

Keighley St. Andrews Church of England Primary School and Nursery



Child Protection and Safeguarding Policy

At Keighley St Andrew's CE Primary School, the health and safety of all children is of paramount importance. Parents send their children to school each day with the expectation that school provides a secure environment in which their children can flourish.

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, both 'Keeping Children Safe in Education' 2014, and our local Safeguarding Children's Board Child Protection Procedures

The Governing body takes seriously its responsibility under section 175 of the Education Act 2002 and Keeping Children Safe in Education (2016) to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support those children who are suffering harm.

We recognise that all adults, volunteers and governors, have a full and active part to play in protecting our pupils from harm, and that the child's welfare is our paramount concern.

All staff believe that our school should provide a caring, positive safe and stimulating environment that promotes the social, physical and moral development of the individual child.

The 2010 Equality Act ensures discriminations (direct and indirect), harassment and victimisation are challenged to ensure equality. This policy is written and reviewed in light of this Act to ensure the school is fulfilling its statutory duty. The school hopes that parents and children will feel free to talk about any concerns and will see school as a safe place if there are any difficulties at home.

Aims of the policy

- To support the child's development in ways that will foster security, confidence and independence.
- To provide an environment in which children and young people feel safe, secure, valued and respected, and feel confident, and know how to approach adults if they are in difficulties, believing they will be effectively listened to.
- To raise the awareness of all teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse
- To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the school, contribute to assessments of need and support packages for those children.
- To develop a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse.
- To develop and promote effective working relationships with other agencies, especially the Police and Social Care.
- To ensure we practise safe recruitment so that all staff working within our school who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check (according to guidance), and a central record is kept.

The role of the Headteacher and Designated Safeguarding Lead

The Headteacher and Designated Safeguarding Lead will ensure that this Policy is implemented, and will monitor and evaluate its impact on an ongoing basis and through and at least review (with the Governing Body).

We recognise that because of the day to day contact with children, school staff are well placed to observe the outward signs of abuse.

- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to (eg., through Worship and Inclusion Manager)
- Ensure children know that there are adults in the school whom they can approach if they are worried
- Include opportunities across the curriculum for children to develop the skills they need to recognise and stay safe from abuse

We will follow the procedures set out by the Local Safeguarding Children Board and take account of guidance issued by the Department for Education to:

- Ensure we have a designated senior person for child protection who has received appropriate training and support for this role
- Ensure we have a nominated governor responsible for child protection
- Ensure every member of staff (including temporary and supply staff and volunteers) and governing body knows the name of the designated senior person

responsible for child protection and their role. This is done through regular (annual) training and the staff induction pack

- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated senior person responsible for child protection. This is done through regular (annual) training and the staff induction pack
- Ensure that parents have an understanding of the responsibility placed on the school and staff for child protection by setting out its obligations in the school prospectus
- Notify social services if there is an unexplained absence of more than two days of a pupil who is on the child protection register
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters including attendance at case conferences
- Keep written records of concerns about children, even where there is no need to refer the matter immediately
- Ensuring that, where a pupil on the child protection register leaves, their information is transferred to the new school immediately and that the child's social worker is informed
- Ensure all records are kept secure and separate from the main pupil file, and in locked locations
- Develop and then follow procedures where an allegation is made against a member of staff or volunteer
- Ensure safer recruitment practices are always followed
- Ensure that the policy is available publicly on the school website and that parents and carers are aware that they are entitled to see this policy.

Designated Safeguarding Lead(DSL) - Rachel Whitham (Deputy Headteacher)

Assistant Designated Safeguarding Lead – Alison Bateman (Headteacher)

Designated Members of Staff (Named Persons)

Alison Bateman (Headteacher)

Rachel Whitham (Deputy Headteacher)

Michelle Khambhaita (Assistant Head Teacher)

Kara Vernon (Assistant Head Teacher)

Kate Dawson (SENCo)

Designated persons will act as a source of advice and coordinate action within the school over child protection cases, they will lead on working with the Safeguarding Governor in communicating actions. They will need to liaise with other agencies and build good working relationships with colleagues from these agencies. A designated person is the first person to whom members of staff report concerns and is responsible for referring cases of suspected abuse or allegations to the relevant investigating agencies according to the procedures established by the BSCB.

