CLARENDON ROAD PRIMARY SCHOOL

CHILD PROTECTION POLICY

Policy Review: *This policy will be reviewed by the Governors on an annual basis.*

Date of Issue: *September 2013*

Date of Last Review: *February 2018 (editions made)*

Signed:

Signed:

Headteacher

Chair of FGB

Date:

Date:

To be reviewed: *February 2019*

CONTENTS

INTRODUCTION

- Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and optimising children's life chances
- This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school.
- In particular this policy should be read in conjunction with the Safer Recruitment Policy, Safeguarding Policy, Preventing Radicalisation and Extremism Strategy, Behaviour Policy, and Anti Bullying Policy.

PURPOSE OF A CHILD PROTECTION POLICY

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

SCHOOL STAFF & VOLUNTEERS

- School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.
- All school staff and volunteers will receive safeguarding children training, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. This training is refreshed every three years. It is good practice for the Designated Safeguarding Lead to deliver an annual update. Temporary staff will be made aware of the safeguarding policies and procedures by the Designated Safeguarding Lead.

MISSION STATEMENT

- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.
- Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well being of a child.
- Ensure children know that there are adults in the school whom they can approach if they are worried.
- Ensure that children who have been abused will be supported in line with a child protection plan, where deemed necessary.
- Include opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.

IMPLEMENTATION, MONITORING AND REVIEW OF THE CHILD PROTECTION POLICY

The policy will be reviewed annually by the governing body. It will be implemented through the school's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Safeguarding Lead and through staff performance measures.

STATUTORY FRAMEWORK

- This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002, and in line with government publications:
  - 'Working Together to Safeguard Children' 2013
  - Revised Safeguarding Statutory Guidance 2 'Framework for the Assessment of Children in Need and their Families' 2000
  - 'What to do if You are Worried a Child is Being Abused' 2003
  - The guidance reflects, 'Keeping Children Safe in Education' September 2016
- Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse – these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.
- Safeguarding Children and Safer Recruitment in Education (DfES 2006) places the following responsibilities on all schools:
  - Schools should be aware of and follow the procedures established by the Salford Safeguarding Children Board
  - Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions
  - Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse.
  - A Designated Safeguarding Lead should have responsibility for co-ordinating action within the school and liaising with other agencies
  - Staff with designated responsibility for child protection should receive appropriate training.
- Safeguarding Children and Safer Recruitment in Education (DfES 2006) also states:

'All parents need to understand that schools and FE colleges have a duty to safeguard and promote the welfare of children who are their pupils or students, that this responsibility necessitates a child protection policy and procedures, and that a school or FE college may need to share information and work in partnership with other agencies when there are concerns about a child's welfare'.

THE DESIGNATED SAFEGUARDING LEAD

The Designated Safeguarding Lead in this school is:

- **The Head Teacher: Mrs Emma Ford**

A Deputy DSL should be appointed to act in the absence/unavailability of the DSP. The Deputy Designated Person for Child Protection in this school is:

- **The Deputy Headteacher: Miss Rachel Kelly**

Designated Safeguarding Person:

- **The Inclusion Leader: Mrs Christine Clarke**
- **The Learning Mentor: Mrs Angela Hicks**

ROLE OF THE DESIGNATED SAFEGUARDING LEAD (EXTRACTS FROM KCSIE 09/16)

Governing bodies, proprietors and management committees should appoint an appropriate **senior member** of staff, from the school or college **leadership team**, to the role of designated safeguarding lead. The designated safeguarding lead should take **lead responsibility** for safeguarding and child protection. This should be explicit in the role-holder's job description. This person should have the appropriate status and authority within the school to carry out the duties of the post. They should be given the time, funding, training, resources and support to provide advice and support to other staff on child welfare and child protection matters, to take part in strategy discussions and inter-agency meetings – and/or to support other staff to do so – and to contribute to the assessment of children.

MANAGE REFERRALS

The designated safeguarding lead is expected to:

- Refer cases of suspected abuse to the local authority children's social care as required;
- Support staff who make referrals to local authority children's social care;
- Refer cases to the channel programme where there is a radicalisation concern as required;
- Support staff who make referrals to the channel programme;
- Refer cases where a person is dismissed or left due to risk/harm to a child to the disclosure and barring service as required; and
- Refer cases where a crime may have been committed to the police as required.

WORK WITH OTHERS

The designated safeguarding lead is expected to:

- As required, liaise with the "case manager" (as per Part four) and the designated officer(s) at the local authority for child protection concerns (all cases which concern a staff member); and
- Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff.

