



# **CHILD PROTECTION PROCEDURES** **HANDBOOK FOR SCHOOL STAFF**

**June 2015**

**Bude Junior School**

# Review/Changes to document

Updates to this document are identified below.

<b>Review Date</b>	<b>Changes</b>
January 2015	<ul style="list-style-type: none"><li>• DCPO changed to DSL Designated Safeguarding Lead – throughout document</li><li>• Document updated to reflect Keeping Children Safe in Education 2014</li></ul>
June 2015	<ul style="list-style-type: none"><li>• Updated to reflect changes in statutory guidance documents</li><li>• Referral process update</li><li>• Contact numbers updated</li><li>• Web links</li></ul>

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# **Child Protection Procedures**

## **1) Scope and purpose of these procedures**

**1.1** The purpose of this handbook is to provide workers with an overview of child protection definitions, responsibilities and procedures.

These procedures apply to all maintained, academy, independent, short stay, free schools and FE Colleges. Throughout the document all such establishments are referred to as 'schools'. The procedures should be read in conjunction with the school's Child Protection and Safeguarding Policy. They apply to the Headteacher/Principal, all staff (including supply, agency and peripatetic workers), volunteers and anyone working on behalf of Bude Junior School and explain what action should be taken if there are concerns that a child is, or might be, suffering harm. A child is a person under 18 years but the principles of these procedures apply also to vulnerable young adults over 18 years.

**Please refer to the South West Child Protection Procedures (SWCPP) <http://www.online-procedures.co.uk/swcpp/> and the Cornwall and Isles of Scilly Safeguarding Children Board (CIoSSCB) <http://www.safechildren-cios.co.uk> for more extensive information and guidance.**

## **2) What is Child Protection?**

**2.1** Child protection is one very important aspect of safeguarding. It refers to the activity which is undertaken to protect specific children who are suffering, or at risk of suffering, significant harm.

## **3) What is significant harm?**

**3.1** The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention by statutory agencies in family life in the best interests of children. There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes it might be a single traumatic event but more often it is a compilation of significant events which damage the child's physical and psychological development. Decisions about significant harm are complex and require discussion with the statutory agencies.

## **4) Responsibilities and roles**

**4.1** All those who come into contact with children and families in their work, including those who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of children.

**4.2** Governing bodies/proprietors are accountable for ensuring their establishment has effective policies and procedures in place and for monitoring the school's compliance with them. The procedures should be reviewed annually and the governors/proprietors should provide information to the Local Safeguarding Children Board (LSCB), through annual safeguarding returns (Section 175/157 Education Act 2002), about how their duties in relation to

safeguarding have been discharged. Each governing body should nominate an individual member to take the lead in safeguarding. The nominated governor should work closely with the school's Designated Safeguarding Lead (DSL), who should be a senior member of school staff.

**4.3** This school has a DSL with responsibility for child protection who is Tim Salavdori. This is the person with whom you should normally discuss any concerns or disclosures and s/he should be able to offer appropriate advice and refer to other agencies as necessary. The officer providing cover in the absence of the DSL(s) is/are Bruce Paton and Tanya Banks. Throughout this document please read 'DSL' to relate to BOTH the DSLO and the officer providing cover for the DSL.

**Appendix 1 provides more comprehensive detail of the Role and Responsibilities of the DSL.**

**4.4** The Children's Early Help, Psychology & Social Care Services and the SCU can also offer advice and guidance on safeguarding and child protection matters. **Appendix 3** provides contact details for Children's Early Help, Psychology & Social Care Services and the SCS.

**4.5** All action should be taken in line with the following guidance:

- South West Child Protection Procedures  
<http://www.online-procedures.co.uk/swcpp/>
- 'Working Together to Safeguard Children - March 2015' - Department for Education  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)
- 'Keeping Children Safe in Education - March 2015' - Department for Education  
<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
- 'What to do if you're worried a child is being abused - advice for Practitioners - March 2015'  
<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>
- 'Guidance for Safer working Practice for Adults working with Children and Young People in Education Settings'  
<http://www.childrenengland.org.uk/upload/Guidance%20.pdf>

**5) What is child abuse?**

**5.1** The following definitions are taken from *Keeping Children Safe in Education - March 2015*:

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

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

**ii) 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 cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone.

**iii) 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.

**iv) Neglect** - the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

**5.2** The following additional information in regard to Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM) and Preventing Radicalisation is taken from **Keeping Children Safe in Education 2015**

### **i Child Sexual Exploitation (CSE)**

CSE involves exploitative situations, contexts and relationships where young people receive something (for example, food, accommodation, drugs, alcohol,

gifts, money or in some cases simply affection) as a result of engaging in sexual activities.