The Role of the Governing Body

Governors will ensure that:

- An appropriate Child Protection Policy and procedures are in place and are made available to parents on request
- Governors are required to read and sign that they have understood Part 1 and Part 2 (The management of safeguarding) of **Keeping Safe in Education** (Sept 2016)
- A senior member of the school's Senior Leadership Team is designated to take responsibility for child protection and safeguarding issues
- Appropriate training is undertaken by the designated person (refreshed every two years) and all staff (refreshed every three years), and that temporary staff or volunteers are made aware of the school's arrangements and responsibilities
- There is a nominated member of the Governing Body responsible for liaising with the local authority and/or other partner agencies in the event of an allegation being made against the Headteacher
- Policies and procedures are reviewed annually by the Governing Body and information is provided to the local authority about how their duties have been discharged

The Designated Governor for Child Protection at this school is **John Cope / David Thompson –Chair, Sarah Scott - Staff**

Recruitment, induction and conduct of staff

In order to ensure that children are protected whilst at this school, we will ensure that our staff and volunteers are carefully selected, screened, trained and supervised.

The Headteacher sits on all appointment panels and has undertaken the NCSL training on Safer Recruitment. The designated safeguarding lead (Rachel Whitham) and Chair of Governors (D Thompson) have also undertaken online Safer Recruitment training.

We accept that it is our responsibility to follow the guidance set out in "Safeguarding Children and Safer Recruitment in Education" and ensure we meet requirements to have experienced and trained governors in Safer Recruitment, in particular:

- Before appointing someone, follow up each reference with a telephone call or personal contact during which we will discuss the applicant's suitability to work with children.
- Check that all adults with substantial access to children at this school have an enhanced DBS check and DCSF List 99 check before starting work, and prior to confirmation of appointment.
- All staff who have lived or worked outside the UK including those from the European Economic Area (EEA) will have appropriate checks carried out prior to starting employment.

Safeguarding is the responsibility of all staff and visitors who have contact with children and their families. New staff are inducted into safeguarding practices and are made familiar with procedures and policies that affect the health and safety of all at school but especially the children. All staff must read and sign that they understand part one of 'Keeping Children Safe in Education' and this policy to be confident that they know the role they play in safeguarding. This is evidenced in addition through a training portfolio.

All staff will receive safeguarding and Child protection updates at least annually. Named persons will attend annual refresher training and the DSL will have formal training bi-annually and updates annually.

The school has a duty to ensure that professional behaviour applies to relationships between staff and children, and that all members of staff are clear about what constitutes appropriate behaviour and professional boundaries. At all times, members of staff are required to work in a professional way with children. All staff should be aware of the dangers inherent in:

- working alone with a child
- physical interventions
- cultural and gender stereotyping
- dealing with sensitive information
- contacting children through private telephones (including texting), e-mail, MSN, or social networking websites.
- disclosing personal details inappropriately
- meeting pupils outside school hours or school duties.

If any member of staff has reasonable suspicion that a child is suffering harm, and fails to act in accordance with this policy and Bradford Safeguarding Children Board procedures, we will view this as misconduct, and take appropriate action.

If a member of staff is concerned that appropriate action is not being taken they are to call the NSPCC whistleblowing helpline (0800 028 0285). This information is also displayed in the staff room.

Volunteers

For a brief activity, such as a school visit, which does not involve supervision or close contact with children, the school may allow volunteers to work in school or take part in school without DBS (Disclosure & Barring Service) clearance, provided the volunteer is supervised by a member of staff at all times. Volunteers are subject to induction procedures.

For volunteers who have extended contact with children, when children will be alone with the volunteer or if the volunteer will be moving around the school building unaccompanied, full DBS (Disclosure & Barring Service) clearance will be required. The office completes the paperwork for these checks to be carried out. Visitors without clearance will not be left alone with a child or group of children.

Welcoming visitors

The DCSF publication on Safeguarding Children and Safer Recruiting in Education refer specifically to (p53, Para.4.76) individuals such as psychologists, nurses, dentists, police, centrally employed teachers and other public sector staff will have been checked by their employing organisation, whether Local Authority, Primary Care Trust or Strategic Health Authority. It states that it is not necessary for schools to see their DBS disclosure as appropriate checks will have been carried out.

Dealing with concerns

If members of staff and volunteers believe that a child may be suffering, is in immediate danger or may be at risk of suffering harm, they must always refer such concerns to a designated person who may refer the matter to the relevant Children's Services or the police. However, any member of staff is able to make a referral though they should inform the DSL as soon as possible after doing so.

