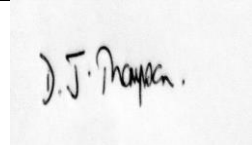


## Child Protection Policy

### Child Protection Policy

<b>Policy revised</b>	September 2017
<b>Date of Next Statutory Review</b>	July 2017
<b>Agreed by Governors</b>	20th September
<b>Signed:</b>	

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## Policy Statement

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children.

We make every effort to provide a safe and welcoming environment, underpinned by a culture of openness, where both children and adults feel secure, able to talk and believe that they are being listened to.

The purpose of this policy is to provide staff, volunteers and governors with the framework they need in order to keep children safe and secure in our school and to inform parents and guardians how we will safeguard their children whilst they are in our care.

Specific guidance is available to staff within the procedure documents.

## Definitions Within this Document:

- **Child Protection** is an aspect of safeguarding, but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm
- The term **Staff** applies to all those working for or on behalf of the school, full time or part time, in either a paid or voluntary capacity. This also includes parents and governors
- **Child** refers to all young people who have not yet reached their 18 birthday. On the whole, this will apply to pupils of our school, however, the policy will extend to visiting children and students from other establishments
- **Parent** refers to birth parents and other adults in a parenting role for example adoptive parents, step parents, guardians and foster carers
- **Abuse** could mean neglect, physical, emotional or sexual abuse or any combination of these. Parents, carers and other people can harm children either by direct acts and / or failure to provide proper care. Explanations of these are given within the procedure document
- **BSCB** Bradford Children's Safeguarding Board
- **Early Help** refers to help that is offered to support a family in need of support either in school or through wider agencies such as: Children's Centres, Health Visitors, Barnados.

## Legal Context

This policy has been developed in accordance with the principles established by the Children's Acts of 1989 and 2004, the Education Act 2002, and in line with the government publications 'Working Together to Safeguard Children 2015' and 'Keeping Children Safe in Education 2016', and Bradford Children's Safeguarding Board, '*Multi Agency Threshold Advice*'.

## Aims of the Policy

- To provide staff with the framework to promote and safeguard the wellbeing of children and, in so doing, ensure they meet their statutory responsibilities
- To ensure consistent good practice across the school
- To demonstrate our commitment to protecting children.

## The Role of Staff

All staff have a key role to play in identifying concerns early and in providing help for children. To achieve this they will:

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to
- Ensure children know that there are adults in the school whom they can approach if they are worried about any problems
- Plan opportunities within the curriculum for children to develop the skills they need to assess and manage risk appropriately and keep themselves safe
- Attend training in order to be aware of and alert to the signs of abuse
- Maintain an attitude of “it could happen here” with regards to safeguarding
- Record their concerns if they are worried that a child is being abused and report these to the relevant person as soon as practical that day
- If the disclosure is an allegation against a member of staff they will follow the allegations’ procedures (Appendix 4)
- Follow the procedures set out by the school and BSCB and take account of guidance issued by the DfE
- Support pupils in line with their child protection plan and provide information which contributes to their plans
- Treat information with confidentiality but never promising to “keep a secret”
- Notify DSL of any child on a child protection plan who has unexplained absence
- In the context of early help, staff will notify colleagues and/or parents of any concerns about their child(ren) and provide them with, or signpost them to, opportunities to change the situation
- Liaise with other agencies that support pupils and provide early help
- Ensure they know who the designated safeguarding lead (DSL) and deputy DSLs are and know how to contact them.