TRAINING

The designated safeguarding lead (and any deputies) should undergo training to provide them with the knowledge and skills required to carry out the role. This training should be updated at least every two years. ***The designated safeguarding lead should undertake Prevent awareness training***. In addition to the formal training set out above, their knowledge and skills should be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, but at least annually, to allow them to understand and keep up with any developments relevant to their role so they:

- Understand the assessment process for providing early help and 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 or college's child protection policy and procedures, especially new and part time staff;
- Are alert to the specific needs of children in need, those with special educational needs and young carers
- Are able to keep detailed, accurate, secure written records of concerns and referrals;
- Understand and support the school or college with regards to the requirements of the prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation;
- Obtain access to resources and attend any relevant or refresher training courses; and

- 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.

RAISE AWARENESS

The designated safeguarding lead should:

- Ensure the school or college's child protection policies are known, understood and used appropriately;
- Ensure the school or college's child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly, and work with governing bodies 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; and
- Link with the local LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

CHILD PROTECTION FILE

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.

AVAILABILITY

During term time the designated safeguarding lead (or a deputy) should always be available (during school or college hours) for staff in the school or college to discuss any safeguarding concerns. Whilst generally speaking the designated safeguarding lead (or deputy) would be expected to be available in person, it is a matter for individual schools and colleges, working with the designated safeguarding lead, to define what "available" means and whether in exceptional circumstances availability via phone and or Skype or other such media is acceptable. It is a matter for individual schools and colleges and the designated safeguarding lead to arrange adequate and appropriate cover arrangements for any out of hours/out of term activities.

THE GOVERNING BOARD

The Governing Board has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment. It is recommended that a nominated governor for child protection is appointed to take lead responsibility. The nominated governor for child protection is: Mr John Jenkinson

CHAIR OF THE GOVERNING BOARD

In particular the Governing Board must ensure:

- Child protection policy and procedures are in place and effective
- Safe recruitment procedures are in place and effective
- Appointment of a Designated Safeguarding Lead who is a senior member of school leadership team
- Relevant safeguarding children training for school staff/volunteers is attended
- Safe management of allegations against staff
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay
- A member of the FGB (usually the Chair) is nominated to be responsible in the event of an allegation of abuse being made against the Head Teacher. (To be contacted in writing marked confidential to the school.)

- Safeguarding policies and procedures are reviewed annually and information provided to the local authority about them and about how the above duties have been discharged.

SCHOOL PROCEDURES – STAFF RESPONSIBILITES

- If any member of staff is concerned about a child he or she must inform the Designated Senior Person.
- The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations. (pro forma attached)
- The Designated Safeguarding Lead (DSL) will decide whether the concerns should be referred to Salford's Bridge Safeguarding Team. If it is decided to make a referral this will be done with prior discussion with the parents, unless to do so would place the child at further risk of harm. The school reserve the right to contact Bridge for advice on an anonymous basis at any time.
- Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written report will be kept.
- If a pupil who is/or has been the subject of a child protection plan changes school, the DSL will inform the social worker responsible for the case and transfer the appropriate records to the DSL at the receiving school in a secure manner, and separate from the child's academic file.
- The Designated Safeguarding Lead is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.
- All teachers will complete a weekly log on the online reporting system CPOMs to note any small signs or issues that may occur in a child's life, e.g. unkempt appearance, deterioration in behaviour.

WHEN TO BE CONCERNED

- All staff and volunteers should be aware that the main categories of abuse are:
  - Physical abuse
  - Emotional abuse
  - Sexual abuse
  - Neglect
- All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – **see Appendix 1 for details**.
  - Generally, in an abusive relationship the child may:
  - Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home
  - Act in a way that is inappropriate to her/his age and development
  - (full account needs to be taken of different patterns of development and different ethnic groups)
  - Display insufficient sense of 'boundaries', lack stranger awareness
  - Appear wary of adults and display 'frozen watchfulness'
  - Radicalised thoughts or beliefs shared with peers or adults

DEALING WITH A DISCLOSURE

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

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to Children's Services: Safeguarding and Specialist Services
- Reassure him or her that what has happened is not his or her fault

- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Safeguarding Lead without delay

SUPPORT

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

CONFIDENTIALITY

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

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services: Safeguarding and Specialist Services and the Police).
- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.
- The DSL will consult with the Referral and Initial Assessment Team (BRIDGE) in the following circumstances:
  - When you remain unsure after internal consultation as to whether concerns exist
  - When there is disagreement as to whether child protection concerns exist
  - When you are unable to consult promptly or at all with the DCPO or Deputy.

Consultation is not the same as making a referral but should enable a decision to be made as to whether a referral to BRIDGE or the Police should progress.