Sexual Exploitation can take many forms ranging from seemingly 'consensual' relationships where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

## **ii Female Genital Mutilation (FGM)**

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.

Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison police and children's social care.

## **iii Preventing Radicalisation**

The Counter-Terrorism and Security Act, which received Royal Assent on 12 February 2015, places a duty on specified authorities, including local authorities and child care, education and other children's services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty"). This guidance will be updated further to reflect the implications of the Prevent duty, which is expected to come into force later in 2015.

The Counter-Terrorism and Security Act 2015 will also place a duty on local authorities to ensure Channel panels are in place. The panel must include the local authority and chief officer of the local police. Panels will assess the extent to which identified individuals are vulnerable to being drawn into terrorism, following a referral from the police and where considered appropriate and necessary consent is obtained, arrange for support to be provided to those individuals. The Act will require partners of Channel panels to co-operate with the panel in the carrying out of its functions and with the police in undertaking the initial assessment as to whether a referral is appropriate. Schools and Colleges which are required to have regard to Keeping Children Safe in Education are listed in the Act as partners of the panel. The relevant provisions of the Act came into force on 12 April 2015 but many local authorities already have Channel panels set up in their area.

**5.3** It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children are subjected to more than one form of abuse at any one time. These definitions do not minimise other forms of maltreatment.

## **6) Recognising child abuse – signs and symptoms**

**6.1** The South West Child Protection Procedures provide extensive information in relation to signs and symptoms to help recognise child abuse at <http://www.online-procedures.co.uk/swcpp/>

**6.2** Recognising child abuse is not easy, and it is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk. You do, however, have a responsibility to act if you have a concern about a child's welfare or safety.

**6.3** The following information is not designed to turn you into an expert but it will help you to be more alert to the signs of possible abuse. The examples below do not form an exhaustive list. This information is as provided under the South West Child Protection Procedures.

### **i) Physical abuse**

Physical abuse describes physical injuries to a child as a result of acts of commission or omission. This includes anything from a hand slap to death by suffocation. Injuries may be caused by blows, punches, kicks, shakes, bites, belts, scalds, burns, suffocation, drowning or poisoning.

Please note – illness fabricated or induced by carers is usually classified as physical abuse.

### **ii) Emotional abuse**

Emotional abuse is part of all the other abuses but also occurs without them. A child witnessing family violence may be physically well cared for but emotionally distraught. Emotional abuse includes discouragement, ridicule, unfairness, hostility, threats and bullying.

Behaviours/symptoms suggestive of emotional abuse

- Continuous withholding of approval and affection by parent/carer
- Discipline severe and inappropriate, or non-existent, with few
- or no boundaries set
- Exploitation by parents/carer to fulfil their needs
- Continual self-deprecation
- Fear of new situations
- Impaired ability for play and enjoyment
- Lack of curiosity and natural exploration, air of detachment
- Inappropriate emotional responses to painful situations
- Delayed social and language skills
- Persistent head banging or rocking in a younger child
- Enuresis and encopresis (wetting and soiling)
- Compulsive stealing/scrounging
- Drug/solvent misuse
- Low self-esteem, feeling of worthlessness
- Social isolation (including from friends)

- Behavioural difficulties including aggression, disruptive behaviour
- Attention seeking
- Eating disturbances, poor growth
- Family history of domestic violence, mental illness of a carer
- or substance misuse
- Depression, withdrawal
- Frozen watchfulness
- Only happy at school or kept away
- Pseudo mature or explicit sexual behaviour
- Open masturbation or aggressive sex play with peers
- Stomach pains without medical explanation
- Self-harm, mutilation, overdose or attempted suicide

### **iii) Sexual abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (eg. rape or buggery) or non-penetrative acts. They may include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.

Contact may involve:

- Touching, oral contact of breasts, genitalia or anus, masturbation
- Inserting digits or objects into vulva and anus
- Rape with attempted/achieved penetration of vagina or anus
- Oral penetration.

