



## Parkfield Primary Child Protection Policy

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### 1. INTRODUCTION

*Safeguarding 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 and taking action to enable all children to have the best outcomes. (Working Together to Safeguard Children, DfE, 2018, p6)*

This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school. In particular, this policy should be read in conjunction with:

- the behaviour policy; ;
- the staff code of conduct;
- the safeguarding response to children who go missing from education;
- the role of the DSL (including the identity of the DSL and any deputies):

**Copies of policies and a copy of Part one of KCSiE should be provided to staff at induction.**

<b>Purpose of a Child Protection Policy</b>	To inform staff, parents, and volunteers about the school's responsibilities for safeguarding children. To enable everyone to have a clear understanding of how these responsibilities should be carried out.
<b>Barnet's Safeguarding Children Partnership Procedures</b>	The school follows the procedures established by the Barnet's Safeguarding Children Partnership (BSCP); a guide to procedures and practice for all agencies in Barnet working with children and their families.
<b>School Staff &amp; Volunteers</b>	All school staff have a responsibility to provide a safe environment in which children can learn.  School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.

	<p>All school staff receive appropriate safeguarding children training (which is updated regularly, including an annual refresher and half termly area specific training, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. In addition, all staff members receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.</p> <p>Temporary staff and volunteers will be made aware of the safeguarding policies and procedures by the DSL, including The Child Protection Policy and Staff Code of Conduct)</p>
<p><b>Mission Statement</b></p>	<p>Establish and maintain an ethos and culture where children feel secure, are encouraged to talk, and are listened and responded to when they have a worry or concern.</p> <p>Establish and maintain an ethos and culture where school staff and volunteers feel safe, are encouraged to talk and are listened to and responded to when they have concerns about the safety and well-being of a child.</p> <p>Ensure children know that there are adults in the school whom they can approach if they are worried.</p> <p>Ensure that children, who have additional/unmet needs are supported appropriately. This could include referrals to Early Help Services or Child Protection Contacts to specialist services if they are a child in need or have been / are at risk of being abused and neglected.</p> <p>Consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. <b>Refer to KCSiE Part two:120</b></p> <p>Staff members working with children are advised to maintain an attitude of 'it could happen here' and 'it could be happening to this child', where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.</p>
<p><b>Implementation, Monitoring and Review of the Child Protection Policy</b></p>	<p>The policy will be reviewed annually and adopted and implemented by the Principal . It will be implemented through the school's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the DSL and through staff performance measures.</p>

## 2. STATUTORY FRAMEWORK

In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Children and Social Work Act 2017
- Education Act 2002 (Section 175/157)
  
- Barnet's Safeguarding Children Partnership Procedures Manual (Electronic)
- KCSiE(DfE, September 2021)
- Working Together to Safeguard Children (DfE 2018)
- The Education (Pupil Information) (England) Regulations 2005
- Sexual Offences Act (2003)
- Section 26, The Counter Terrorism and Security Act 2015 (PREVENT duty)
- Female Genital Mutilation Act 2003 (Section 74 ,Serious Crime Act 2015)
- Anti-social Behaviour, Crime and Policing Act 2014 (makes it a criminal offence to force someone to marry. Includes taking someone overseas to force them to marry (whether or not the forced marriage takes place).
- Serious Violence Strategy 2018

## 3. The Designated Safeguarding Lead

The Elliot Foundation Academy Trust (TEFAT) ensure an appropriate **senior member** of staff, from the school **leadership team**, is appointed to the role of DSL.

During term time the DSL and one of the Deputy DSLs will always be available (during school hours) for staff in the school to discuss any safeguarding concerns and individual arrangement for out of hours/out of term activities will be reported to the DSL, the Headteacher (who is one of the deputy DSL's. If they are unreachable, contact the DSL for TEFAT's London Regional Director **Simon Adams**.