## **The Role of the Designated Safeguarding Lead (and Deputy DSLs)**

**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)

The Headteacher and Designated Safeguarding Lead will follow the procedures set out by the Bradford Local Safeguarding Children Board and take account of statutory responsibilities issued by the Department for Education to ensure that:

- All staff, volunteers, governors and visitors to school understand that ‘Safeguarding Children is Everyone’s Responsibility’
- Staff and volunteers receive induction and ongoing training to understand different types of abuse, signs/indicators of abuse (actual and possible) and their responsibility for referring any concerns to the designated safeguarding lead responsible for child protection or other named safeguarding persons (and know who these people are)
- The Safeguarding Policy (statutory and non-statutory) is implemented and adhered to and its impact monitored and evaluated on an ongoing basis and at least annually reviewed (with the Governing Body)
- An environment is established and maintained where children feel secure, are encouraged to talk, and are listened to
- Children know what to do if they are worried about anything (who they can talk to)
- The curriculum provides opportunities for children to develop the skills they need to be safe
- There is a nominated governor responsible for child protection and safeguarding and that the governing body are kept fully informed in how well school is meeting its duty to safeguard children, staff and families
- All staff (including temporary, supply staff and volunteers) and governing body members know the name of the designated safeguarding lead and other named persons responsible for child protection and their role. This is done through induction and regular training
- All new staff and governors read and understand this policy and relevant sections of ‘Keeping Children Safe in Education’ – Part 1, Annex A – for staff (DfE 2016)
- Parents/ guardians are aware that school’s safeguarding policies are available publicly on the school website and whom to contact if they have any concerns
- Absence/ attendance is monitored closely with swift actions taken to investigate unexplained absences and notify the local authority (children’s social care) if the child/children are on the child protection or child in need register

- Effective links with relevant agencies are maintained to promote safeguarding and co-operate as required with enquiries regarding child protection matters including attendance at meetings (case conferences, core group, early help, etc)
- Written records of all concerns about children are stored safely, coherently and chronologically, even where there is no need to refer the matter (these are kept electronically on CPOMs)
- Information/ records relating to vulnerable / at risk children is communicated and transferred to the new school immediately and that the child's social worker is informed;
- Child protection records are kept secure and separate from the main pupil file, and in locked locations (filing cabinet in Head teacher office and CPOMs – online monitoring)
- Procedures are developed and followed where an allegation is made against a member of staff or volunteer
- Safer recruitment practices are always followed
- Responsibility is taken for evaluating and reporting to the Governing Body, Local Authority and other agencies on safeguarding and child protection;
- They undertake regular training and are pro-active in ensuring that their knowledge and understanding of local and national risks, statutory policy and safer working practices is current.

### **The Role of the Safeguarding Governor and Governing Body**

The Designated Governors for Child Protection at this school are **John Cope and David Thompson** (Chair) and **Sarah Scott** (Staff).

#### **Governors will ensure that:**

- Safeguarding and Child Protection Policy and procedures are in place, adhered to and are available to parents (through the school website or paper copies)
- All governors and staff have read and signed that they have understood Parts 1 and 2 of The Management of Safeguarding (of **Keeping Safe in Education** (Sept 2016))
- A senior member of staff is designated to take overall responsibility for child protection and safeguarding issues (Designated Safeguarding Lead)
- Appropriate training is undertaken by the designated person (refreshed annually) and all staff receive training and updates regularly (at least annually) and that temporary staff or volunteers are made aware of the school's arrangements, roles and responsibilities
- In the event of an allegation being made against the Headteacher, there is a nominated member of the Governing Body (David Thompson – Chair) responsible for liaising with the local authority designated officer and/or other partner agencies;
- Policies and procedures are reviewed annually and information is provided to the local authority about how their duties have been discharged;
- Safer Recruitment practices are followed and evidenced, including checking of The Single Central Record and related personnel files;
- Leaders provide regular reports to governors on aspects of safeguarding: Child Protection, health and safety, behaviour, the curriculum and attendance.

## **Recruitment, Induction and Conduct of Staff**

### **Safer Recruitment**

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

Please refer to school's Safer Recruitment Policy for detail.

### **Induction**

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.

### **Code of Conduct**

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 intervention
- 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
- use of social media and the internet
- meeting pupils outside school hours or school duties.

### **Volunteers / Parent 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. Longer term volunteers are subject to vetting and induction procedures such as face to face initial meetings, character reference, identity and disqualification from childcare checks.

