



## Safeguarding children

### 1.2 Safeguarding children, young people and vulnerable adults

#### Policy statement

Our setting will work with children, parents and the community to ensure the rights and safety of children, young people\* and vulnerable adults. Our Safeguarding Policy is based on the three key commitments of the Pre-school Learning Alliance Safeguarding Children Policy.

#### Procedures

We carry out the following procedures to ensure we meet the three key commitments of the Alliance Safeguarding Children Policy, which incorporates responding to child protection concerns.

##### *Key commitment 1*

We are committed to building a 'culture of safety' in which children, young people and vulnerable adults are protected from abuse and harm in all areas of our service delivery.

- Our designated person (a member of staff) who co-ordinates child, young person and vulnerable adult protection issues is:

Ms Roksana Stefaniw

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- When the setting is open but the designated person is not on site, a suitably trained deputy is available at all times for staff to discuss safeguarding concerns.

- Our designated officer (a member of the management team) who oversees this work is:

Ms Nirali Sisodia

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- The designated person, the suitably trained deputy and the designated officer ensure they have relevant links with statutory and voluntary organisations with regard to safeguarding.
  - The designated person (and the person who deputises for them) understands LSCB safeguarding procedures, attends relevant LSCB training at least every two years and refreshes their knowledge of safeguarding at least annually.

- We ensure all staff are trained to understand our safeguarding policies and procedures and that parents are made aware of them too.
- All staff have an up-to-date knowledge of safeguarding issues, are alert to potential indicators and signs of abuse and neglect and understand their professional duty to ensure safeguarding and child protection concerns are reported to the local authority children's social care team or the NSPCC. They receive updates on safeguarding at least annually.
- All staff are confident to ask questions in relation to any safeguarding concerns and know not to just take things at face value but can be respectfully sceptical.
- All staff understand the principles of early help (as defined in *Working Together to Safeguard Children*, 2015) and are able to identify those children and families who may be in need of early help and enable them to access it.
- All staff understand LSCB thresholds of significant harm and understand how to access services for families, including for those families who are below the threshold for significant harm.
- All staff understand their responsibilities under the General Data Protection Regulations and the circumstances under which they may share information about you and your child with other agencies.
- All staff understand how to escalate their concerns in the event that they feel either the local authority and/or their own organisation has not acted adequately to safeguard.
- All staff understand what the organisation expects of them in terms of their required behaviour and conduct, and follow our policies and procedures on positive behaviour, online safety (including use of mobile phones), whistleblowing and dignity at work.
- Children have a key person to build a relationship with, and are supported to articulate any worries, concerns or complaints that they may have in an age appropriate way.
- All staff understand our policy on promoting positive behaviour and follow it in relation to children showing aggression towards other children.
- Adequate and appropriate staffing resources are provided to meet the needs of children.
- Applicants for posts within the setting are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.
- Enhanced criminal records and barred lists checks and other suitability checks are carried out for staff and volunteers prior to their post being confirmed, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children.
- Where applications are rejected based on information disclosed, applicants have the right to know and to challenge incorrect information.
- Enhanced criminal records and barred lists checks are carried out on anyone working on the premises.
- Volunteers must:
  - be aged 17 or over;

- be considered competent and responsible;
  - receive a robust induction and regular supervisory meetings;
  - be familiar with all the settings policies and procedures;
  - be fully checked for suitability if they are to have unsupervised access to the children at any time.
- Information is recorded about staff qualifications, and the identity checks and vetting processes that have been completed including:
    - the criminal records disclosure reference number;
    - certificate of good conduct or equivalent where a UK DBS check is not appropriate;
    - the date the disclosure was obtained; and
    - details of who obtained it.
  - All staff and volunteers are informed that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us).
  - All staff and volunteers are required to notify us if anyone in their household (including family members, lodgers, partners etc.) has any relevant convictions, cautions, court orders, reprimands or warnings or has been barred from, or had registration refused or cancelled in relation to any childcare provision or have had orders made in relation to care of their children.
  - We notify the Disclosure and Barring Service of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of a child protection concern.
  - Procedures are in place to record the details of visitors to the setting.
  - Security steps are taken to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children.
  - Steps are taken to ensure children are not photographed or filmed on video for any other purpose than to record their development or their participation in events organised by us. Parents sign a consent form and have access to records holding visual images of their child.
  - Any personal information is held securely and in line with data protection requirements and guidance from the ICO.
  - The designated person in the setting has responsibility for ensuring that there is an adequate online safety policy in place.
  - We keep a written record of all complaints and concerns including details of how they were responded to.
  - We ensure that robust risk assessments are completed, that they are seen and signed by all relevant staff and that they are regularly reviewed and updated, in line with our health and safety policy.
  - The designated officer will support the designated person to undertake their role adequately and offer advice, guidance, supervision and support.