### **The Designated Senior Person for Child Protection in this school is:**

**NAME:** Lucy Hodkinson Assistant Headteacher / Head of Inclusion/SENDCo)

### **The Deputy Designated Senior People for Child Protection at The Hyde School are:**

**NAMES:** Alison Holding (Headteacher),  
Claire Cunningham (Deputy Head),  
Monisha Ahmed (Senior Leader)  
Hansha Mepani (Early Years Lead)

**The DSL for TEFAT: Caroline Oliver (Regional Director)**

**The Deputy DSL for TEFAT: Travis Latham (Director)**

### **The broad areas of responsibility for the DSL are:**

- Managing Child Protection Contact Referrals and cases
- Contacting the MASH when advice is needed regarding child protection concerns which possibly meet the threshold for statutory intervention
- Completing Child Protection Contact Referrals for all cases of suspected abuse or neglect where there is a risk of significant harm to the child/young person, Police where a crime may have been committed and to the Channel programme where there is a radicalisation concern

Liaise with the Head Teacher to inform her of issues, especially ongoing enquiries under Section 47 of the Children Act 1989 and police investigations

Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a Child Protection Contact Referral by liaising with relevant agencies

Support staff who make Child Protection Contact Referrals and other service referrals

Share information with appropriate staff in relation to a child's looked after (CLA) legal status (whether they are looked after under voluntary arrangements with consent of parents or on an Interim Care Order or Care Order) and contact arrangements with birth parents or those with parental responsibility.

Ensure they have details of the CLA's social worker and the name of the virtual school Head Teacher in the authority that looks after the child.

### **Training**

The DSL (and deputies) will undergo formal training every two years. The DSL will also undertake Prevent awareness training. In addition to this training, their knowledge and skills should be refreshed (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments) at least annually to:

1. Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments
2. Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
3. Ensure each member of staff has access to and understands the school's safeguarding and child protection policy and procedures, especially new and part time staff and volunteers.
4. Be alert to the specific needs of children in need, those with special educational needs and young carers
5. Understand and support the school or college with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation
6. Are able to understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online at school or college
7. Can recognise the additional risks that children with SEN and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support SEND children to stay safe online
8. Be able to keep detailed, accurate, secure written records of concerns, Child Protection Referrals alongside referrals to other agencies
9. Obtain access to resources and attend any relevant or refresher training courses
10. Encourage a culture of listening and responding to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them

### **Raising Awareness: The DSL (DSL) should:**

- ensure the school or college's policies are known, understood and used appropriately.
- ensure that the school's child protection policy is reviewed annually, and the procedures and implementation are updated and reviewed regularly.
- Ensure the safeguarding and child protection policy is available publicly and that parents are aware that advice regarding child protection concerns could be sought from Barnet's MASH and that Child Protection Referrals about suspected abuse or neglect may be made. Ensure parents are aware of the school statutory role regarding safeguarding of children.
- Link with Barnet's Safeguarding Children's Partnership (BSCP) to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Ensure that when children leave the school, they ensure the file for safeguarding and any child protection information is sent to any new school/college as soon as possible but transferred separately from the main pupil file. The file should not be sent until the child is physically attending the new school.
- Obtain proof that the new school/education setting has received the safeguarding file for any child transferring and consider if it would be appropriate to share any information with the new school in advance of a child

leaving. For example, information that would allow the new school to continue supporting victims of abuse and have that support in place for when the child arrives.

#### 4. THE RESPONSIBLE BODY

The Trust should ensure that there are appropriate policies and procedures in place in order for appropriate action to be taken in a timely manner to safeguard and promote children’s welfare.

The Trust has a written policy and procedures for dealing with allegations of abuse against members of staff, visitors, volunteers or those responsible for governance that complies with Local Authority procedures and will be reviewed annually in line with statutory requirements.

The DSL for TEFAT (Caroline Oliver) is nominated to be responsible for liaising with Birmingham Children’s Trust in the event of allegations of abuse being made against the Principal.

The nominated TEFAT Director for child protection is:  
NAME: Caroline Oliver [coliver@elliottfoundation.co.uk](mailto:coliver@elliottfoundation.co.uk)

#### 5. WHEN TO BE CONCERNED

Knowing what to look for is vital for the early identification of abuse and neglect. All staff should be aware of the Indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection.

**Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

<b>Physical abuse</b>	
A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.	
<b>Child</b>	
Bruises – shape, grouping, site, repeat or multiple	Withdrawal from physical contact
Bite-marks – site and size	Aggression towards others, emotional and behaviour problems
Burns and Scalds – shape, definition, size, depth, scars	
Improbable, conflicting explanations for injuries or unexplained injuries	Frequently absent from school
Untreated injuries	Admission of punishment which appears excessive
Injuries on parts of body where accidental injury is unlikely	Fractures

Repeated or multiple injuries	Fabricated or induced illness -
<b><u>Parent</u></b>	<b><u>Family/environment</u></b>
Parent with injuries	History of mental health, alcohol or drug misuse or domestic violence.
Evasive or aggressive towards child or others	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Explanation inconsistent with injury	Marginalised or isolated by the community.
Fear of medical help / parents not seeking medical help	Physical or sexual assault or a culture of physical chastisement.
Over chastisement of child	

### **Emotional abuse**

The persistent emotional maltreatment of a child such as to cause severe and 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 over protection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### **Child**

Self-harm	Over-reaction to mistakes / Inappropriate emotional responses
Chronic running away	Abnormal or indiscriminate attachment
Drug/solvent abuse	Low self-esteem
Compulsive stealing	Extremes of passivity or aggression
Makes a disclosure	Social isolation – withdrawn, a 'loner' Frozen watchfulness particularly pre school
Developmental delay	Depression
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)	Desperate attention-seeking behaviour
<b><u>Parent</u></b>	<b><u>Family/environment</u></b>
Observed to be aggressive towards child or others	Marginalised or isolated by the community.
Intensely involved with their children, never allowing anyone else to undertake their child's care.	History of mental health, alcohol or drug misuse or domestic violence.
Previous domestic violence	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
History of abuse or mental health problems	Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault

Mental health, drug or alcohol difficulties	Wider parenting difficulties
Cold and unresponsive to the child's emotional needs	Physical or sexual assault or a culture of physical chastisement.
Overly critical of the child	Lack of support from family or social network.

### **Neglect**

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

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

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

### **Child**

Failure to thrive - underweight, small stature	Low self-esteem
Dirty and unkempt condition	Inadequate social skills and poor socialisation
Inadequately clothed	Frequent lateness or non-attendance at school
Dry sparse hair	Abnormal voracious appetite at school or nursery
Untreated medical problems	Self-harming behaviour
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold	Constant tiredness
Swollen limbs with sores that are slow to heal, usually associated with cold injury	Disturbed peer relationships
<b><u>Parent</u></b>	<b><u>Family/environment</u></b>
Failure to meet the child's basic essential needs including health needs	Marginalised or isolated by the community.
Leaving a child alone	History of mental health, alcohol or drug misuse or domestic violence.
Failure to provide adequate caretakers	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Keeping an unhygienic dangerous or hazardous home environment	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Unkempt presentation	Lack of opportunities for child to play and learn
Unable to meet child's emotional needs	Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Mental health, alcohol or drug difficulties	

### **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. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education.	
<b>Child</b>	
Self-harm - eating disorders, self-mutilation and suicide attempts	Poor self-image, self-harm, self-hatred
Running away from home	Inappropriate sexualised conduct
Reluctant to undress for PE	Withdrawal, isolation or excessive worrying
Pregnancy	Sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
Inexplicable changes in behaviour, such as becoming aggressive or withdrawn	Poor attention / concentration (world of their own)
Pain, bleeding, bruising or itching in genital and /or anal area	Sudden changes in school work habits, become truant
Sexually exploited or indiscriminate choice of sexual partners	
<b>Parent</b>	<b>Family/environment</b>
History of sexual abuse	Marginalised or isolated by the community.
Excessively interested in the child.	History of mental health, alcohol or drug misuse or domestic violence.
Parent displays inappropriate behaviour towards the child or other children	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Conviction for sexual offences	Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Comments made by the parent/carer about the child.	Grooming behaviour
Lack of sexual boundaries	Physical or sexual assault or a culture of physical chastisement.

If staff have any concerns about a child's welfare, they should act on them immediately. If staff have a concern, they should follow this policy and speak to the DSL/DDSL. The DSL/DDSL are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to a safeguarding concern.

**Any staff member should be able to make a Child Protection Referral to Children's Services if necessary.**

All staff are aware of the process for making Child Protection Referrals to Children's Services for statutory assessments under the Children Act 1989, especially section 17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm - from abuse or neglect) that may follow a Referral, along with the role they might be expected to play in such assessments.

Staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision.

**Options will then include:**

- managing any support for the child internally via the school own pastoral support processes;

- completing an Early Help Request for Support
- a Child Protection Contact Referral for statutory services, for example as the child might be in need, is in need or suffering or likely to suffer significant harm from abuse or neglect.

### **Contextual Safeguarding**

Safeguarding incidents and/or behaviours can be associated with factors outside school and/or can occur between children outside of school. All staff, but especially the DSLs and their Deputies should be considering the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare.