For volunteers who have extended contact with children, full DBS (Disclosure & Barring Service) clearance will be required. Volunteers without a DBS check must be accompanied and work under the direct supervision of staff.

All visitors will receive a copy of school's Safeguarding Children leaflet so that they are aware of school policy regarding what to do if they are concerned and whom to speak with.

## Dealing with Concerns

If any member of staff has reasonable suspicion that a child is suffering harm, and fails to act in accordance with this policy (see Appendix 2) 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.**

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 immediately 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](http://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](mailto: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?



## **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 also includes policy and procedure relating to:

- Pupils' health & safety (including medical)
- Attendance
- The use of reasonable force
- Meeting the needs of pupils with medical conditions
- First aid
- Educational visits
- Risk assessments
- Intimate care
- Online safety
- Site safety and security

Safeguarding can involve a range of potential issues, such as:

- Peer on peer abuse, including bullying, 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 / Reasonable Force
- 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

### **The Safety Curriculum**

- Teachers plan opportunities for the Social, Moral, Spiritual and Cultural Development of children (SMSC) through activities and focus days/ weeks, such as Anti –Bullying Fortnight, Fit week, Online Safety Week.
- Daily collective worship allows pupils to understand and learn how to keep safe and reflect on their own and others’ actions
- 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, DT and Science
- Throughout the school years children hear and take part in workshops on themes such as Child Sexual Exploitation (Y5/6), Speaking up against abuse, Online Safety and Fire Safety
- Visiting speakers, with correct clearance, are welcomed to school to impart specialist knowledge and guidance to the children
- Although appropriate filtering and monitoring systems are in place in school, children are taught how to keep safe online.

### **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

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.

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

## **Whistleblowing**

If members of staff ever have any concerns about people working in school, paid or unpaid, they have a professional duty to inform the Head teacher or Designated Safeguarding Lead 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. In addition, if staff have any concerns about the effectiveness of Safeguarding and Child Protection **in school the NSPCC whistleblowing helpline (0800 028 0285) can be contacted.**

## **Monitoring and Evaluation**

Child Protection and Safeguarding will be monitored and evaluated through:

- Pupil voice
- Parent voice
- SLT 'drop ins' and discussions with children and staff
- Scrutiny of attendance data
- Scrutiny of risk assessments
- Governing body meetings (Full and Safeguarding Team)
- Safeguarding Team Meetings
- Reviewing records of bullying/racist/serious behaviour incidents
- Monitoring of vulnerable children and 'open' Child Protection Cases in School – including linking academic progress and attendance.

Date: September 2017

## **APPENDIX 1**

## **Keighley St. Andrew's CoE Primary and Nursery School Child Protection Procedures Overview**

The following procedures apply to all staff working in the school and will be covered by training to enable staff to understand their role and responsibility. The aim of our procedures is to provide a robust framework which enables staff to take appropriate action when they are worried a child is being abused or at risk of significant harm.

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

### **If a member of staff suspects abuse or they have a disclosure of abuse made to them they must:**

1. Make an initial record of the information (using school concern forms – if not practicable, these initial written notes must be kept and transferred to school forms/recording systems as soon as possible)
2. Report it to the DSL / headteacher / other trained safeguarding persons immediately
3. The DSL or headteacher will consider if there is a requirement for immediate medical intervention. However urgent medical attention should not be delayed if the DSL , Headteacher or other named persons for safeguarding are not immediately available (see point 8 below)
4. Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:
  - Dates and times of their observations
  - Dates and times of any discussions they were involved in.
  - Any injuries
  - Explanations given by the child / adult
  - What action was taken
  - Any actual words or phrases used by the child

The records must be signed and dated by the author or entered on CPOMs directly by the initial referrer using the above details.