- The designated person will inform the designated officer at the first opportunity of every significant safeguarding concern, however this should not delay any referrals being made to children's social care, the LADO, Ofsted or RIDDOR.

### *Key commitment 2*

We are committed to responding promptly and appropriately to all incidents, allegations or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in 'What to do if you're worried a child is being abused' (HMG, 2015) and the Care Act 2014.

### *Responding to suspicions of abuse*

- We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect.
- We ensure that all staff have an understanding of the additional vulnerabilities that arise from special educational needs and/or disabilities, plus inequalities of race, gender, language, religion, sexual orientation or culture, and that these receive full consideration in relation to child, young person or vulnerable adult protection.
- When children are suffering from physical, sexual or emotional abuse, or experiencing neglect, this may be demonstrated through:
  - significant changes in their behaviour;
  - deterioration in their general well-being;
  - their comments which may give cause for concern, or the things they say (direct or indirect disclosure);
  - changes in their appearance, their behaviour, or their play;
  - unexplained bruising, marks or signs of possible abuse or neglect; and
  - any reason to suspect neglect or abuse outside the setting.
- We are aware of the 'hidden harm' agenda concerning parents with drug and alcohol problems and consider other factors affecting parental capacity and risk, such as social exclusion, domestic violence, radicalisation, mental or physical illness and parent's learning disability.
- We are aware that children's vulnerability is potentially increased when they are privately fostered and when we know that a child is being cared for under a private fostering arrangement, we inform our local authority children's social care team.
- We are prepared to take action if we/I have concerns about the welfare of a child who fails to arrive at a session when expected. The designated person will take immediate action to contact the child's parent to seek an explanation for the child's absence and be assured that the child is safe and well. If no contact is made with the child's parents and the designated person has reason to believe that the child is at risk of significant harm, the relevant professionals are contacted immediately and LSCB procedures are followed. If the child has

current involvement with social care the social worker is notified on the day of the unexplained absence.

- We are aware of other factors that affect children's vulnerability that may affect, or may have affected, children and young people using our provision, such as abuse of children who have special educational needs and/or disabilities; fabricated or induced illness; child abuse linked to beliefs in spirit possession; sexual exploitation of children, including through internet abuse; Female Genital Mutilation and radicalisation or extremism.
- In relation to radicalisation and extremism, we follow the Prevent Duty guidance for England and Wales published by the Home Office and LSCB procedures on responding to radicalisation.
- The designated person completes online Channel training, online Prevent training and attends local WRAP training where available to ensure they are familiar with the local protocol and procedures for responding to concerns about radicalisation.
- We are aware of the mandatory duty that applies to teachers, including early years practitioners, and health workers to report cases of Female Genital Mutilation to the police.
- We also make ourselves aware that some children and young people are affected by gang activity, by complex, multiple or organised abuse, through forced marriage or honour based violence or may be victims of child trafficking. While this may be less likely to affect young children in our care, we may become aware of any of these factors affecting older children and young people who we may come into contact with.
- Where we believe that a child in our care or that is known to us may be affected by any of these factors we follow the procedures below for reporting child protection concerns and follow the LSCB procedures.
- Where such evidence is apparent, the child's key person makes a dated record of the details of the concern and discusses what to do with the member of staff who is acting as the designated person. The information is stored on the child's personal file.
- In the event that a staff member or volunteer is unhappy with the decision made of the designated person in relation to whether to make a safeguarding referral they must follow escalation procedures.
- We refer concerns to the local authority children's social care team and co-operate fully in any subsequent investigation. NB In some cases this may mean the police or another agency identified by the Local Safeguarding Children Board.
- We take care not to influence the outcome either through the way we speak to children or by asking questions of children.
- We take account of the need to protect young people aged 16-19 as defined by the Children Act 1989. This may include students or school children on work placement, young employees or young parents. Where abuse is suspected we follow the procedure for reporting any other child protection concerns. The views of the young person will always be taken into account, but