### **A child centred and coordinated approach to safeguarding**

Safeguarding and promoting the welfare of children is **everyone's responsibility**. In order to fulfil this responsibility effectively, each professional should make sure their approach is **child centred**. This means that they should consider, at all times, what is in the best interests of the child.

School and the staff form part of the wider safeguarding system for children. This system is based on the principle of providing help for families to stay together where it is safe for the children to do so, and looking at alternatives where it is not, whilst acting in the **best interests** of the child at all times.

### **Any child may benefit from early help, but all school staff are particularly alert to the potential need for early help for a child who:**

- is disabled and has specific additional needs;
- has special educational needs (whether or not they have a statutory education, health and care plan);
- is a young carer;
- is showing signs of being drawn in to antisocial or criminal behaviour, including gang involvement and association with organised crime groups;
- is frequently missing/goes missing from care or from home;
- is misusing drugs or alcohol themselves;
- is at risk of modern slavery, trafficking or exploitation;
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse;
- has returned home to their family from care;
- is showing early signs of abuse and/or neglect;
- is at risk of being radicalised or exploited;
- is a privately fostered child.

School staff members are aware of the main categories of maltreatment: **physical abuse, emotional abuse, sexual abuse and neglect** as well as being aware of the indicators of maltreatment and **specific safeguarding issues** so that they are able to identify cases of children who may be in need of help or protection.

### **Children with special educational needs and disabilities:**

Additional barriers can exist when recognising abuse and neglect in this group of children.

This can include:

- ❖ Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's impairment without further exploration;
- ❖ Assumptions that children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs;
- ❖ Communication barriers and difficulties

- ❖ Reluctance to challenge carers, (professionals may over empathise with carers because of the perceived stress of caring for a disabled child)
- ❖ Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased.
- ❖ A disabled child's understanding of abuse.
- ❖ Lack of choice/participation
- ❖ Isolation

### **Peer on peer abuse**

All staff are aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to:

- bullying (including cyberbullying);
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence, such as rape, assault by penetration and sexual assault;
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse
- upskirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm;
- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals.

**All staff are aware that abuse is abuse and peer on peer abuse will never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”. Furthermore, they recognise the gendered nature of peer on peer abuse (i.e. that it is more likely that girls will be victims and boys’ perpetrators), but that all peer on peer abuse is unacceptable and will be taken seriously.**

In order to minimise the risk of peer on peer abuse the school:

- Provides a developmentally appropriate PSHE and RSE curriculum which develops pupils' understanding of acceptable behaviour and keeping themselves safe. (Examples should be listed here)
- Have systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued.
- Ensure victims, perpetrators and any other child affected by peer on peer abuse will be supported
- Develops robust risk assessments where appropriate (e.g. Using the Risk Assessment Management Plan and Safety and Support Plan tools).
- Have relevant policies in place (e.g. behaviour policy).

Staff should also refer to Part five of KCSiE DfE 2021 – ‘Child on child sexual violence and sexual harassment’:  
<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

### **Serious violence**

All staff should be aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime.

- Increased absence from school
- Change in friendships or relationships with older individuals or groups
- Significant decline in performance
- Signs of self-harm or significant change in wellbeing
- Signs of assault or unexplained injuries
- Unexplained gifts/new possessions

### **Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)**

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this

power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online. More information include definitions and indicators are included in Annex A KCSiE DfE 2021.

### **Mental Health**

All staff are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Only appropriate trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken by following the procedures in this policy and speaking to the schools DSL.

### ***PREVENT: Safeguarding Children and Young People from Radicalisation***

Children can be vulnerable to extreme ideologies and radicalisation. Similar to protecting children from other forms of harm and abuse, protecting children from radicalisation must be part of all school and college safeguarding approaches.

All schools are subject to the Prevent Duty under Section 26 of the Counter Terrorism and Security Act 2015 (the CTSA 2015), in the exercise of their functions to have “due regard to the need to prevent people from being drawn into terrorism.” KCSiE DfE 2021

There are signs and vulnerability factors that may indicate a child is susceptible to radicalisation or is in the process of being radicalised. It is possible to protect vulnerable people from extremist thinking and intervene to safeguard those at risk of radicalisation. Staff must be alert to changes in children’s behaviour, which could indicate that they may be in need of Prevent support. They must act proportionately to the concern using the Prevent ‘notice, check, share’ approach, which may lead to the DSL making a Prevent referral.