MAKING A REFERRAL

A referral involves giving Children's Services BRIDGE Team or the Police information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

Step 1

Call 0161 603 4500 to advise the BRIDGE Team that a referral is being made. It is never appropriate to send information without first making this telephone call. It is on the basis of the information shared, that a decision will be made with the agreement of the referrer as to the best way to proceed with the referral.

When a child makes a disclosure of radicalised thoughts or beliefs, Gemma Pagett (LA Diversity Officer) is contacted by the Headteacher, 0161 793 3796 and PREVENT strategies are implemented.

Step 2
A referral form for children's social care and any other relevant documentation should be submitted to the BRIDGE Team within one working day of the initial telephone referral using: **worriedaboutachild@salford.gov.uk**. The BRIDGE will then use this information to decide what course of action to take.

Step 3
You will receive an automatic response to confirm that the upload was successful. The BRIDGE Team will confirm receipt of your referral and keep you informed of progress, although in most cases the referrer will remain part of the protection plan. You should usually receive this within one working day. If for any reason you have not received it within three working days please call the team.

A parent must be informed when immediate risk referrals are made. There are four exceptions to this:

- Suspicion that a child will be forced into marriage or removed from the country against their will
- A child discloses sexual abuse
- Fabricated illness is suspected
- If the child is at IMMEDIATE risk of harm (a child is generally not at immediate risk if they are in school or at some other venue with a professional, as action can be taken before the child is returned home)

However, inability to inform parents for any reason should **not** prevent a referral being made. It would then become a joint decision with BRIDGE about how and when the parents should be approached and by whom. It's important to ensure there is no risk to the child from discussing with the parents. You must ensure that all relevant information is included in the referral paying particular attention to accurately detailing any incident of concern.

- If the concern is about risk from a family member or someone known to the children, the school will make a telephone call to the BRIDGE followed by the completion of the referral form.
- If the concern is about harm or risk of harm from someone not known to the child or child's family, the school will make a telephone referral directly to the Police and consult with the parents.
- If the concern is that a child or family need additional help or support, the school will have a conversation with the parents offering the CAF process to them.

COMMUNICATION WITH PARENTS
Clarendon Road Primary School will:

- Undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the child at further risk of harm.
- Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

RECORD KEEPING

- When a child has made a disclosure, the member of staff/volunteer should record the information directly into the CPOMS reporting system:
  - Make brief factual notes as soon as possible after the conversation.
  - Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
  - Draw a diagram to indicate the position of any injuries (on CPOMs)
  - Record statements and observations rather than interpretations or assumptions
- All records need to be given to the Designated Safeguarding Lead promptly. No paper should be retained by the member of staff or volunteer.
- The Designated Safeguarding Lead will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

- An allegation is any information which indicates that a member of staff/volunteer may have:
    - Behaved in a way that has, or may have harmed a child
    - Possibly committed a criminal offence against/related to a child
    - Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children
- This applies to any child the member of staff/volunteer has contact within their personal, professional or community life.
- The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.
- Actions to be taken include making an immediate written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Headteacher.
- If the concerns are about the Headteacher, then the chair of FGB should be contacted. The Chair in this school is:

NAME: *Mr John Jenkinson* **CONTACT NUMBER:** *0161 789 4469*

- The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.
- The Headteacher will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer, Roisin Rafferty (0161 603 4350). If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.
- If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with the Salford Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures.
- If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school's internal procedures.
- The Headteacher should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation.
- For further information see:
    - HSCB Inter-agency Child Protection and Safeguarding Children Procedures (2010)
    - Section 4.1 Managing Allegations Against Adults who work with Children and Young People

SALFORD TELEPHONE NUMBERS

- BRIDGE (Referral and Initial Assessment Team) - 603 4500 - for referrals 8.30 am - 4.30 pm - Monday to Friday
- Emergency Duty Team - 794 8888 for referrals at other times
- Salford Safeguarding Children Unit - 603 4350
- Police Central Switchboard - 872 5050

EQUALITY OF OPPORTUNITY

Equality of opportunity means that all children have the opportunity to achieve the best possible development, regardless of their gender, ability, religion, ethnic origin, circumstances or age. Some vulnerable children may have been particularly disadvantaged in their access to important opportunities and their health and educational needs will require particular attention in order to optimise their current welfare as well as their long-term outcomes in young adulthood.

APPENDIX 1: INDICATORS OF HARM

Physical Abuse

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

INDICATORS IN THE CHILD

Bruising

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

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

Fractures

- Fractures may cause pain, swelling and discoloration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.
- If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.
- There are grounds for concern if:
    - The history provided is vague, non-existent or inconsistent
    - There are associated old fractures
    - Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.
- Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over two to three hours. All fractures of the skull should be taken seriously.