the setting may override the young person's refusal to consent to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one may have been, or to prevent harm to a child or adult. Sharing confidential information without consent is done only where not sharing it could be worse than the outcome of having shared it.

- All staff are also aware that adults can also be vulnerable and know how to refer adults who are in need of community care services.
- We have a whistleblowing policy in place.
- Staff/volunteers know they can contact the organisation Public Concern at Work for advice relating to whistleblowing; if they feel that the organisation has not acted adequately in relation to safeguarding they can contact the NSPCC whistleblowing helpline.

#### *Recording suspicions of abuse and disclosures*

- Where a child makes comments to a member of staff that give cause for concern (disclosure), or a member of staff observes signs or signals that give cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect; that member of staff:
  - listens to the child, offers reassurance and gives assurance that she or he will take action;
  - does not question the child, although it is OK to ask questions for the purposes of clarification;
  - makes a written record that forms an objective record of the observation or disclosure that includes: the date and time of the observation or the disclosure; the exact words spoken by the child as far as possible; the name of the person to whom the concern was reported, with the date and time; and the names of any other person present at the time.
- These records are signed and dated and kept in the child's personal file, which is kept securely and confidentially.
- The member of staff acting as the designated person is informed of the issue at the earliest opportunity, and within one working day.
- Where the Local Safeguarding Children Board stipulates the process for recording and sharing concerns, we include those procedures alongside this procedure and follow the steps set down by the Local Safeguarding Children Board.

#### *Making a referral to the local authority children's social care team*

- The Pre-school Learning Alliance's publication *Safeguarding Children* contains procedures for making a referral to the local children's social care team, as well as a template form for recording concerns and making a referral.
- We keep a copy of this document alongside the procedures for recording and reporting set down by our Local Safeguarding Children Board, which we follow where local procedures differ from those of the Pre-school Learning Alliance.

### *Escalation process*

- If we feel that a referral made has not been dealt with properly or that concerns are not being addressed or responded to, we will follow the LSCB escalation process.
- We will ensure that staff are aware of how to escalate concerns.

### *Informing parents*

- Parents are normally the first point of contact. Concerns are discussed with parents to gain their view of events, unless it is felt that this may put the child at risk, or interfere with the course of a police investigation. Advice will be sought from social care if necessary.
- Parents are informed when we make a record of concerns in their child's file and that we also make a note of any discussion we have with them regarding a concern.
- If a suspicion of abuse warrants referral to social care, parents are informed at the same time that the referral will be made, except where the guidance of the Local Safeguarding Children Board does not allow this, for example, where it is believed that the child may be placed at risk.
- This will usually be the case where the parent is the likely abuser.
- If there is a possibility that advising a parent beforehand may place a child at greater risk (or interfere with a police response) the designated person should seek advice from children's social care, about whether or not to advise parents beforehand, and should record and follow the advice given.

### *Liaison with other agencies*

- We work within the Local Safeguarding Children Board guidelines.
- The current version of 'What to do if you're worried a child is being abused' is available for parents and staff and all staff are familiar with what they need to do if they have concerns.
- We have procedures for contacting the local authority regarding child protection issues, including maintaining a list of names, addresses and telephone numbers of social workers, to ensure that it is easy, in any emergency, for the setting and children's social care to work well together.
- We notify Ofsted of any incident or accident and any changes in our arrangements which may affect the well-being of children or where an allegation of abuse is made against a member of staff (whether the allegations relate to harm or abuse committed on our premises or elsewhere). Notifications to Ofsted are made as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made.
- Contact details for the local National Society for the Prevention of Cruelty to Children (NSPCC) are also kept.