Non-contact may include:

- Exhibitionism
- Pornography
- Erotic talk.

Physical injury may be part of sexual abuse, eg bites on the breasts or sadistic burns.

### **iv) Neglect**

Neglect can be a difficult form of abuse to recognise, yet has some of the most lasting and damaging effects on children.

Failure to provide food, clothing, shelter, safekeeping, nurture and teaching may constitute neglect. In addition, a neglected child:

- May fail to grow and develop to his full potential
- Is at risk of long-term disability following accidents, respiratory disease
- Is at risk of poor mental health
- Is more likely to have inter-current infection especially chest infections, ear infections
- May have incomplete immunisations.

Signs of possible neglect may include:

- Hunger; stealing food from other children
- Clothing which is dirty or inappropriate for the conditions
- Dirty body; smells; nails thick, yellow, dirty
- Hair thin, wispy

- Height, weight, mid-upper arm or head circumference demonstrate poor growth.
- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being left alone or unsupervised

**6.4** Many children and young people will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour, such as a death or the birth of a new baby in the family, relationship problems between parents/carers, undiagnosed medical conditions etc.

## **7) Responding to a child who makes a disclosure or allegation**

The person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred and should not conduct an investigation to establish whether the child is telling the truth. That is a task for the Children's Early Help, Psychology & Social Care Services and the Police following a referral to them of concern about a child. The role of the person to whom a child makes a disclosure or allegation is to act promptly on the information they have received. The Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information is shared appropriately.

If a child makes a disclosure or allegation you should:

- Stay calm and listen carefully to what is said. You do not need a 'witness'.
- Carefully explain that it is likely that the information will need to be shared with others - do not promise to keep secrets
- Allow the child to continue at her/his own pace and do not interrupt if they are freely recalling events
- Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer. Questions should be framed in an open manner and not 'lead' the child in any way. For example say, "Tell me what has happened", rather than, "Did s/he do..."
- Reassure the child that s/he has done the right thing in telling you. Explain what you will do next and with whom the information will be shared
- Do not ask the child to repeat the disclosure to anyone else in school or ask him/her to write a 'statement'
- Contact your DSL as soon as you can or, where such contact is not possible, ensure a referral is made without delay to the Multi Agency Referral Unit (MARU)
- Record in writing what was said, including the child's own words, as soon as possible – note the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated
- Do not discuss with parents/carers.

Guidance on Information Sharing is available at the following links:

- The South West Child Protection Procedures - <http://www.online-procedures.co.uk/swcpp/procedures/allegations-against-staff/record-keeping/information-sharing-confidentiality/>

- Information Sharing Advice for Practitioners providing safeguarding services to children, young people, parents and carers – March 2015  
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

## **8) Responding to concerns or suspicions of abuse**

**8.1** Any suspicion or concern that a child or young person may be suffering or at risk of suffering significant harm, **MUST** be acted on and discussed without delay with the DSL. Doing nothing is **not** an option. If the child/young person is felt to be in immediate danger, the Police should be called.

**8.2** A careful and, as far as possible, verbatim record should be made of what you have seen/heard that has led to your concerns and the date, time, location and people who were present. Where physical injuries have been observed, these should be carefully noted but should not be photographed. Do not ask to see injuries that are said to be on an intimate part of the child's body.

**8.3** Referrals/concerns should be made to the DSL using the **Referral/Concern Report Form** provided at **Appendix 2**.

**8.4** If the DSL is not available you should discuss your concerns with either

- another senior member of staff or
- the Multi Agency Referral Unit (MARU)

The DSL must telephone the referral to the MARU without delay<sup>1</sup>. The decision to notify parents that a referral is being made, will depend on the details of individual cases and will be made by the DSL. The DSL should keep a record of the conversation with the MARU, noting what actions have been/will be taken and by whom, giving the date and time of the referral. The referral should be confirmed in writing on the multi-agency referral form as soon as possible and within 48 hours.

**8.6** Do not share information with your colleagues or investigate any further.

**Appendix 3** provides the contact details of relevant services.

## **9) Responding to allegations or concerns about staff or volunteers**

**9.1** Employers have a duty of care to their employees and should ensure they provide effective support for anyone facing an allegation.

**9.2** Rigorous recruitment and selection along with robust safeguarding procedures and adherence to safer practice guidance should help to protect both staff and students.