To this end, volunteers and staff will follow the procedures below;

- Upon the receipt of any information from a child, or if any person has suspicions that a child may be at risk of harm, or
- If anyone observes injuries that appear to be non-accidental, or
- where a child or young person makes a direct allegation or implies that they have been abused, **or**
- makes an allegation against a member of staff

they must record what they have seen, heard or know accurately at the time the event occurs on the disclosure forms in each room, and share their concerns with the designated person (or head teacher if an allegation about a member of staff) and agree actions to take.

All members of staff and employees need to be familiar with the procedures for keeping a confidential written record of any incidents and with the requirements of Bradford Safeguarding Children Board. Designated Persons will ensure that all information and subsequent actions will be reported on CPOMS .

If a member of staff, in the course of their work discovers or suspects an act of Female Genital Mutilation (FGM) has been carried out on a child they must report this to the police.

Honour Based Violence (HBV) is the term used to describe violence within the context of the extended family which is motivated by a perceived need to restore standing in the community which is presumed to have been lost through the behaviour of the victim (see hbv-awareness.com). HBV may have an impact on children in school directly or indirectly if members of their family are suffering from this. HBV should be brought to the attention of the DSL.

Where any member of staff fails to report their concerns, this may be dealt with as a disciplinary matter.

Early Help

Early Help is about families receiving prompt and assertive help when needs are identified, either by families themselves asking for help or school / other professionals having worries or seeing needs before they become problematic.

Early Help can include both support to the family in the earliest years of a child's life and a swift response to the emergence of a problem at any stage later in their lives. A good Early Help plan supports the parents so we can make things better for the children – this is a 'Think Family' approach.

School, GPs, health visiting, , Colleges, children's centres, school nurses, youth services, child care or other community settings often provide most support through working together on a day-to-day basis.

If further support is needed school will seek guidance from the Early Help Gateway on 01274 432121 . The Early Help Gateway is made up of workers and managers from Early Help, the Police and Families Information Services. There is also involvement from social workers and Primary Mental Health Link Workers. earlyhelpgateway@bradford.gcsx.gov.uk.

Signs of Safety

This is a way of working to support families in setting

Signs of Safety will focus on:

- what is the family member or worker worried about?
- what is going well for the family and who already helps them?
- how we think extra support may help this family?

The Early Help Team at Families First can be accessed by phoning 01274 432996 or by email at admin.familiesfirst-FIP@bradford.gcsx.gov.uk

Physical intervention and restraint (see policy)

Members of staff may have to make physical interventions with children but in accordance with DfE guidelines 10/98 should only do this where it is necessary to protect the child, or another person, from immediate danger. On no occasion should physical contact be used as a punishment.

Confidentiality

The school, and all members of staff at the school, will ensure that all data about pupils is handled in accordance with the requirements of the law, and any national and local guidance. Any member of staff who has access to sensitive information about a child or the child's family must take all reasonable steps to ensure that such information is only disclosed to those people who need to know.

Regardless of the duty of confidentiality, if any member of staff has reason to believe that a child may be suffering harm, or be at risk of harm, their duty is to forward this information without delay to the designated member of staff for child protection.

Safeguarding in school

As well as ensuring that we address child protection concerns, we will also ensure that children who attend the school are kept safe from harm whilst they are in our charge.

Safeguarding and promoting the welfare of the child is defined as

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that 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.

- Pupils health & safety
- The use of reasonable force
- Meeting the needs of pupils with medical conditions
- Providing first aid
- Educational visits
- Intimate care
- Internet or safety
- Appropriate arrangements to ensure school safety

Safeguarding can involve a range of potential issues such as

- Peer on Peer abuse including : Bullying, including cyberbullying (eg by text message, on social networking sites) and prejudice based bullying
- Racist, disability and homophobic abuse (including Peer-on –Peer abuse of this kind)
- Radicalisation and extremist behaviour
- Child sexual exploitation
- Sexting
- Substance misuse
- Issues specific to the local area, population or at a particular time
- Gang activity
- Particular issues affecting individuals such as domestic violence, sexual exploitation, female genital mutilation or forced marriage.