### *Allegations against staff*

- We ensure that all parents know how to complain about the behaviour or actions of staff or volunteers within the setting, or anyone living or working on the premises occupied by the setting, which may include an allegation of abuse.
  - We respond to any inappropriate behaviour displayed by members of staff, volunteer or any other person living or working on the premises, which includes:
    - inappropriate sexual comments;
    - excessive one-to-one attention beyond the requirements of their usual role and responsibilities, or inappropriate sharing of images.
  - We follow the guidance of the Local Safeguarding Children Board when responding to any complaint that a member of staff or volunteer within the setting, or anyone living or working on the premises occupied by the setting, has abused a child.
  - We ensure that all staff and volunteers know how to raise concerns about a member of staff or volunteer within the setting. We respond to any concerns raised by staff and volunteers who know how to escalate their concerns if they are not satisfied with our response
  - We respond to any disclosure by children or staff that abuse by a member of staff or volunteer within the setting, or anyone living or working on the premises occupied by the setting, may have taken, or is taking place, by first recording the details of any such alleged incident.
  - We refer any such complaint immediately to the Local Authority Designated Officer (LADO) to investigate and/or offer advice:
    - Kogie Perumall  
0208 825 8930
- 
- We also report any such alleged incident to Ofsted (unless advised by LADO that this is unnecessary due to the incident not meeting the threshold), as well as what measures we have taken. We are aware that it is an offence not to do this.
  - We co-operate entirely with any investigation carried out by children's social care in conjunction with the police.
  - Where the management team and children's social care agree it is appropriate in the circumstances, the member of staff or volunteer will be suspended for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place, but is to protect the staff, as well as children and families, throughout the process.

### *Disciplinary action*

Where a member of staff or volunteer has been dismissed due to engaging in activities that caused concern for the safeguarding of children or vulnerable adults, we will notify the Disclosure and Barring Service of relevant information, so that individuals who pose a threat to children and vulnerable groups can be identified and barred from working with these groups.

### *Key commitment 3*

We are committed to promoting awareness of child abuse issues throughout our training and learning programmes for adults. We are also committed to empowering children through our early childhood curriculum, promoting their right to be strong, resilient and listened to.

#### *Training*

- Training opportunities are sought for all adults involved in the setting to ensure that they are able to recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse (including child sexual exploitation) and neglect and that they are aware of the local authority guidelines for making referrals.
- Designated persons receive appropriate training, as recommended by the Local Safeguarding Children Board, every two years and refresh their knowledge and skills at least annually.
- We ensure that all staff know the procedures for reporting and recording any concerns they may have about the provision.
- We ensure that all staff receive updates on safeguarding via emails, newsletters, online training and/or discussion at staff meetings at least once a year.

#### *Planning*

- The layout of the rooms allows for constant supervision. No child is left alone with staff or volunteers in a one-to-one situation without being within sight and/or hearing of other staff or volunteers.

#### *Curriculum*

- We introduce key elements of keeping children safe into our programme to promote the personal, social and emotional development of all children, so that they may grow to be strong, resilient and listened to and so that they develop an understanding of why and how to keep safe.
- We create within the setting a culture of value and respect for individuals, having positive regard for children's heritage arising from their colour, ethnicity, languages spoken at home, cultural and social background.
- We ensure that this is carried out in a way that is developmentally appropriate for the children.

#### *Confidentiality*

- All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the Local Safeguarding Children Board.

### *Support to families*

- We believe in building trusting and supportive relationships with families, staff and volunteers.
- We make clear to parents our role and responsibilities in relation to child protection, such as for the reporting of concerns, information sharing, monitoring of the child, and liaising at all times with the local children's social care team.
- We will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.
- We follow the Child Protection Plan as set by the child's social worker in relation to the setting's designated role and tasks in supporting that child and their family, subsequent to any investigation.
- Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child in accordance with the Confidentiality and Client Access to Records procedure, and only if appropriate under the guidance of the Local Safeguarding Children Board.