**9.3** In all cases of allegations against a member of staff or a volunteer, the Headteacher/ Principal/ Chair of Governors, must contact the Local Authority Designated Officer (LADO) by ringing the MARU on 0300 1234 1116 and follow

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<sup>1</sup> It is recognised that whilst the Designated Lead is responsible for liaison with agencies, DfE Keeping Children Safe in Education March 2015 states that 'if at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. **Anybody can make a referral**'.

the procedures as outlined in the school's safeguarding and child protection policy.

**9.4** The process must be followed in all cases of allegations that might indicate a person would pose a risk of harm if they continue to work in regular or close contact with children in their present position, or in any capacity. It should be used in respect of all cases in which it is alleged that a teacher or member of staff (including volunteers) has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- 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

**9.5** If you have reason to believe that a member of staff or volunteer has acted inappropriately or abused a child or young person, you must take action by discussing your belief or concern with the named senior officer in the school. The named senior officer is Tim Salvadori. Whilst it may be difficult to consider that a colleague may be unsuitable to work with children, the risk is far too serious for any member of staff to dismiss such a suspicion without taking action.

**9.6** If the concern is about the Headteacher/Principal, it should be discussed with the Chair of Governors, or the LADO by ringing the MARU on 0300 1234 1116.

**Appendix 4** provides further information in regard to Managing Allegations against a Professional.

## **10) What happens after a referral is made to the MARU**

**10.1** The MARU is the single point of contact for anyone who is concerned about the welfare of a child in Cornwall. Its function is to provide professional advice and consultation and to determine whether the concern meets approved threshold criteria for statutory social work intervention. Information sharing is undertaken in line with agreed protocols to protect the confidentiality of individuals.

**10.1** Where cases do not meet the threshold, referrers are provided with information, advice and guidance including signposting to targeted and preventative services within the locality-based Early Help Services.

**10.2** Cases that meet the threshold are passed to the relevant Assessment Team for a **statutory social work assessment** or for a **strategy discussion** in those cases where there is evidence of actual or potential risk of significant harm. The threshold decision is made within 24 hours of receiving the Contact. An Assessment must be completed within at least 45 working days of receiving the referral.

**10.3** The person making the Contact is informed about the outcome in writing within two working days of the decision. The person making the contact is informed of the escalation policy if they disagree with the decision made within the MARU.

**10.4** If there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, a **strategy discussion** will be arranged involving Children's Early Help, Psychology & Social Care Services, the police, education, health and other relevant and appropriate bodies such as the referring agency.

Professionals who are invited to attend including school staff (normally the Headteacher/Principal or DSL) are required to produce a report, using the Signs of Safety template, which is available on the CioSSCB website at <http://www.safechildren-cios.co.uk/health-and-social-care/children-and-family-care/cornwall-and-isles-of-scilly-safeguarding-children-board/working-together/child-protection-conferences/> , prior to the conference and take an active part in the conference.

Full details of the Child Protection Conference process can be found at <http://www.safechildren-cios.co.uk/media/11059813/Child-Protection-Conference-Process-December-2014-.pdf>

## **11) Children with disabilities**

**11.1** There are no different or separate procedures for children who are disabled. Children with disabilities are especially vulnerable to abuse, and adults who work with them need to take extra care when interpreting apparent signs of abuse or neglect.

**11.2** Staff responsible for intimate care of children should undertake their duties in a professional manner at all times and in accordance with the school's Intimate Care policy.

## **12) Safer Working Practice**

All adults who come into contact with children at this school should behave at all times in a professional manner which secures the best outcomes for children and also prevents allegations being made. Advice on safer working practice can be found in Bude Junior School's Code of Conduct. Each member of staff will be issued with a copy of Guidance for Safe Working Practice for Adults Working in Education Settings, DCSF May 2009 – available at <http://www.safeguardingschools.co.uk/guidance-for-safer-working-practice-for-adults-who-work-with-children-and-young-people-in-education-settings/#>

## **13) Training**

**13.1** Child protection must be an integral part of induction for all workers and volunteers who are new to the school.

**13.2** All workers must receive regularly updated **Single-Agency Child Protection Training**. This training must be delivered within the school setting and should provide workers with the most recent and relevant safeguarding guidance, legislation and good practice, both nationally and locally.