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

1. Decide whether or not there are sufficient grounds for suspecting significant harm/ abuse. In which case, a referral must be made to Children's Social Care. They will use Multi Agency Threshold Guidance for Bradford District (Bradford Children's Safeguarding Board - December 2016), to support them in decide whether they should make a referral for either:
  - a) An early help assessment or
  - b) A Children's Social Care for assessment

2. Normally the school should try to discuss any concerns about a child's welfare with the family and, where possible, to seek their agreement before making a referral to either the Early Help Gateway or Children's Social Care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact on a police investigation. The child's views should also be taken into account.
3. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm they must contact Children's Social Care Initial Contact Point on 01274 437500 and make a clear statement of:
  - the known facts
  - any suspicions or allegations
  - whether or not there has been any contact with the child's family

If the DSL feels unsure about whether a referral is necessary, they can phone the Early Help Gateway (initial contact point) to discuss concerns and receive further advice.

4. If there is not a risk of significant harm, then the DSL and Safeguarding team will either actively monitor the situation or consider the early help process.
5. The DSL must confirm/ follow up any telephone referrals using the Common Referral Form (Appendix 7) using secure email, within 48 hours, to :  
[childrens.enquiries@bradford.gcsx.gov.uk](mailto:childrens.enquiries@bradford.gcsx.gov.uk) If the sender does not have secure email advice on how to send the form can be obtained on 01274 432121 (Early Help Gateway).
6. If a child is in immediate danger and urgent protective action is required, the police should be called. The DSL should also notify children's social care of the occurrence and what action has been taken.
7. Where there are doubts or reservations about involving the child's family, the DSL should clarify with children's social care or the police whether, the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation.
8. When a pupil is in need of urgent medical attention and there is suspicion of abuse, the DSL or headteacher should take the child to the accident and emergency unit at the nearest hospital, having first notified Children's Social Care. The DSL should seek advice about what action Children's Social Care will take and about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.

## **Appendix 2**

Keighley St. Andrew's CE Primary

Pupil Concern Form

Please complete this form if you have any concerns about a pupil relating to risk of or actual harm / abuse. Pass on in person as soon as possible to any of the following: Rachel Whitham, Alison Bateman, Kate Dawson, Michelle Khambhaita, or Kara Vernon (do not wait until the end of the day), or leave on a desk). If none of the above are available, pass to Liz Cockcroft in the school office.

Pupil name		Class:
Day/date		DoB:
Member (s) of staff/ person noting concern		

Concern: (please describe as fully as possible – using child's own words –preferably). Attach any notes to this piece of paper. Include the time of the initial concern / conversation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_

Actions Taken			
Date	Person taking action	Action	Signed

Feedback Given..... Person Giving Feedback.....

If this is the last form see office/ safeguarding leads. Form also in T: Safeguarding: Concern form 17

Appendix 3

## Dealing With Disclosures

### All staff should:

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

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

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

### Guiding principles, the seven R's

#### Receive

- Listen to what is being said, without displaying shock or disbelief
- Accept what is said and take it seriously
- Make a note of what has been said as soon as practicable

#### Reassure

- Reassure the pupil, but only so far as is honest and reliable
- Don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential'
- Do reassure e.g. you could say: 'I believe you', 'I am glad you came to me', 'I am sorry this has happened', 'We are going to do something together to get help'

#### Respond

- Respond to the pupil only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details
- Do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court
- Do not criticise the alleged perpetrator; the pupil may care about him/her, and reconciliation may be possible
- Do not ask the pupil to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the pupil that it will be a senior member of staff

#### Report

- Share concerns with the designated safeguarding lead as soon as possible
- If you are not able to contact your designated safeguarding lead, and the child is at risk of immediate harm, contact the children's services department directly

- If you are dissatisfied with the level of response you receive following your concerns, you should press for re-consideration

### **Record**

- If possible make some very brief notes at the time, and write them up as soon as possible
- Keep your original notes on file
- Record the date, time, place, persons present and noticeable nonverbal behaviour,
- and the words used by the child. If the child uses sexual 'pet' words, record the
- actual words used, rather than translating them into 'proper' words
- Complete a body map to indicate the position of any noticeable bruising
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'

### **Remember**

- Support the child: listen, reassure, and be available
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues
- Try to get some support for yourself if you need it

### **Review (led by DSL)**

- Has the action taken provided good outcomes for the child?
- Did the procedure work?
- Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
- Is further training required?