To this end, this policy must be seen in light of the school's policies:

- Personal, Social and Health Education and Sex and Relationships Education;
- Anti-Bullying (peer-on-peer abuse)
- Recruitment and Selection; Staff Discipline, Conduct and Grievance Policy
- Staff use of ICT Equipment and Pupil e-Safety
- Race Relations
- Behaviour
- Restrictive Intervention
- Health & Safety

- Fire Risk Policy
- Educational Visits Policy
- Attendance Policy
- SEND
- Supporting Children with Medical Conditions
- Allegations against members of staff
- Confidential Reporting Policy (Whistle Blowing)
- Missing Child Policy
- DBS Policy

Design of the curriculum

The curriculum deals with safeguarding in the following ways:

- In subjects eg PSHE (Personal, Social & Health Education. Issues such as drugs, tobacco, alcohol, sex and relationships, Stranger Danger, extremism/radicalisation, gangs, bullying/peer-on-peer abuse and homophobia are explored and discussed.
- Safety issues within a subject are discussed and safe practices taught eg using equipment correctly in PE and DT
- Ensuring there are appropriate staffing levels especially when the curriculum takes the children out of school. The lead adult must always assess the level of risk for all trips and seek authorisation from the Headteacher.
- Visiting speakers, with correct clearance, are welcomed to school to impart specialist knowledge and guidance to the children
- Use of Inclusion Manager
- The school ethos, which promotes a positive, supportive and secure environment and gives pupils a sense of being valued
- Although appropriate filtering and monitoring systems are in place in school, children are taught how to keep safe online.

Photographing Children

We understand that parents like to take photos of or video record their children in the school play, or at sports day, or school presentations. This is a normal part of family life, and we will not discourage parents from celebrating their child's successes. However, if parents/carers have requested that a child is not photographed we will make the request known.

Also, if there are Health and Safety issues associated with this - i.e. the use of a flash when taking photos could distract or dazzle the child, and cause them to have an accident, we will encourage parents to use film or settings on their camera that do not require flash.

We will not allow others to photograph or film pupils during a school activity without the parent's permission. Consent for photographs of children to be sent to the local press etc will be obtained upon entry to the school.

School staff must not take photographs of children on mobile phones and any photographs taken on personal cameras must only be used for school purposes and deleted immediately thereafter.

We will not allow images of pupils to be used on school websites, publicity, or press releases, without express permission from the parent, and if we do obtain such permission, we will not identify individual children by name.

The school cannot however be held accountable for photographs or video footage taken by parents or members of the public at school functions.

Members of staff may take photographs of children whilst engaged in school activities for teaching and learning purposes; for assessment purposes or as means of celebrating successes in school.

Allegations against Members of Staff

If anyone makes an allegation that any member of staff (including any volunteer or Governor) may have:

- Committed an offence against a child
- Placed a child at risk of significant harm
- Behaved in a way that calls into question their suitability to work with children

NB: The allegation will be dealt with in accordance with national guidance and agreements, as implemented locally by BSCB (Bradford Safeguarding Children's Board)

The head teacher, rather than the designated member of staff will handle such allegations, unless the allegation is against the head teacher, when the chair of governors will handle the school's response. The head teacher and the chair of governors will gather information about the allegation, and report these without delay to the Local Authority.

Whistleblowing

If members of staff ever have any concerns about people working, paid or unpaid, they have a professional duty to inform the management accordingly. This can be done in writing or verbally but staff should be prepared to discuss issues in the confidence that any such matter will be dealt with sensitively and with the necessary degree of confidentiality.

The school follows the Local Authority's policy on Whistleblowing which can be made available at 24 hours notice. **Alternatively, staff can contact the NSPCC on their whistleblowing helpline (0800 028 0285)**

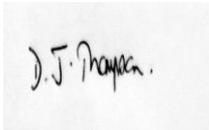
Monitoring and Evaluation

The policy will be monitored and evaluated by:

- Governing Body visits to school
- Pupil surveys and questionnaires
- SLT 'drop ins' and discussions with children and staff
- Scrutiny of attendance data
- Scrutiny of risk assessments
- Records of bullying/racist/behaviour incidents

Date: September 2016

Reviewed: March 2017

A rectangular box containing a handwritten signature in black ink. The signature appears to be "J. J. Thompson" written in a cursive style.

Signed: Chair of Governors

APPENDIX 1 School Referral Procedures

1. Any member of staff with an issue or concern relating to Child Protection (it should be made clear to children that CONFIDENTIALITY CANNOT BE GUARANTEED IN RESPECT OF CHILD PROTECTION ISSUES) should immediately inform the named persons.