**13.3** The Designated Safeguarding Lead (and those who provide cover for the DSL) must receive **Multi-Agency Child Protection Training**. This must be

updated at least every 2 years. Multi-agency child protection training should be arranged through Reconstruct, the CIOSSCB preferred provider, via the following link <http://www.safechildren-cios.co.uk/default.aspx?page=114>

**13.4** All governors should have access to Single Agency Training and it is advised that the designated Governor with responsibility for Child Protection and Safeguarding should receive **Multi-Agency Child Protection Training**.

**Last reviewed June 2015**

## APPENDIX 1

### **THE ROLE AND RESPONSIBILITIES OF THE DESIGNATED SAFEGUARDING LEAD (DSL)**

'**Working Together to Safeguarding Children, 2015**' outlines the roles and responsibilities of agencies including educational

'**Keeping Children Safe in Education, 2015**' outlines the role of the DSL as below:

The Designated Safeguarding Lead (DSL) is an appropriate senior member of staff who has the status and authority within the school to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.

All child protection concerns WILL be reported to the appropriate authority and the DSL is responsible for:

- ♦ Managing referrals
  - Refer all cases of suspected abuse to the local authority children's social care and:
    - The designated officer(s) for child protection concerns (all cases which concern a staff member)
    - Disclosure and Barring Service (cases where a person is dismissed or left due to risk/harm to a child); and/or
    - Police (cases where a crime may have been committed)
  - Liaise with the Headteacher or Principal to inform him or her of issues, especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations
  - Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies
- ♦ Training
  - The DSL, and cover officers, will receive appropriate training carried out every two years in order to:
    - Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments
    - Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
    - Ensure each member of staff has access to and understands the school's or college's child protection policy and procedures, especially new and part time staff
    - Be alert to the specific needs of children in need, those with special educational needs and young carers
    - Be able to keep detailed, accurate, secure written records of concerns and referrals

- Obtain access to resources and attend any relevant or refresher training courses
  - Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them
- ♦ Raising Awareness
  - The designated safeguarding lead will ensure the school or college's policies are known and used appropriately:
    - Ensure the school or college's child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this
    - Ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school or college in this
    - Link with the Local Safeguarding Children Board (LSCB) to make sure staff are aware of training opportunities and the latest local policies on safeguarding
    - Where children leave the school or college, ensure their child protection file is transferred to the new school or college as soon as possible. This should be transferred separately from the main pupil file, ensuring secure transit and confirmation of receipt should be obtained.
- ♦ Other Responsibilities
  - Referrals to the Multi Agency Referral Unit
    - contacting, by telephone, the Multi Agency Referral Unit (MARU) 0300 123 1116 as a matter of urgency, in order to discuss the child protection concerns of possible abuse or neglect that the designated person has in connection with the child, being prepared to provide the child's details and follow advice and guidance provided by the person handling the call and as in the guidance referred to above;
    - providing a written record of any formal referral by fax/post/e-mail to the MARU using the multi-agency referral form within 1 day;
    - ensuring that, where a formal referral has not been agreed other sources of support for the child will be considered. Action will be taken to promote the welfare of a child in need of additional support, even if they are not suffering harm or are at immediate risk- such actions include instigating a Common Assessment Framework (CAF) process and/or referring to other Early Help provision and services including the Together for Families programme;
    - ensuring that written records of concerns about a child are kept even if there is no need to make an immediate referral;
    - ensuring that all such records are kept confidentially and securely and are separate from pupil records, with a front sheet listing dates and brief entries to provide a chronology
    - ensuring that Cornwall Council's Directorate for Education, Health and Social Care is notified immediately when any pupil

subject of a Child Protection Plan is absent without explanation;

- completing, with the Headteacher/Principal, an annual safeguarding audit to the Governing Body which details any changes to the policy and procedures; training undertaken by the DSL and by all staff and governors; relevant curricular issues, number and type of incidents/cases, and the number of children referred to Cornwall Council's Directorate for Education, Health and Social Care and subject of a Child Protection Plan (anonymised). If this self-assessment highlights any areas for improvement, this will be detailed in an action plan which will be signed off and monitored by the Named Governor for Safeguarding/Governing Body/Proprietor to ensure these improvements are implemented.
- completing, with the Headteacher/Principal, a return to the Local Authority, and the CIOSSCB who have an auditing role, in ensuring the school is meeting its safeguarding requirements under Section 175/157 of the Education Act 2002
- supporting the Headteacher/Principal in implementing all recommendations applicable to schools and education services arising from Serious Case Reviews
- providing advice and guidance to colleagues, attending inter-agency meetings (or supporting other staff to do so) and contributing to assessments.