### **What happens next?**

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

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

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

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



## **Appendix 4**

### **Allegations against School Staff**

#### **Procedure**

This procedure should be used in all cases in which it is alleged a member of staff or volunteer in a school has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children

In dealing with allegations or concerns against an adult in the school, staff must:

- Report any concerns about the conduct of any member of staff or volunteer to the Headteacher or the DSL as soon as possible
- If an allegation is made against the Headteacher, the concerns need to be raised with the LADO or nominated governor as soon as possible
- Once an allegation has been received by the Headteacher or Chair of Governors they will contact the Local Authority Designated Officer Suzanne Ellis on 01274 437043 / or Duty Safeguarding Coordinator/LADO (01274 435600) as soon as possible and before carrying out any investigation into the allegation other than preliminary enquiries.
- Inform the parents of the allegation unless there is a good reason not to
- In liaison with the LADO, the school will determine how to proceed and if necessary the LADO will refer the matter to children's social care and/or the police.
- If the matter is investigated internally, the LADO will advise the school to seek guidance from their personnel/HR provider in following procedures set out in 'keeping children safe in education' (2016) and the BCSB procedures.

**LADO: Suzanne Ellis**

**Tel: 01274 437043**

**Email: [suzanne.ellis@bradford.gov.uk](mailto:suzanne.ellis@bradford.gov.uk)  
[suzanne.ellis@bradford.gcsx.gov.uk](mailto:suzanne.ellis@bradford.gcsx.gov.uk)**

## Appendix 5

### Briefing Sheet for Supply Staff and Longer Term Visitors

For supply staff and those on short contracts in Keighley St. Andrew's C of E Primary school. Please read in conjunction with our 'Safeguarding Leaflet' for volunteers and visitors.

While working in Keighley St Andrew's , you have a duty of care towards the children here. This means that at all times you should act in a way that is consistent with their safety and welfare. In addition, if at any time you have a concern about a child or young person, particularly if you think they may be at risk of abuse or neglect, it is your responsibility to share that concern with the school designated safeguarding lead (DSL), who is Rachel Whitham.

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

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

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

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

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

The school has a child protection policy which you can find, together with the local procedures to be followed by all staff, on the school IT network and or website.

**Remember, if you have a concern, discuss it with the DSL.**

## **Appendix 6**

### **What is child abuse?**

The following definitions are taken from *Working together to safeguard children* HM Government (2015). In addition to these definitions, it should be understood that children can also be abused by honour based violence, forced marriage or female genital mutilation

#### **What is abuse and neglect?**

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

#### **Physical abuse**

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

#### **Emotional abuse**

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

#### **Sexual abuse**

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

## **Neglect**

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

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

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

## **Indicators of abuse**

### **Neglect**

#### **The nature of neglect**

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

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

Neglect can include parents or carers failing to:

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

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

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

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

Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (what to do if your worried a child is being abused 2015) would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

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

### **Indicators of neglect**

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

### **Physical indicators of neglect**

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

### **Behavioural indicators of neglect**

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

### **Emotional abuse**

#### **The nature of emotional abuse**

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

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

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

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

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

It is sometimes possible to spot emotionally abusive behavior from parents and carers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate

challenge or intervention could affect positive change and prevent more intensive work being carried out later on.

## **Indicators of emotional abuse**

### **Developmental issues**

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

### **Behaviour**

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

### **Social issues**

- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships
- Emotional responses
- Extreme fear of new situations
- Inappropriate emotional responses to painful situations (“I deserve this”)
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful with adults
- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression

## Physical abuse

### The nature of physical abuse

Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries.

But accidental injuries normally occur on the *bony prominences* – e.g., shins. Injuries on the soft areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.