NAMED PERSONS: Alison Bateman , (Head) ,Rachel Whitham (Deputy) Michelle Khambhaita (Assistant Head), Kara Vernon (Assistant Head), Kate Dawson (SENCo)

Allegations of child abuse must always be given the highest priority and referred immediately to the Headteacher.

2. The named person will then decide on an appropriate course of action (based on Bradford Education's Child Protection guidelines and the Area Child Protection Committee).
3. All safeguarding concerns, discussions, information and decisions will be recorded on CPOMs and shared with the relevant members of staff.
4. Information for parents/carers will be published in the School prospectus and on the school website.

Allegations against school staff

Teachers must protect themselves especially when meeting on a one to one basis with students and staff. They should note that even perfectly innocent actions can sometimes be misconstrued

Teachers who hear an allegation of abuse against another member of staff should report the matter immediately to the **HEADTEACHER** so that procedures can be followed in accordance with DfES circular DfES/2044/2005

If the allegation is against the Headteacher it should be taken to the Chair of Governors.

Where an allegation is made against a member of staff, the Headteacher will decide how the matter will be investigated. If necessary a member of staff may be suspended to allow an investigation to take place. In such instances Education Bradford's Procedures set out in the Human resources Handbook will be followed.

Dealing with disclosures of Abuse

If a child chooses to tell a member of staff about possible abuse, there are a number of things that should be done to support the child:

- ❖ Stay calm and be available to listen
- ❖ Listen with the utmost care to what the child is saying
- ❖ Question normally without pressurising, **do not ask leading questions**
- ❖ Don't put words into the child's mouth but note the main points carefully
- ❖ Keep a full record – date, time, what the child did, said, etc. using Disclosure Forms to be given to Named Staff

- ❖ Reassure the child and let them know they were right to inform us
- ❖ Inform the child that this information will now have to be passed on
- ❖ Never promise to keep the information a secret
- ❖ Immediately inform the DSL or their assistant
- ❖ Avoid asking the child to repeat their disclosure to different members of staff

A decision will then be made about the information that has been reported. If the child is at risk then an immediate referral to Child Protection will be made.

Monitoring and Record Keeping

Records will be kept where there are concerns about the welfare of a child. These records will be kept in secure, confidential files and/or on CPOMS, which are separate from the child's school records. The files will be labelled 'Child protection/Vulnerable Child' Regulations published in 1989 do not authorise or require the disclosure to parents of any written information relating to Child Protection. Although the preferred practice is for parents to be informed of and agree to any referral being made (unless it would cause more harm to the child)

Staff must keep the Headteacher informed of:

- Poor attendance and punctuality
- Concerns about appearance and dress
- Changed or unusual behaviour
- Concerns about health and emotional well being
- Deterioration in educational progress
- Discussions with parents about concerns relating to their child
- Concerns about home conditions or situations
- Concerns about pupil on pupil abuse (including serious bullying)

When there is suspicion of significant harm to a child a referral will be made (using the common referral form – see Appendix 5) to the social services providing as much information as possible about the nature of the suspicions, the child and the family. Use of previous records (if available) may prove to be particularly useful in this respect.

Reports may be needed for Child Protection Case conferences or the criminal/civil courts. Consequently records and reports should be:

- ❖ Factual (no opinions)
- ❖ Non-judgemental (no assumptions)
- ❖ Clear
- ❖ Accurate
- ❖ Relevant

Appendix Two

Types of Child Abuse and Their Symptoms

Definition of abuse: A form of maltreatment of a child. Someone may abuse or neglect a child by afflicting harm, or failing to act to prevent harm. Children may be abused in a family or an institution or community setting by those known to them or, more rarely, by a stranger (eg via the internet) They may be abused by an adult or adults, or another child or children.

Child abuse can be categorised into four distinct types. i.e.

1. **Physical Abuse:**
2. **Sexual Abuse:**
3. **Emotional Abuse:**
4. **Physical Neglect:**
5. **Grave Concern/at risk** – this is not a distinct category but is dealt with separately. A child can be at risk from any combination of the four categories.

These different types of abuse require different approaches. A child suffering from physical abuse may be in immediate and serious danger. Action should, therefore be taken immediately. With other forms of abuse there is a need to ensure that adequate information is gathered. There is also a need to make sure that grounds for suspicion have been adequately investigated and recorded.