**APPENDIX 2**

**REFERRAL/CONCERN REPORT FORM**

**To be completed by ALL workers logging a Concern/Disclosure  
about a Child's Safety and Welfare.**

Child's Name:		Date of Birth:	
Date:		Time:	
Printed name .....	Signature .....		
Position/role:			
Note the reason(s) for recording the incident/concern.			
Record the following factually:	Who?		
	What?		
	Where?		
	When?		
Offer an opinion where relevant (how and why might this have happened?) Please ensure that you substantiate your opinion.			
Note action taken, including names of anyone to whom your information was passed.			

**THIS FORM MUST BE PASSED IMMEDIATELY TO THE DESIGNATED  
SAFEGUARDING LEAD (OR COVER IN THE ABSENCE OF THE DSL)**

**APPENDIX 3**

**CONTACTS**

**Out of Hours Emergency Service: 01208 251300**

**Multi Agency Referral Unit**

Tel: 0300 123 1116

Fax: 01872 323653

**Isles of Scilly Children's Social Work Services**

Carn Thomas Children's Centre

St Mary's

Isles of Scilly

TR21 0PT

Tel: 01720 424354

**LADO (Local Area Designated Officer) – contact via the MARU**

Tel: 0300 123 1116

Fax: 01872 323653

**Education Health and Social Care Directorate**

New County Hall

TRURO

TR1 3AY

Tel: 0300 1234 101

## **APPENDIX 4**

### **WHAT TO DO IF YOU HAVE A CONCERN OR AN ALLEGATION IS MADE AGAINST A MEMBER OF STAFF**

When a report is made to the DSL it will be clear in some cases that an immediate referral must be made to the MARU or the police for investigation, as a child appears to have been harmed or is at risk of significant harm or a criminal act appears to have been committed.

The LADO, via the MARU, must be informed of all allegations against professionals, and will provide advice and guidance and be involved in the management and oversight of all allegations cases as well as liaising with all parties and monitoring the progress of all cases.