Mouth Injuries

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

Poisoning

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

Fabricated or Induced Illness

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

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

Bite Marks

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

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

Burns and Scalds

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

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

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

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks.

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Emotional/Behavioural Presentation

- Refusal to discuss injuries
- Admission of punishment which appears excessive

- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help
- Aggression towards others
- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

INDICATORS IN THE PARENT

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment
- Disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Unauthorised attempts to administer medication
- Tries to draw the child into their own illness
- Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
- Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child.
- Wider parenting difficulties may (or may not) be associated with this form of abuse.
- Parent/carer has convictions for violent crimes.

INDICATORS IN THE FAMILY/ENVIRONMENT

- Marginalised or isolated by the community
- History of mental heath, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only 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 the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.
Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

INDICATORS IN THE CHILD

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child used as scapegoat within the family
- Frozen watchfulness, particularly in pre-school children
- Low self esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour

INDICATORS IN THE PARENT

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
- Abnormal attachment to child e.g. overly anxious or disinterest in the child
- Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
- Wider parenting difficulties may (or may not) be associated with this form of abuse.

INDICATORS OF IN THE FAMILY/ENVIRONMENT

- Lack of support from family or social network.
- Marginalised or isolated by the community.
- History of mental heath, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

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

Neglect

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

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

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

INDICATORS IN THE CHILD

Physical Presentation

- Failure to thrive or, in older children, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea
- Unmanaged / untreated health / medical conditions including poor dental health
- Frequent accidents or injuries

Development

- General delay, especially speech and language delay
- Inadequate social skills and poor socialisation

Emotional/Behavioural Presentation

- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness
- Frequently absent or late at school
- Poor self esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self harming behaviour

INDICATORS IN THE PARENT

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialization
- Abnormal attachment to the child e.g. anxious
- Low self esteem and lack of confidence
- Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties, may (or may not) be associated with this form of abuse

INDICATORS IN THE FAMILY/ENVIRONMENT

- History of neglect in the family
- Family marginalised or isolated by the community.
- Family has history of mental heath, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

Sexual Abuse

- Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.
- The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.
- They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).
- Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

INDICATORS IN THE CHILD

Physical presentation

- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding

- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/Behavioural Presentation

- Makes a disclosure
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention / concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

INDICATORS IN THE PARENTS

- Comments made by the parent/carer about the child
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities
- Grooming behaviour
- Parent is a sex offender

INDICATORS IN THE FAMILY/ENVIRONMENT

- Marginalised or isolated by the community.
- History of mental heath, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Family member is a sex offender.

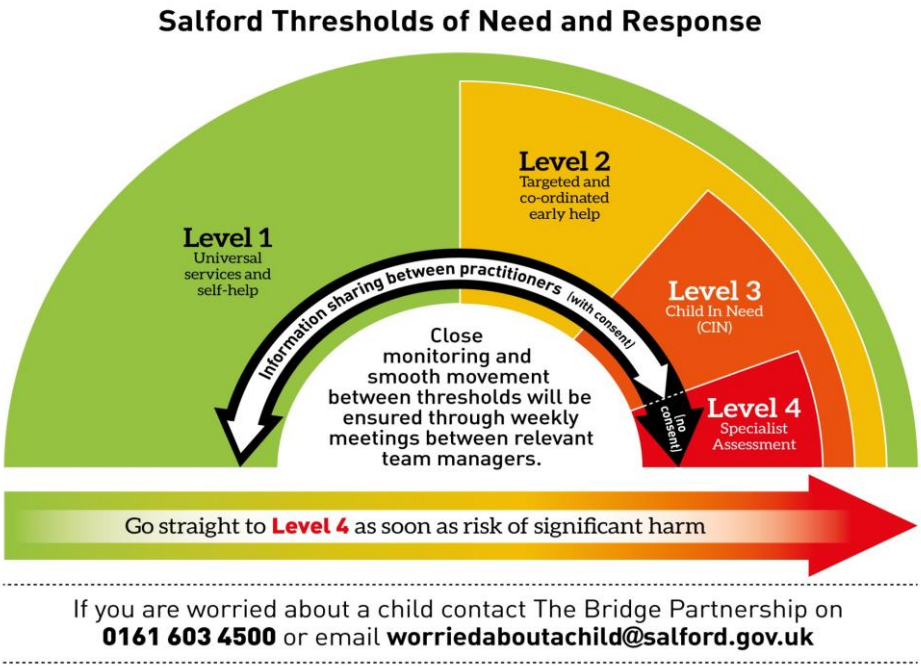
APPENDIX 2: WIDER POLICY CHECKLIST

The following is a list of additional (though not exhaustive) school policies which supports the Child Protection Policy:

Policy / School Links

- Child Protection
- Staff Behaviour (Code of Conduct)
- Prevent Duty
- Attendance
- Behaviour
- Health and Safety
- Anti-Bullying
- Administering Medicines
- Asthma
- First Aid
- Educational Trips and Visits
- Intimate Care
- Equality Diversity
- E-Safety
- Security
- Single Central Record
- PSHE Curriculum
- Whistle-Blowing
- LAC
- Managing Allegations Against Professionals SSCB
- Missing Person Statement

APPENDIX 3: THRESHOLD OF NEED IN SALFORD



Parents Child Protection Summary

Aim

As adults working in school we have a duty of care towards all pupils. This means we should act at all times in a way that is consistent with their safety and welfare. The schools Child Protection Policy aims to outline the belief that it is everyone's role to ensure all children are safe from harm.

Procedural Summary

- If any member of staff is concerned about a child they must inform the Designated Safeguarding Lead (DSL)
- The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations.
- The DSL will contact the local authority safeguarding team. If it is decided to make a referral this will be done with prior discussion with the parents, unless to do so would place the child at further risk of harm. The school reserve the right to contact them for advice on an anonymous basis at any time.
- Particular attention will be paid to the attendance and development of any child about whom the school has concerns or has a Child Protection Plan.
- If a pupil who is/or has been the subject of a child protection plan changes school, the DSL will inform the social worker responsible for the case and transfer the appropriate records to the DSL at the receiving school in a secure manner, and separate from the child's academic file.
- The DSL is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.
- All teachers will complete a weekly record to note any small signs or issues that may occur in a child's life, e.g. unkempt appearance, deterioration in behaviour.

Key Personnel

Designated Safeguarding Lead: Mrs Emma Ford (Headteacher)
Deputy Designated Safeguarding Lead: Miss Rachel Kelly (Deputy Headteacher)
Designated Safeguarding Person: Mrs Angela Hicks (Learning Mentor)
Inclusion Leader: Mrs Christine Clarke

Recognition of Abuse and Neglect

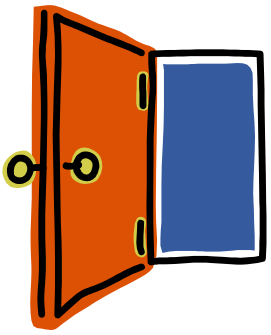
Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or **neglect** a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be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

Equality of Opportunity

Equality of opportunity means that all children have the opportunity to achieve the best possible development, regardless of their gender, ability, religion, ethnic origin, disability, sexual orientation, circumstances or age. Some vulnerable children may have been particularly disadvantaged in their access to important opportunities and their health and educational needs will require particular attention in order to optimise their current welfare as well as their long-term outcomes in young adulthood.

Confidentiality

Clarendon Road Primary School will ensure that any records made in relation to a referral will be kept confidentially and in a secure place. Information in relation to child protection concerns should be shared on a "need to know" basis. However, the sharing of information is vital to child protection and, therefore, the issue of confidentiality is secondary to a child's need for protection.



Safeguarding Front Door

All information related to children and their safety must come through the

FRONT DOOR

of the

DESIGNATED CHILD SAFEGUARDING LEAD

(Headteacher, Mrs Ford)

OUTSIDE AGENCY MUST USE THE FRONT DOOR

Information can come to the school from an outside agency:

- The DSL collects information about the nature of the concern.
- The DSL may provide information about the children to BRIDGE Team
- The DSL will collect this information from relevant staff in school in a confidential setting.
- The DSL may then delegate the work for this family to other staff in school, e.g. Inclusion Team

STAFF IN SCHOOL MUST USE THE FRONT DOOR

Children and families can share information with staff in school:

If information is shared about the following issues the DCPO must be informed immediately:

- Physical Abuse
- Emotional Abuse
- Neglect
- Sexual Abuse
- Radicalised thoughts or beliefs

IF YOU ARE NOT SURE PLEASE HAVE A CONVERSATION WITH THE DCPO OR LEADER IMMEDIATELY.

GREEN RECORD

- Smaller issues around home, behaviour, development and attendance must be reported in the green record on a weekly basis.
- The green record is read and auctioned weekly by the Assistant Head and Deputy Headteacher
- The senior leader then decides if this information is escalated to the Senior Leadership Team for additional support with the Inclusion Team.