### **Domestic Abuse**

Domestic abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological; physical; sexual; financial; and emotional. All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members.

## **6. DEALING WITH A DISCLOSURE**

If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child’s age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.

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

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which might not be possible to keep

- Never promise a child that they will not tell anyone - as this may ultimately not be in the best interests of the child.
  - Reassure him or her that what has happened is not his or her fault
  - Stress that it was the right thing to tell
  - Listen, only asking questions when necessary to clarify what is being said.
  - Not criticise the alleged perpetrator
  - Explain what has to be done next and who has to be told
  - Make a written record (see Record Keeping)
- 
- Pass the information to the DSL without delay (if a DSL or Deputy is not available, staff must inform a senior member of staff or complete a child protection contact referral if this disclosure indicates that the child may be at risk of immediate harm and/or have been suffered significant harm to ensure reporting to Police and/or Children's Services where necessary is not delayed)

### Support

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

**If a school staff member receives a disclosure about potential harm caused by another staff member, they should see section 11 of this policy– *Allegations involving school staff/volunteers.***

## 7. RECORD KEEPING

All practitioners should be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding purposes, including information, which is sensitive and personal, and should be treated as 'special category personal data'.

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements staff should discuss with the DSL.

- Record as soon as possible after the conversation. Use the schools Child Protection Recording system which may be electronic or using a record of concern sheet.
- Ensure the date, time, place is recorded, and any noticeable non-verbal behaviour and the words used by the child
- Use the body map on the schools recording system or the proforma body map, to indicate the position of any injuries and a clear description of the injury
- Record statements and observations rather than interpretations or assumptions
- Do not destroy the original records in case they are needed by a court
- All records need to be given to the DSL promptly. No copies should be retained by the member of staff or volunteer.

The DSL will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

## 8. CONFIDENTIALITY

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

- All staff in school, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

## 9. SCHOOL PROCEDURES

***Please see Appendix 3: KCSiE Pg18***

If any member of staff is concerned about a child, he or she must inform the DSL. The DSL will decide whether the concerns should be raised to Children's Services and if deemed to have met the threshold a Child Protection Referral will

be completed. If a Child Protection Referral to Barnet's MASH or Barnet's Front Door is made the DSL will discuss the referral with the parents, unless to do so would place the child at further risk of harm.

While it is the DSL's role to make Child Protection Referrals, any staff member can make a Child Protection Referral if a child is in immediate danger or is at risk of harm (e.g. concern that a family might have plans to carry out FGM, Forced Marriage etc). In these circumstances a Child Protection Referral should be made to Barnet's MASH or the or Brent's Front Door and/or the Police immediately. Where Child Protection Referrals are made by another member of staff, the DSL should be informed as soon as possible.

If a **teacher** (persons employed or engaged to carry out teaching work at schools and other institutions in England) , in the course of their work in the profession, discovers that an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl under the age of 18 the **teacher** must report this to the police via 101. **This is a mandatory reporting duty.** KCSiE(DfE 2021 Annex B pgs 131/132):

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise and a factual account of any verbal disclosures and observations. Particular attention should be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a Child Protection Plan and a written record will be kept.

If a pupil who is/or has been the subject of a child protection plan changes school, the DSL will inform the social worker responsible for the case and transfer the appropriate records to the DSL at the receiving school, in a secure manner, and separate from the child's academic file.

The DSL is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

## 10. COMMUNICATION WITH PARENTS

Parkfield Primary School will ensure the Child Protection Policy is available publicly either via the school website or by other means.

Parents should be informed prior to a Child Protection Referral, unless it is considered to do so might place the child at increased risk of significant harm by:

- The behavioural response it prompts e.g. a child being subjected to abuse, maltreatment or threats / forced to remain silent if alleged abuser informed;
- Leading to an unreasonable delay;
- Leading to the risk of loss of evidential material;

(The school may also consider not informing parent(s) where this would place a member of staff at risk).

The school will endeavour to ensure that parents understand the responsibilities placed on the school staff for safeguarding children.

Where reasonably possible schools and colleges should hold more than one emergency contact number for each pupil and student. KCSiE DfE 2021:26

## 11. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

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

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way which indicates he or she would pose a risk of harm to children; or
- Behaved or may have behaved in a way that indicated they may not be suitable to work with children.