### **Legal framework**

#### *Primary legislation*

- Children Act (1989 s47)
- Protection of Children Act (1999)
- The Children Act (2004 s11)
- Safeguarding Vulnerable Groups Act (2006)
- Childcare Act (2006)

#### *Secondary legislation*

- Sexual Offences Act (2003)
- Criminal Justice and Court Services Act (2000)
- Equality Act (2010)
- General Data Protection Regulations (GDPR) (2018)
- Childcare (Disqualification) Regulations (2009)
- Children and Families Act (2014)
- Care Act (2014)
- Serious Crime Act (2015)
- Counter-Terrorism and Security Act (2015)

### **Further guidance**

- Working Together to Safeguard Children (HMG, 2015)

- What to do if you're Worried a Child is Being Abused (HMG, 2015)
- Framework for the Assessment of Children in Need and their Families (DoH 2000)
- The Common Assessment Framework for Children and Young People: A Guide for Practitioners (CWDC 2010)
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HMG 2008)
- Hidden Harm – Responding to the Needs of Children of Problem Drug Users (ACMD, 2003)
- Information Sharing: Guidance for Practitioners providing Safeguarding Services (DfE 2015)
- Disclosure and Barring Service: [www.gov.uk/disclosure-barring-service-check](http://www.gov.uk/disclosure-barring-service-check)
- Revised Prevent Duty Guidance for England and Wales (HMG, 2015)
- Inspecting Safeguarding in Early Years, Education and Skills Settings, (Ofsted, 2016)

This policy was adopted by	La Chouette School
On	18/05/2018
Date to be reviewed	18/05/2019
Signed on behalf of the provider	
Name of signatory	M.Amar
Role of signatory (e.g. chair, director or owner)	Headteacher

### Other useful Pre-school Learning Alliance publications

- Safeguarding Children (2013)
- Safeguarding through Effective Supervision (2013)
- The New Early Years Employee Handbook (2016)
- People Management in the Early Years (2016)

\*A 'young person' is defined as 16 to 19 years old – in our setting they may be a student, worker, volunteer or parent.

Our setting will work with children, parents and the community to ensure the rights and safety of children and to give them the very best start in life.

This Policy complies with DCSF Guidance "Safeguarding Children and Safer Recruitment in Education" (DCSF 2007)

Our safeguarding policy is based on the three key commitments of the Pre-school Learning Alliance Safeguarding Children Policy.

Copies of the policy will be provided to any member of staff or parent on request.

## **Appendix 1**

### **The concept of significant harm.**

The Children Act 1989 introduced the concept of "Significant Harm" as the threshold that justifies compulsory intervention in family life in the interests of children.

There are no absolute criteria to rely on when judging what constitutes significant harm.

Overall, it can be described as the detrimental outcome of various forms of child maltreatment to the child's well-being.

Harm means ill-treatment or the impairment of health or development.

Development means physical, intellectual, emotional, social or behavioural development.

Ill-treatment includes sexual abuse and forms of ill-treatment which are not physical.

Health includes physical or mental health.

Where the question of whether harm suffered by a child is significant turns on the child's health and development, the child's health or development shall be compared with that which could reasonably be expected of a similar child.

### **Definitions and Symptoms of Abuse**

There are four main categories of abuse – physical injury, neglect, sexual abuse and emotional abuse. The list of symptoms given is not exhaustive or comprehensive but consists of frequently observed symptoms. It is important to remember that most abuse involves more than one main type, for example, sexual and emotional abuse may be recognised together. These symptoms, for example cuts and grazes, may also be accidental and not a sign of abuse. These different types of abuse require different approaches. A child suffering from physical abuse may be in immediate and serious danger. Action should, therefore, be taken immediately. With other forms of abuse there is a need to ensure that adequate information is gathered.

There is also a need to make sure that grounds for suspicion have been adequately investigated and recorded. The need to collate information must be balanced against the need for urgent action. If there are reasonable grounds for suspicion then a decision to monitor the situation should only be taken after consultation. A situation that should cause particular concern is that of a child who fails to thrive without any obvious reason. In such a situation a medical investigation will be required to consider the causes.

## *Physical Injury*

Actual or risk of physical injury to a child or failure to prevent physical injury (or suffering) to a child, including deliberate poisoning, suffocation and Munchausen's syndrome by proxy. This includes excessive punishment.

