sister who has undergone FGM.
- Visiting female elder from the country of origin.
- Being taken on a long holiday to the country of origin.
- Talk about a special procedure to become a woman.

Indications that FGM may have already taken place may include:

- Difficulty walking, sitting or standing and may even look uncomfortable.
- Spending longer than normal in the bathroom or toilet due to difficulties urinating.
- Spending long periods of time away from the classroom during the day with bladder or menstrual problems.
- Frequent urinary, menstrual or stomach problems.
- Prolonged or repeated absences from school, especially with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return.
- Reluctant to undergo normal medical examinations
- Confiding in a professional without being explicit about the problem due to embarrassment or fear
- Talking about pain or discomfort between the legs.

APPENDIX 8 – Indicators of Radicalisation or Extremism

Recognising Extremism

Early Indicators of radicalisation and extremism may include:

- Showing sympathy for extremist causes
- Glorifying violence, especially to other faiths and cultures
- Making remarks or comments about being at extremist events or rallies outside school.
- Evidence of possessing illegal or extremist literature
- Advocating messages similar to illegal organisations or other extremist groups
- Out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent).
- Secretive behaviour.
- On line searches or sharing extremist messages or social profiles.
- Intolerance of difference, including faith, culture, gender, race or sexuality.
- Graffiti, art work or writing that displays extremist themes.
- Attempts to impose extremist views or practices on others.
- Verbalising anti-Western or anti British views.
- Advocating violence towards others.

APPENDIX 9 – WHO HARMS CHILDREN

Abusers come from all walks of life. They can be

- male or female
- come from all classes, races and religions
- often, someone the child knows well, e.g. a relative, step-parent or family friend
- children or adolescents
- able bodied or disabled
- people who work with children

Very little abuse is caused by strangers, but a stranger can quickly become a friend to a child and their family.

APPENDIX 10 – WHO IS AT RISK OF HARM

Children of all ages can be abused, irrespective of their gender, race, culture, language, religion or ability and whether or not living with their natural parent(s). Establishing the degree of risk will be dependent on various factors, e.g. the child's age, degree of vulnerability, method of communication, children who experience racism or discrimination in their communities and our own ability to understand.

A child who has a physical or learning disability may be more vulnerable than one who does not.

A baby not being fed is more vulnerable than a teenager in the same circumstances.

Children who are lonely or deprived of affection or often left unsupervised may be more vulnerable than others.

In many cases you will have to pick up the clues from the child's behaviour, or from the signs you see on the child's body.

There will be some cases which the child does not exhibit any signs or symptoms but concerns arise from other sources e.g. contact with a known abuser or another child who has been abused.

APPENDIX II – PROCEDURES

REFERRAL

Social Services, NSPCC and the Police have powers to initiate action to protect children who are thought to be at risk of significant harm.

Referrals must be directed to The MASH Team without delay, but the following questions should be considered

- Does the child need immediate medical attention? If so, call an ambulance and then inform Social Services/Police.
- Does the child need immediate protection? If so, call the Police and then inform Social Services.

Generally professionals should seek to discuss any concerns with the family and where possible seek their agreement to making referrals to The MASH Team. However such discussions should occur only where this will not place the child at increased risk of significant harm. If in any doubt seek advice from The MASH Team.

Referrals should be directed to The MASH Team. If you know there is an allocated social worker, contact her/him directly.

PRINCIPLES OF PARTNERSHIP

- 1) Treat all family members as you would wish to be treated, with dignity and respect.
- 2) Ensure that family members know that the child's safety and welfare must be given first priority, but that each of them has a right to a courteous, caring and
 - a. professionally competent service.
- 3) Take care not to infringe privacy any more than is necessary to safeguard the
 - a. welfare of the child.
- 4) Be clear with yourself and with family members about your power to intervene, and the purpose of your professional involvement at each stage.
- 5) Be aware of the effects on family members of the power you have as a professional, and the impact and implications of what you say and do.
- 6) Respect the confidentiality of family members and your observations about them, unless they give permission for information to be passed to others or it is essential to do so to protect the child.
- 7) Listen to the concerns of children and their families, and take care to learn about their understanding, fears and wishes before arriving at your own explanations and plans.
- 8) Learn about and consider children within their family relationships and
 - a. communities, including their cultural and religious contexts, and their place within their own families.
- 9) Consider the strengths and potential of family members, as well as their weaknesses, problems and limitations.
- 10) Ensure children, families and other carers know their responsibility and rights, including any right to services, and their right to refuse services, and any consequences of doing so.
- 11) Use plain, jargon-free language appropriate to the age and culture of each person. Explain unavoidable technical and professional terms.
- 12) Be open and honest about your concerns and responsibilities, plans and limitations, without being defensive.
- 13) Allow children and families time to take in and understand concerns and
 - a. processes.
 - b. A balance needs to be found between appropriate speed and the needs of people who may need extra time in which to communicate.
- 14) Take care to distinguish between personal feelings, values, prejudices and
 - a. beliefs, and professional roles and responsibilities, and ensure that you have
 - b. good supervision to check that you are doing so.
- 15) If a mistake or misinterpretation has been made, or you are unable to keep
 - a. to an agreement provide an explanation. Always acknowledge any distress
 - b. experienced by adults and children and do all you can to keep it to a minimum.

Always acknowledge the distress experienced by adults and children and do what you can to keep it to a minimum.

DO'S AND DON'TS

DO'S:

The child's welfare and interests must be paramount, taking precedent over all other considerations.

If a child discloses abuse to you always acknowledge how difficult and painful it must have been for them to do so.

Tell and show the child that you are taking them seriously.

Always think before you act, keep an open mind and take an objective view of the situation.

Consider the long term future of the child and not necessarily the option which is least painful for you.

If you belong to an organisation which has child protection procedures, make sure you are familiar with them.

DON'TS:

Taking inappropriate action could put a child at further risk.

Ignore the child's race, gender, culture, ability.

Don't make any promises to the child that you cannot keep.

Do not take sole responsibility if you are concerned, consult with other professionals.