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

### Indicators of physical abuse / factors that should increase concern

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

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

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

You should be concerned if the child or young person:

- is reluctant to have parents/carers contacted
- runs away or shows fear of going home
- is aggressive towards themselves or others
- flinches when approached or touched
- is reluctant to undress to change clothing for sport
- wears long sleeves during hot weather

- is unnaturally compliant in the presence of parents/carers.
- has a fear of medical help or attention
- admits to a punishment that appears excessive.

## **Sexual abuse**

### **The nature of sexual abuse**

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

Characteristics of child sexual abuse:

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

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

### **Indicators of sexual abuse**

#### **Physical observations**

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

#### **Behavioural observations**

- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Inexplicable decline in school performance
- Depression or other sudden apparent changes in personality as becoming insecure or clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly-compliant behaviour
- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults
- Regressive behaviour, Onset of wetting, by day or night; nightmares
- Onset of insecure, clinging behaviour
- Arriving early at school, leaving late, running away from home
- Suicide attempts, self-mutilation, self-disgust
- Suddenly drawing sexually explicit pictures




- Eating disorders or sudden loss of appetite or compulsive eating
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Become worried about clothing being removed
- Trying to be 'ultra-good' or perfect; overreacting to criticism.

**Parental Indicators 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 7

<p><b>Children's Services</b></p> <p><b>Common Referral Form</b></p>	
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- **Requests for Children's Centre support** – completed form goes to relevant (click to go to postcode checker) [Children's Centre](#)
- **Requests for (click to go to postcode checker) [Early Help](#) support** – completed form goes to: [earlyhelp@bradford.gov.uk](mailto:earlyhelp@bradford.gov.uk) (Council internal) [earlyhelpgateway@bradford.gcsx.gov.uk](mailto:earlyhelpgateway@bradford.gcsx.gov.uk) (external) **or If you have a Bradford Schools Online account please return your completed form(s) using the PostBox.** Ensure you select the "TEH - Request for support" folder from the list of folders on the left before clicking the Upload File button.
- **Requests for Social Work assessment** – completed form goes to: CYP-CICP Team Duty email (Council internal) [childrens.enquiries@bradford.gcsx.gov.uk](mailto:childrens.enquiries@bradford.gcsx.gov.uk) (external)

**Please note: emails to the GCSX addresses can only be accepted if you are sending from a GCSX email.**

Threshold guidance is available at [link](#).

**I am making a request for (please tick):**

• <b>Children's Centre support</b>	
• <b>Early Help support</b>	
• <b>A social work assessment – concerns about a child's immediate safety and well-being</b>	

**Please ensure all sections are fully completed, if information is not known please indicate rather than leave blank**

**Please ensure you have parents' / Carers' consent to this referral. We will only accept referrals for Early Help with parents' consent.**

If you **do not have consent** because of concerns about a child's safety, please tell us why not - information on this found via this hyperlink [http://www.bradford.gov.uk/bmdc/health\\_well-nd\\_care/child\\_care/Integrated\\_Working/Information+Sharing+Guidance+-+Bradford+Practitioners+Toolkit.htm](http://www.bradford.gov.uk/bmdc/health_well-nd_care/child_care/Integrated_Working/Information+Sharing+Guidance+-+Bradford+Practitioners+Toolkit.htm)

#### AGREEMENT & CONSENT

If you would welcome support with your family then we need your agreement for agencies to co-ordinate any support you may be receiving from other agencies through sharing information with them. This could include the following agencies: Children's Specialist Services, Schools, Police, National Probation Service, Community Rehabilitation Company, Youth Offending Team, Department of Work and Pensions (including contracted work programme providers), Incommunities, Families First Commissioned Services and your GP, Health Visitors, School Nurse, Children's Centre and Stronger Families.

Information sharing will only be done to improve the way you receive services and will be in accordance with the Data Protection Act. For example this might be information collected during assessments or the provision of a service. This information may include details about you/your children's health, education, welfare and development, home or family circumstances.

You are asked to consent (to give permission for) personal information about you and your children being shared between the referring agency, Bradford Council and other agencies where it is appropriate to do so.