### Symptoms:

- bruises and abrasions - especially about the face, head, genitals or other parts of the body where they would not be expected to occur given the age of the child. Some types of bruising are particularly characteristic of non-accidental injury especially when the child's explanation does not match the nature of injury or when it appears frequently
- slap marks — these may be visible on cheeks or buttocks
- twin bruises on either side of the mouth or cheeks - can be caused by pinching or grabbing, sometimes to make a child eat or to stop a child from speaking
- bruising on both sides of the ear — this is often caused by grabbing a child that is attempting to run away. It is very painful to be held by the ear, as well as humiliating and this is a common injury
- grip marks on arms or trunk - gripping bruises on arm or trunk can be associated with shaking a child. Shaking can cause one of the most serious injuries to a child; i.e. a brain haemorrhage as the brain hits the inside of the skull. X-rays and other tests are required to fully diagnose the effects of shaking. Grip marks can also be indicative of sexual abuse
- black eyes – are mostly commonly caused by an object such as a fist coming into contact with the eye socket. NB. A heavy bang on the nose, however, can cause bruising to spread around the eye but a doctor will be able to tell if this has occurred
- damage to the mouth – e.g. bruised/cut lips or torn skin where the upper lip joins the mouth
- bite marks
- fractures
- poisoning or other misuse of drugs – e.g. overuse of sedatives.
- burns and/or scalds – a round, red burn on tender, non-protruding parts like the mouth, inside arms and on the genitals will almost certainly have been deliberately inflicted. Any burns that appear to be cigarette burns should be cause for concern. Some types of scalds known as 'dipping scalds' are always cause for concern. An experienced person will notice skin splashes caused when a child accidentally knocks over a hot cup of tea. In contrast a child who has been deliberately 'dipped' in a hot bath will not have splash marks.

## *Neglect*

Actual or risk of persistent or severe neglect of a child or the failure to protect a child from exposure to any kind of danger, including cold or starvation. Extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including failure to thrive.

### Symptoms:

- Dirty
- Lack of appropriate clothing
- Smells of urine
- Unkempt hair
- No parental interest (a distinction needs to be made between situations where children are inadequately clad, dirty or smelly because they come from homes where neatness and cleanliness are unimportant and those where the lack of care is preventing the child from thriving.)
- Underweight — a child may be frequently hungry or pre-occupied with food or in the habit of stealing food or with the intention of procuring food. There is particular cause for concern where a persistently underweight child gains weight when away from home, for example, when in hospital or on a school trip. Some children also lose weight or fail to gain weight during school holidays when school lunches are not available and this is a cause for concern.
- Body sores
- Not wanting to communicate
- Behaviour problems
- Attention seeking
- Lack of respect
- Often in trouble – police
- Bullying
- Use of bad language
- Stealing
- Lack of confidence – low self-esteem
- Jealousy

## *Sexual Abuse*

Actual or risk of sexual exploitation of a child or adolescent. The child may be dependent and/or developmentally immature. The involvement of dependent, immature children and adolescents in

activities to which they are unable to give informed consent or that violate the social taboos of family roles.

Symptoms:

- a detailed sexual knowledge inappropriate to the age of the child
- behaviour that is excessively affectionate or sexual towards other children or adults
- attempts to inform by making a disclosure about the sexual abuse often begin by the initial sharing of limited information with an adult. It is also very characteristic of such children that they have an excessive pre-occupation with secrecy and try to bind the adults to secrecy or confidentiality
- a fear of medical examinations.
- a fear of being alone — this applies to friends/family/neighbours/baby-sitters, etc
- a sudden loss of appetite, compulsive eating, anorexia nervosa or bulimia nervosa.
- excessive masturbation is especially worrying when it takes place in public.
- promiscuity
- sexual approaches or assaults - on other children or adults.
- urinary tract infections (UTI), sexually transmitted disease (STD) are all cause for immediate concern in young children, or in adolescents if his/her partner cannot be identified.
- bruising to the buttocks, lower abdomen, thighs and genital/rectal areas. Bruises may be confined to grip marks where a child has been held so that sexual abuse can take place.
- discomfort or pain particularly in the genital or anal areas.
- the drawing of pornographic or sexually explicit images.
- withdrawn
- rejecting physical contact or demanding attention

### *Emotional Abuse*

Actual or risk of severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill-treatment or rejection. It is important to remember that all abuse involves some emotional ill-treatment.