The need to collate information must be balanced against the need for urgent action. If there are reasonable grounds for suspicion then a decision to monitor the situation should only be taken after consultation. A situation that should cause particular concern is that of a child who fails to thrive without any obvious reason. In such a situation a medical investigation will be required to consider the causes. Each of the five categories will now be explored in more detail.

Physical Abuse:

This involves physical injury to a child, including deliberate poisoning, where there is definite knowledge or a reasonable suspicion, that the injury was inflicted or knowingly not prevented.

Typical signs of Physical Abuse are:

- **Bruises and abrasions** – especially about the face, head, genitals or other parts of the body where they would not be expected to occur given the age of the child. Some types of bruising are particularly characteristic of non-accidental injury especially when the child's explanation does not match the nature of injury or when it appears frequently.
- **Slap marks** – these may be visible on cheeks or buttocks.
- **Twin bruises on either side of the mouth or cheeks** – can be caused by pinching or grabbing, sometimes to make a child eat or to stop a child from speaking.

- **Bruising on both sides of the ear** – this is often caused by grabbing a child that is attempting to run away. It is very painful to be held by the ear, as well as humiliating and this is a common injury.
- **Grip marks on arms or trunk** – gripping bruises on arm or trunk can be associated with shaking a child. Shaking can cause one of the most serious injuries to a child; i.e. a brain haemorrhages as the brain hits the inside of the skull, X-rays and other tests are required to fully diagnose the effects of shaking. Grip marks can also be indicative of sexual abuse.
- **Black eyes** – are mostly commonly caused by an object such as a fist coming into contact with the eye socket. NB. A heavy bang on the nose, however, can cause bruising to spread around the eye but a doctor will be able to tell if this has occurred.
- **Damage to the mouth** – e.g. bruised/cut lips or torn skin where the upper lip joins the mouth
- **Fractures**
- **Poisoning or other misuse of drugs** – e.g. overuse of sedatives.
- **Burns and/or scalds** – a round red burn on tender, non protruding parts like the mouth, inside arms and on the genitals will almost certainly have been deliberately inflicted. Any burns that appear to be cigarette burns should be cause for concern. Some types of scalds are known as ‘dipping scalds’ are always cause for concern. An experienced person will notice skin splashes caused when a child accidentally knocks over a hot cup of tea. In contrast a child who has been deliberately ‘dipped’ in a hot bath will not have splash marks.

Sexual Abuse:

The involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate the social taboos of family roles. Typical signs of Sexual Abuse are:

- **A detailed sexual knowledge inappropriate** to the age of the child.
- **Behaviour that is excessively affectionate or sexual** towards other children or adults.
- **Attempts to inform** by making a disclosure about the sexual abuse often being by the initial sharing of limited information with an adult. It is also very characteristic of such children that they have an excessive pre-occupation with secrecy and try to bind the adults to secrecy or confidentiality.
- **A fear of medical examinations**
- **A fear of being alone** – this applies to friends/family/neighbours/baby-suffers,etc.
- **A sudden loss of appetite, compulsive eating, anorexia nervosa or bulimia nervosa.**
- **Excessive masturbation is especially worrying** when it takes place in public.
- **Promiscuity**
- **Sexual approaches or assaults** – on other children or adults.
- **Urinary tract infections (UTI), sexually transmitted disease (STD)** are all cause for immediate concern in young children, or in adolescents if his/her partner cannot be identified.

- **Bruising** to the buttocks, lower abdomen, thighs and genital/rectal areas. Bruises may be confined to grip marks where a child has been held so that sexual abuse can take place.
- **Discomfort or pain** particularly in the genital or anal areas.
- The drawing of **pornographic or sexually explicit images**.

Emotional Abuse:

The severe adverse effect on the behaviour and emotional development of a child caused by persistent or severe emotional ill treatment or rejection. All abuse involves some emotional ill treatment – this category should be used where it is the main or sole form of abuse.

Physical Neglect:

The persistent or severe neglect of a child (for example, by exposure to any kind of danger, including cold and starvation) which results in serious impairment of the child's health or development, including non-organic failure to thrive. Persistent stomach aches, feeling unwell, and apparent anorexia can be associated with Physical neglect. However, typical signs of Physical Neglect are:

- **Underweight** – a child may be frequently hungry or pre-occupied with food or in the habit of stealing food or with the intention of procuring food. There is particular cause for concern where a persistently underweight child gains weight when away from home, for example, when in hospital or on a school trip. Some children also lose weight or fail to gain weight during school holidays when school lunches are not available and this is a cause for concern.
- **Inadequately clad** – a distinction needs to be made between situations where children are inadequately clad, dirty or smelly because they come from homes where neatness and cleanliness are unimportant and those where the lack of care is preventing the child from thriving.