This relates to members of staff, supply staff and volunteers who are currently working in any school regardless of whether the school is where the alleged abuse took place. Allegations against a teacher who is no longer teaching should be referred to the police. Historical allegations of abuse should also be referred to the police.

In the event of allegations of abuse being made against the Head Teacher, where the Head Teacher where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, allegations should be reported directly to the Local Authority Designated Officer (LADO). Staff may consider discussing any concerns with the DSL if appropriate make any referral via them.

**The Elliot Foundation Academy Trust**  
**NAME: Regional Director -Simon Adams**  
**Contact: [simon.adams@elliottfoundation.co.uk](mailto:simon.adams@elliottfoundation.co.uk)**

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making an immediate written record of the allegation using the informant's words – including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Head Teacher.

The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The Head Teacher will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer (LADO Threshold

If the allegation meets any of the four criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.

**Barnet LADO: Must be contacted via Barnet MASH 0208 202 4066 and asking for the LADO**  
**SOOHS (Out of Hours Service-Children's Services) – 0208 359 4066**

If it is decided that the allegation requires a child protection strategy meeting or joint evaluation meeting, this will take place. If it is decided it does not require a child protection strategy meeting or joint evaluation meeting, the LADO will provide the employer with advice and support on how the allegations should be managed.

The Head Teacher will, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation.

**For further information see:**

Where a staff member feels unable to raise an issue with their employer/through the whistleblowing procedure or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:

- Barnet MASH - 0208 359 4066
- NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

**What school staff should do if they have concerns about safeguarding practices within the school or college?**

- All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school's safeguarding arrangements.
- Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, are in place for such concerns to be raised with the school senior leadership team.

**Safer working practice**

To reduce the risk of allegations, all staff will be aware of safer working practice and will be familiar with the guidance contained in the staff handbook/school staff code of conduct/staff behaviour policy and Safer Recruitment Consortium document ***Guidance for safer working practice for those working with children and young people in education settings (May 2019)*** available at

**<https://www.saferrecruitmentconsortium.org/>**

The document seeks to ensure that the responsibilities of school leaders towards children and staff are discharged by raising awareness of illegal, unsafe, unprofessional and unwise behaviour. This includes guidelines for staff on positive behaviour management in line with the ban on corporal punishment (School Standards and Framework Act 1998). Please see the school/college's behaviour management policy for more information.

## APPENDIX 1: KCSiE (DfE 2021)

### Part One: Information for all school and college staff

#### Annex A: Further information

On publication of this Child Protection Policy, September 2021, the CPSLO Service has decided to provide the hyperlink only to KCSiE rather than the document in its entirety, due to the potential for updates to the content.

**All** staff have access and have read Part one and Annex A (which provides further information specific forms of abuse and safeguarding issues) of this statutory guidance. They should also have the opportunity to seek clarity from designated staff for any content.

This is to assist staff to understand their role and discharge their responsibilities as set out in this guidance.

We highly recommend that staff are asked to sign to say they have read these sections (please see Appendix 2 below) and should subsequently be re-directed to these documents again should any changes occur.

#### Link to KCSiE (DfE, 2021):

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1021914/KCSiE\\_2021\\_September\\_guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021914/KCSiE_2021_September_guidance.pdf)

After each year's induction / refresher, you will be sent a google form to confirm the following -