Some information may also be used for monitoring, evaluation, planning and research purposes. For example we might put information from lots of families together to find out if there is enough of a service to help all the people who need it, or if a service is being delivered in the right place. If we use the information in this way to write reports we will make sure that your family can never be identified by name, contact details or through particular details about your family that might cause someone to recognise you.

In some cases, information may be shared between agencies without consent, for example, where sharing information might prevent a crime or safeguard the welfare of a child or young person. Even in these circumstances, we will discuss this matter with you. Reasons for this are:

- If it is believed that a child's/adult's safety or welfare is at immediate risk
- Where it is required to do so by law because of a criminal activity /drug trafficking offences
- Should you or your child fall ill during contact with the service and relevant information needs to be given to a medical professional

## **CONSENT FOR INFORMATION STORAGE AND INFORMATION SHARING**

The reasons for sharing information have been explained to me. I give my permission for Bradford Council to obtain personal and /or sensitive information personal data about me for the purpose set out above and agree to my information being shared with and for Early Help/Families First/Social Work.

My explicit consent is freely given, fully informed and I understand that it can be withdrawn at any time. I have been given the opportunity to ask any questions in relation to this referral and the information about me that will be shared.

This completed form will be retained by Bradford Council. Information will be stored on a secure electronic system and shared with other organisations as appropriate, and only communicated by secure means. It will be destroyed in accordance with data protection principles and Bradford Council retention policy.

If you are the Parent/Carer you are also giving your permission to share personal information about young people (under 16) in your care.

**\*Please ensure that consent is clearly documented below, whether it be a signature or a note to say that verbal consent has been gained and who from.**

Parent(s)                      Signature:                      Date:

Carer(s)                      Signature:                      Date:

Young Person(s)              Signature:                      Date:

Name of Referrer/Agency:	
Job Title:	Date of Referral:
Contact Number:	Email Address:
Please confirm the referral has been discussed with your Child Protection Lead Officer, line manager or equivalent.  Yes / No	Please give their name and title.

Family Address & Postcode	Telephone Numbers

Family Details									
LCS No: (if known)	Surname  (include all people living at this address)	First Name	DOB	Age	Gender	Relationship	Name of School / Nursery Attending	Ethnic Origin (see below)	Any Disabilitie s (specify)

Other Significant Adults						
LCS No (if known)	Surname	First Name	DOB	Relationship to Child/ren	Contact Details	
					Address	Telephone

**Ethnic Origin**

Asian/British Asian – Bangladeshi	Mixed - White/Asian
Asian/British Asian - Indian	Mixed - White/Black African
Asian/British Asian - Other	Mixed - White/Black Caribbean
Asian/British Asian - Pakistani	Other Ethnic Group
Black/Black British - African	Refused
Black/Black British - Caribbean	Traveller of Irish Heritage
Black/Black British - Other	White - British
Chinese	White - Eastern European
Gypsy/Roma	White - Irish
Information Not Yet Obtained	White – Other
Mixed – Other	

<b>Is English their first language? YES / NO</b>	Is an Interpreter Required? If yes which language:
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**Children’s Social Care Involvement**

Current	Previous	(Please Tick)
<b>Type of Involvement</b>	Tick	Please give details with dates:
Child Protection Plan		
Child in Need		
Looked After Children		

**Agencies Currently Involved with the Family**

Name	Agency	Contact Details	Role in Family
<b>*Please name all agencies that are currently working with the family to your knowledge. For example, GP, childcare, school, Health Visitor.</b>			


**What has been tried so far?**

**\*This part should include information about what support has already been offered to the family. For example, have the family previously had a CAF/Early Help Plan, what was this involvement for, what was the outcome of this support.**

**Have you initiated or completed an Early Help Plan/CAF?**

If yes please submit Early Help Plan with this form	
If no: please identify reasons why not undertaken	
Name and contact details of Lead Professional:	