Physical Neglect is a difficult category because it involves the making of a judgement about the seriousness of the degree of neglect. Much parenting falls short of the ideal but it may be appropriate to invoke child protection procedure in the case of neglect where the child's development is being adversely affected.

Grave Concern/at risk:

This is not a separate category of child abuse as such but covers a number of situations where a child may be at risk. Children whose situations do not currently fit the above categories but where social and medical assessments indicate that they are at significant risk of abuse. Grave concern may be felt where a child shows symptoms of stress and distress (see below) and any of the following circumstances apply:

- There is a known child abuser in the family;
- Another child in the family is known to have been abused;
- The parents are involved with pornographic material to an unusual degree;
- There is an adult in the family with a history of violent behaviour;
- The child is exposed to potential risk or exploitation via the internet e.g. pornographic material or chat rooms.

The Symptoms of Stress and Distress:

When a child is suffering from any one or more of the previous four 'categories of abuse', or if the child is 'at risk' he/she will nearly always suffer from/display signs of stress and distress. An abused child is likely to show signs of stress and distress as listed below:

- A lack of concentration and a fall-off in school performance
- Aggressive or hostile behaviour;
- Moodiness, depression, irritability, listlessness, fearfulness, tiredness, temper tantrums, short concentration span, acting withdrawn or crying at minor occurrences
- Difficulties in relationships with peers;
- Regression to more immature forms of behaviour e.g. thumb sucking;
- Self harming or suicidal behaviour
- Low self esteem;
- Wariness, insecurity, running away or truancy – children who persistently run away from home may be escaping from sexual physical abuse;
- Disturbed sleep;
- General personality changes such as unacceptable behaviour or severe attention seeking behaviour;
- A sudden change in school performance.

Parental Signs of Child Abuse:

Particular forms of parental behaviour that could raise reinforce concerns are;

- Implausible explanations of injuries;
- Unwillingness to seek appropriate medical treatment for injuries
- Injured child kept away from school until injuries have healed without adequate reason;
- A high level of expressed hostility to the child;
- Grossly unrealistic assumptions about child development;
- General dislike of child-like behaviour;
- Inappropriate labelling of child's behaviour as bad or naughty;
- Leaving children unsupervised when they are too young to be left unattended.

Appendix Three

Useful contacts in the Loval authority

Children's Social Care Initial Contact Point / Early Help – 01274 437500

Early Help Gateway on 01274 432121 earlyhelpgateway@bradford.gcsx.gov.uk.

Early Help Team at Families First : 01274 432996
or by email at admin.familiesfirst-FIP@bradford.gcsx.gov.uk

Children's Safeguarding and Reviewing Unit Consultation Service – Tel. 01274 434343

Emergency Duty Team (out of hours) – 01274 431010

Education Social Work Service – 01274 385761

Lead Officer Child Protection - 01274 385726

Keighley Social Services – 01535 618123

Police – Javelin House, Child Protection Unit – 01274 376061

Michael Churley, Prevent Coordinator - T: 01274 432816
E: michael.churley@bradford.gov.uk

Andy Rose – Channel Co-ordinator, West Yorkshire Police tel 07525 989331

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E: andrew.rose@westyorkshire.pnn.police.uk

Appendix Four

The Role of the Designated Teacher

- To ensure that all staff know the DSL or the assistant DSL is responsible for Child Protection issues.
- To refer promptly all cases of suspected child abuse to the local social services department or the police child protection team (CIAIT). If a parent arrives to collect the child before the social worker has arrived then it must be remembered that we have no right to prevent the removal of the child. However, if there are clear signs of physical risk or threat, the Police should be called.
- To maintain and update as necessary the Child Protection Monitoring List.
- To organise regular training on Child Protection within the School.
- To ensure that all staff know about and have access to ACPC guidelines.
- To ensure Education Bradford's telephone procedures are followed.
- To co-ordinate action where child abuse is suspected.
- To facilitate and support the development of a whole school policy on Child Protection.
- To attend case conferences or nominate an appropriate member of staff to attend on her behalf.
- Maintain records of case conferences and other sensitive information in a secure confidential file and to disseminate information about the child only on a "need to know basis".
- To pass on records and inform the key worker when a child who is on the Child Protection register leaves the school. The custodian of the register must also be informed.
- To raise staff awareness and confidence on child protection procedures and to ensure new staff are aware of these procedures.
- To keep up to date with current practice by participating in training opportunities wherever possible.