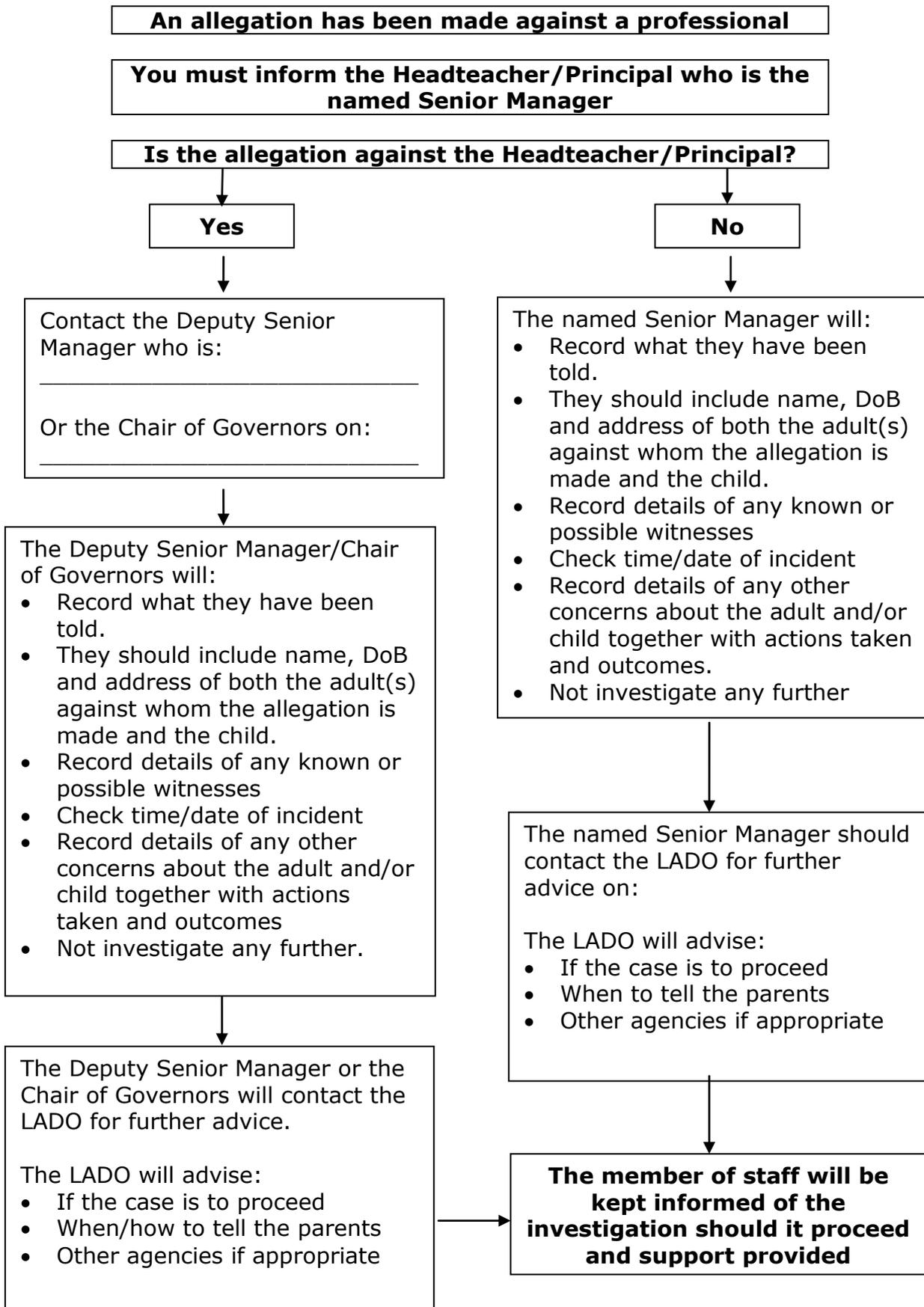
#### **The DSL should:**

- obtain written details of the allegation or concern, signed and dated by the person reporting. Countersign and date this record. (If no written report is provided, the DSL should make a written record of their conversation with the referrer and sign and date it);
- inform the Chair of Governors if the allegation relates to the Headteacher
- collate and record information about ;
  - the child/ren, parents/carers, siblings;
  - *the person against whom the allegation has been made; and*
  - details of any known/possible witnesses, including checking and recording times/ dates etc of any other incidents or concerns about the child/ren or the member of staff/volunteer concerned along with actions taken and outcomes. Be alert for patterns which might suggest the abuse goes further afield and involves other children and adults;
- contact the LADO, via the MARU, **WITHIN 1 WORKING DAY** of receiving the report of an allegation.
- inform the person reporting the allegation or concern what action will be taken, in accordance with local procedures and with regard to information sharing protocols
- inform the alleged perpetrator or person about whom there is a concern as soon as possible, **but only after** consultation with the LADO and in accordance with any restrictions on information sharing that may be imposed by the police or the Children's Early Help, Psychology & Social Care Services.
- Help all parties understand the process throughout.

#### **The DSL should not:**

- take any action that might undermine any future investigation or disciplinary procedure, such as interviewing the alleged victim or potential witnesses, or informing or interviewing the alleged perpetrator, prior to contacting the LADO, (or without the go-ahead from police or the Children's Early Help, Psychology & Social Care Services if a direct referral has been made).
- automatically suspend or dismiss the member of staff without seeking further advice.
- inform parents/carers of the child/ren until advised to do so by the LADO other than in an emergency situation, such as when a child has been injured and needs medical attention. The LADO will advise on how and by whom parents/carers should be informed and will liaise with police or the Children's Early Help, Psychology & Social Care Services.

## MANAGING AN ALLEGATION AGAINST A MEMBER OF STAFF



## **APPENDIX 5**

### **GLOSSARY OF TERMS AND ABBREVIATIONS**

CIoSSCB	Cornwall and Isles of Scilly Safeguarding Children Board
DSL	Designated Safeguarding Lead
DSL Cover	Senior member of staff providing cover for Designated Safeguarding Lead
DfE	Department for Education
FE	Further Education
ICPC	Initial Child Protection Conference
LADO	Local Area Designated Officer
LSCB	Local Safeguarding Children Board
MARU	Multi Agency Referral Unit
SSU	Safeguarding Standards Unit
SWCPP	South West Child Protection Procedures