Symptoms:

- Crying
- Rocking
- Withdrawn
- Not wanting to socialise
- Cringing
- Picking up points through conversation with children
- Bad behaviour
- Aggression
- Behaviour changes

- Bribery by parent
- Self infliction
- Lack of confidence
- Attention seeking
- Isolation from peers – unable to communicate
- Clingy
- Treating others as they have been treated

## Appendix 2

### What to do if a child approaches you to discuss allegations of abuse

Any member of staff who has contact with children at La Chouette School may be approached by a child who needs to talk about something in confidence.

Here are some basic principles to follow if this happens to you.

<b>What to do</b>	<b>What not to do</b>
<p>Stay calm</p> <p>Listen, hear and believe</p> <p>Only ask Who, What, Where, When</p> <p>Give time to the person to say what they want</p> <p>Reassure and explain that they have done the right thing in telling. Explain that only those professionals who need to know will be informed</p> <p>Act immediately in accordance with the procedure in the Child Protection Policy</p> <p>Record accurately in writing as soon as possible what was said and without personal comment</p>	<p>Do not panic. Don't over react. It is extremely unlikely that the child is in immediate danger</p> <p>Do not probe for more information. Avoid leading questions. Questioning the child may affect how the disclosure is received later on.</p> <p>Do not make assumptions. Do not paraphrase or offer alternative explanations or suggestions</p> <p>Do not promise confidentiality to keep secrets or that everything will be OK (it might not)</p> <p>Do not try to deal with it yourself</p> <p>Do not make negative comments about the alleged abuser. Do not make personal observations.</p> <p>Do not make a child repeat a story</p>

<p>Report to the Designated Senior Person for Safeguarding only</p>	<p>unnecessarily</p> <p>Do not 'gossip' with colleagues about what has been said to you</p>
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It is the duty of anyone who works with children at La Chouette School to report any suspicions or disclosures of abuse. It is not for the individual member of staff approached to decide whether or not a suspicion or allegation is true. All must be taken seriously and dealt with according to the policy and procedures.

## Appendix 3

### Code of Behaviour - for All Staff and Volunteers

#### *Interaction with Pupils: Model Code of Conduct for Staff*

#### **You must not:**

- Staff and volunteers should not spend excessive amounts of time alone with children, away from others. Meetings with individual children should be avoided or take place within sight of others. If privacy is needed, the door should remain open and other staff or volunteers should be aware of the meeting. Staff should not put themselves in a compromising position.
- Staff and volunteers should not spend excessive amounts of time alone with children when they change nappies or are in the toilet area, away from others. This should be avoided or take place within sight of others. The door should remain open and other staff or volunteers should be aware of the toilet time or change of clothes (the door of the toilets area is glazed) Staff should not put themselves in a compromising position.
- Staff and volunteers are advised not to make unnecessary physical contact with children. However, there may be occasions when physical contact is unavoidable, such as providing comfort at times of distress, or physical support in contact sports or similar. In all such cases contact should only take place with the consent of the child.
- It is not good practice to take children alone in a car, however short the journey. Where this is unavoidable, it should be with the full knowledge and consent of the parents (or guardians) and the Headteacher.
- Staff and volunteers should not start an investigation or question anyone after an allegation or concern has been raised. This is the job of the authorities. You should just record the facts and report these to a designated person.
- Staff and volunteers should never (even in fun) –
  - a. Initiate or engage in sexually provocative conversations or activity.
  - b. Allow the use of inappropriate language to go unchallenged.
  - c. Do things of a personal nature for children that they can do themselves.
  - d. Allow any allegations made by a child go without being reported and addressed or either trivialise or exaggerate child abuse issues.
  - e. Make promises to keep any disclosure confidential from relevant authorities.

- Staff or volunteers should not show favouritism to any one child, nor should they issue or threaten any form of physical punishment.