Appendix 5

COMMON REFERRAL FORM BRADFORD CHILDREN'S SOCIAL CARE

To make a referral to Children's Social Care in Bradford, you need to call 01274 437500.

This form will help you to collect the information that is needed to process your referral. All referrals to Children's Social Care need to be followed up with this form within 48 hours of the call. Please complete all sections as far as possible with any knowledge that you have.

1. Child Information

Surname	Forename	Any other names used
DOB (DD/MM/YY)	Gender	Ethnicity
Is English their first language? Child y/n Parent y/n	If no specify preferred language	
Present School	Preschool	Children's Centre

Present address	Previous address (if from outside Bradford, or at present address less than 1 year)
Home telephone: Mobile telephone:	

2. Details of request (please attach findings from your CAF)

Please detail why you are requesting a service, clearly specifying areas of concern, and the evidence you have to support this.

e.g. parenting capacity, child's behaviour, environment

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3. Referrers details

Name	Agency
Address	
Email address	Contact number
Signature	Date of referral
Please confirm the referral has been discussed with your child Protection Lead Officer or line manager Yes / No	Please give their name and title.

4. Additional Information about the child or young person

Household members	Relationship to child	DOB	School/preschool	Does this person hold parental responsibility?
Other significant adults	Relationship to child	DOB	Address	Does this person hold parental responsibility?

GP Name:	GP address:
Health Visitor name (if child 0-5):	Health Visitor address:

Does the child have a disability? Y / N	If yes, please provide details:
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Are you aware of any previous social care involvement? No/Yes (if yes, note contact below)

Practitioner name	Job Title	Phone number/contact details
Was this in Bradford? Yes / No	If no, where was it?	

Please note the details of any workers that you know are currently involved with the family

Practitioner name	Job Title	Agency	Telephone/contact details
		Social Care	
		Education	
		Youth Offending Service	
		Probation	
		Police	
		Voluntary Sector	
		Health Professional	

5. Consent

Have you informed the parent/carer and/or young person that you are making this referral? Yes/No

Do you have consent for this referral? Yes / No

If no, please tell us why not - information on this can be found via this hyperlink [http://www.bradford.gov.uk/bmdc/health_well-being_and_care/child_care/Integrated Working/Information+Sharing+Guidance+-+Bradford+Practitioners+Toolkit.htm](http://www.bradford.gov.uk/bmdc/health_well-being_and_care/child_care/Integrated_Working/Information+Sharing+Guidance+-+Bradford+Practitioners+Toolkit.htm)

If consent has been given please say who it was from (i.e. Parent/carer or young person) and whether this was:

Verbal consent? Yes/No

Written consent? Yes/No

6. Have you initiated or completed a CAF?

If yes please submit CAF with this form	If no:
CAF number:	Please identify reasons why not undertaken

Name and contact details of Lead Professional:	
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If you have additional information to further support the referral, please provide on an additional sheet.

Agreed Actions From This Referral:

Disclosure Form For Named Staff

Staff Name:

Date:

DO:

- Allow the pace of the conversation to be dictated by the pupil
- Ask neutral questions which encourage the pupil to talk, such as “can you tell me what happened?”
- Acknowledge how hard it was for them to tell you
- Reassure the pupil they have done the right thing
- Explain who you have to tell, (relevant agencies) and why

Don't:

- Interrogate or pressure the pupil to provide information
- Ask any questions that start with the words, how, what, where and why
- Undress the child or examine clothed part of the child's body
- Criticise the alleged perpetrator
- Promise confidentiality or make promised you cannot keep, such as “it will be alright now”
- Express distaste or shock

Pupil Name:

DOB:

Parent/Carer:

Address:

If the pupil has named or described the **alleged perpetrator**, note the details here:

Disclosure: Record of conversation:

Record what was said by the pupil and by you

Use the exact words and phrases used by the pupil

Clearly distinguish between fact, observation, allegation and opinion

Note the non-verbal behavior and the key words in the language used by the pupil

Did the pupil name witnesses? – If so, name them here