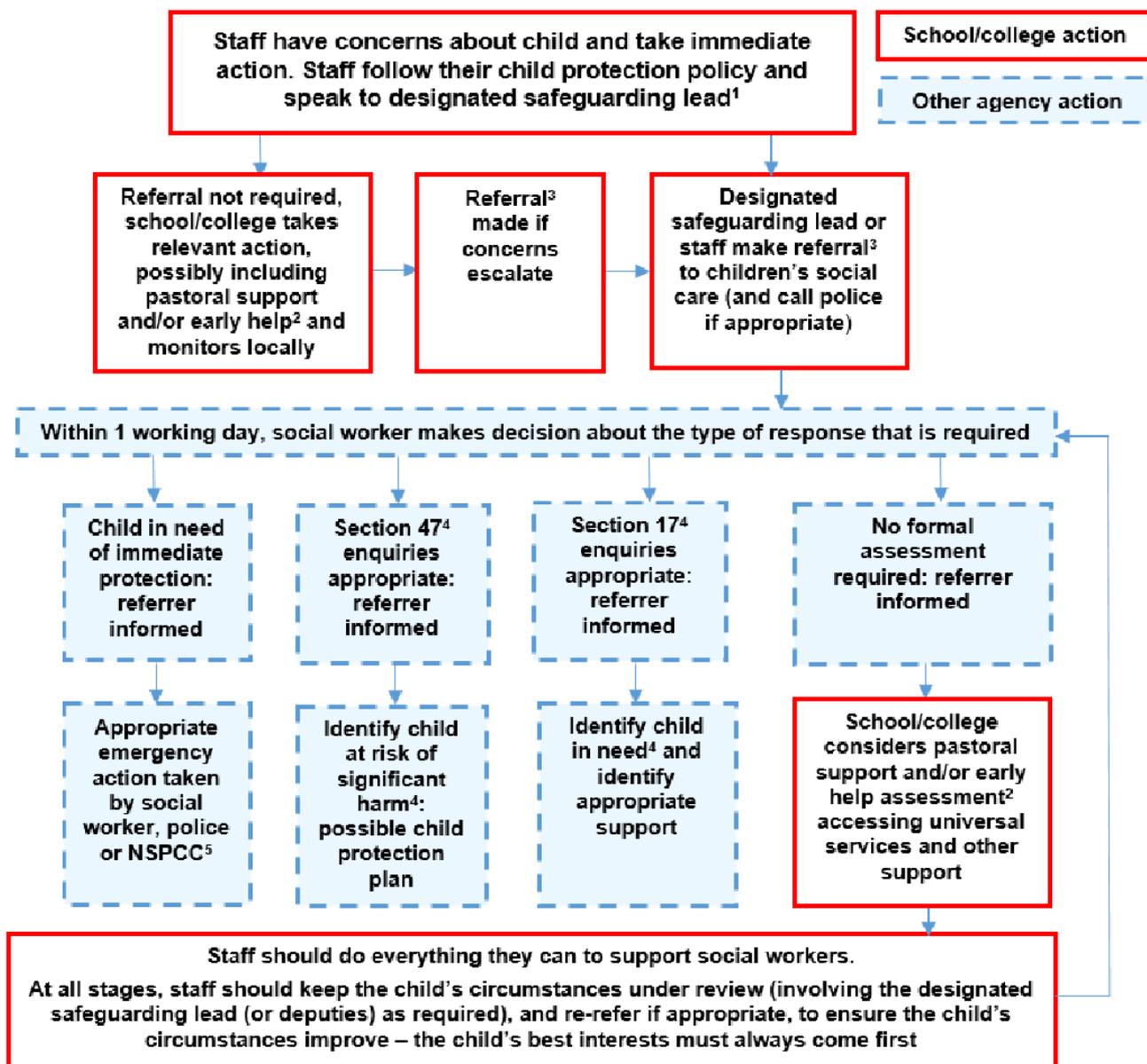
you have read and are familiar with the contents of the following documents and understand your role and responsibilities as set out in these document(s):

- (1) The School Child Protection Policy
- (2) **Part One and Annex A** of 'Keeping Children Safe in Education' DfE Guidance , 2021

and that you are familiar with which staff are responsible for safeguarding in the school, the Academy Trust and the Local Authority.

## APPENDIX 3: ACTIONS WHERE THERE ARE CONCERNS ABOUT A CHILD

### Flowchart



## Be alert

- Be aware of the signs of abuse and neglect
- Identify concerns early to prevent escalation.
- Know what systems the school have in place regarding support for safeguarding e.g. induction training , staff behaviour policy / code of conduct and the role of the Designated Safeguarding Lead ( DSP) .

## Question behaviours

- Talk and listen to the views of children, be non-judgemental.
- Observe any change in behaviours and question any unexplained marks / injuries
- To raise concerns about poor or unsafe practice , refer to the HT or principal, if the concerns is about the HT or Principal, report to Chair of Governors. Utilise whistleblowing procedure.

## Ask for help

- Record and share information appropriately with regard to confidentiality
- If staff members have concerns, raise these with the school's or college's Designated Safeguarding Lead ( DSL)
- Responsibility to take appropriate action, do not delay.

## Refer

- DSL will complete a Child Protection Contact to children services but in an emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to Children's Services on 0208 359 4066

### The framework for understanding children's needs:

#### *Working Together to Safeguard Children (DFE2)*