**What are you still worried about? (Please be specific and avoid jargon)**

<b>What are you worried about? (Worry or Danger statements)</b>	<b>What do you think needs to happen about this worry/danger? (Goals)</b>
<b>*What has happened and when, what behaviours have you seen that makes you worried about this child? What are you worried might happen if we do nothing?</b>	<b>*Having thought more about this problem now, what would you need to see happen to be less worried?</b>

**What words would you use to talk about this problem so that the family would understand your worries (no jargon please)?**

**Are there things happening in the child's life or family that make this problem harder to deal with?**

**What would the child need to see that would make them say this problem was completely sorted?**

**What do you think are the next steps that should happen to get this worry sorted?**

**What is working well?**

**\*What do you like about the child? What is he/she good at? Who are the people that most care about the child? What are the best things about how the parents care for the child? What would the child say are the best things about his/her life? Who would the child say are the most important people in his/her life? How do they help the child to grow up well? Has there been a time when this problem has been dealt with or was even a little better? How did that happen? Who helps the family most?**

**How worried are you about this child/ren situation?**

Where 0 is the most concerned you can be and 10 you have no worries or concerns

(Please tick applicable)

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
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Please give reasons why you feel the child/ren are at this point on the scale:



**\*On a scale of 0 to 10 where 10 means everyone knows the child is safe and there are no worries and 0 means things are so bad that the child can't live at home, where do you rate this situation?**

**Does the family have difficulties in any of the following areas (Families First)?**

Please tick ✓ which you think applies

Any adult or Child involved in Crime or Anti-Social Behaviour/risk of eviction	
Any children not attending school/low attendance/history of exclusion	
Concerns re children notified to Social Care particularly for missing or Child Sexual Exploitation	
Any young person/Adults out of work/On benefits/NEET/problems with debt or arrears	
Any incidents or self-reports of domestic violence or abuse	
Adults or children not accessing the health or dental services they need. For example, children not accessing dental treatment, not up to date immunisations, anyone not registered with a GP and people with untreated alcohol/drug/mental health issues.	

**Are there any risks to Professionals when visiting the family?**

*(Please explain any specific risks involved in supporting the family)*

**\*Risks may include dangerous dogs, adults/children who have attacked professionals before, any adults who are identified as a 'hazard' or 'risk to children'.**

**Referrer Signature**

	Print Name:
	Date:

**Appendix 8**  
**Useful contacts**

Key Personnel	Name (s)	Contact details
Designated Safeguarding Lead (DSL)	Rachel Whitham	01535 604656
Headteacher / Safeguarding named persons	Alison Bateman Kate Dawson (SENDco) Michelle Khambhaita (Asst. Head) Kara Vernon (Asst. Head)	
School's Named Prevent Lead	Rachel Whitham	
Chair of Governors	David Thompson	
Named governor for Safeguarding	John Cope Sarah Scott (staff)	
Children's Social Care – Initial Contact Point		01274 437500
Keighley assessment team (children's social care)	For 'initial referrals' contact 'Initial Contact Point' - above	01535 618123
Emergency Duty Team (out of hours) –		01274 431010
Early Help Gateway	Secure email: <a href="mailto:earlyhelpgateway@bradford.gcsx.gov.uk">earlyhelpgateway@bradford.gcsx.gov.uk</a>	01274 432121
Early Help Keighley		
Prevent coordinator Bradford	Michael Churley <a href="mailto:michael.churley@bradford.gov.uk">michael.churley@bradford.gov.uk</a>	01274 432816
Channel Co-ordinator, West Yorkshire Police	Andy Rose – <a href="mailto:andrew.rose@westyorkshire.pnn.police.uk">andrew.rose@westyorkshire.pnn.police.uk</a>	07525 989331
CSE Hub	Child Sexual Exploitation	01274 435049.
LADO Lead Officer Child Protection	Suzanne Ellis	01274 385726
Police	Non urgent / non- emergency	101
NSPCC	Whistleblowing helpline Line (concerns about how school is safeguarding children)	NSPCC whistleblowing helpline (0800 028 0285).
Educational Welfare Officer Educational Social Work Service	Anila Khan	01274 439651
Police	Child Protection Unit	01274 376061