**You must:**

- Staff and volunteers must respect children's rights to privacy and encourage children and adults to feel comfortable enough to report attitudes or behaviour they do not like.
- Staff and volunteers will be expected to act with discretion with regard to their personal relationships. They should ensure their personal relationships do not affect their role within the school.
- All staff and volunteers should be aware of the procedures for reporting concerns or incidents, and should familiarise themselves with the contact details of the designated persons.
- If a member of staff or volunteer finds himself or herself the subject of inappropriate affection or attention from a child, they should make others aware of this.
- If a member of staff or volunteer has any concerns relating to the welfare of a child in their care, be it concerns about actions/behaviours of another staff member or volunteer or concerns based on any conversation with the child; particularly where the child makes an allegation, they should report this immediately to the Designated Person for Safeguarding.



## Appendix 5

### **London Child Protection Procedures - Child Protection – Professional Abuse Policy**

#### *Guidelines for the management of allegations of abuse by staff and other Professionals.*

These guidelines are taken from the *London Child Protection Procedures 3rd Edition 2007*. For further details refer to the LCPP in the Head's Office.

#### *General considerations relating to allegations and concerns of abuse*

The employer will inform the LA designated (LADO) immediately an allegation is made. They will then advise the employer whether or not informing the parents of the child/ren involved will impede the disciplinary or investigative processes. Acting on this advice, if it is agreed that the information can be fully or partially shared, the employer will inform the parents. In some circumstances, however, the parents may need to be told straight away (e.g. if a child is injured and requires medical treatment).

The employer will seek advice from the LADO, the police and/or LA children's social care about how much information should be disclosed to the accused person.

Subject to restrictions on the information that can be shared, the employer will, as soon as possible, inform the accused person about the nature of the allegation, how enquiries will be conducted and the possible outcome (e.g. disciplinary action, and dismissal or referral to the barring lists or regulatory body)

The accused member of staff should:

- Be treated fairly and honestly and helped to understand the concerns expressed and processes involved.
- Be kept informed of the progress and outcome of any investigation and the implications for any disciplinary or related process
- If suspended, be kept up to date about events in the workplace.

#### *Confidentiality*

Every effort will be made to maintain confidentiality and guard against publicity while an allegation is being investigated or considered. Apart from keeping the child, parents and accused person (where this would not place the child at further risk) up to date with progress of the case, information should be restricted to those who have a need to know in order to protect children, facilitate enquiries, manage related disciplinary or suitability processes

### *Support*

The organisation, together with LA children's social cares and/or police, where they are involved, will consider the impact on the child concerned and provide support as appropriate. Liaison between the agencies will take place in order to ensure that the child's needs are addressed.

As soon as possible after an allegation has been received, the accused member of staff will be advised to contact their union or professional association. Human resources will be consulted at the earliest opportunity in order that appropriate support can be provided via the organisation's occupational health or employee welfare arrangements

### *Suspension*

Suspension is a neutral act and it will not be automatic. It will be considered in any case where:

- There is cause to suspect a child is at risk of significant harm; or
- The allegation warrants investigation by the police; or
- The allegation is so serious that it might be grounds for dismissal

If a strategy meeting/discussion is to be held or if the LA children's social care or the police are to make enquiries, the LADO will canvas their views on suspension and inform the employer. The employer will make the decision to suspend an accused employee only once advice has been received from the LADO to do so.'

Suspension does not imply a finding of guilt but is intended to enable a dispassionate investigation of the facts, unimpeded by interpersonal tensions. Any employee who is suspended will be informed immediately for the reason for suspension.

### *Whistle – blowing*

All staff will be made aware of the organisation's whistle – blowing policy and feel Confident to voice concerns about the attitude or actions of colleagues.

### **Referral to list 99, POCA list or regulatory body**

If the allegation is substantiated and the person is dismissed or the employer ceases to use the person's services, or the person resigns or otherwise ceases to provide their services, the LADO will discuss with the employer whether a referral will be made to the Independent Safeguarding Authority and/or a regulatory body (E.g. the General Teaching Council or General Medical Council). Consideration will then be given as to

whether the individual will be barred from, or have conditions imposed in respect of, working with children.

If a referral is to be made, it will be submitted within one month of the allegation being substantiated.

### **Useful contacts**

- Social care customer contact centre: (020) 8825 8000
- Ealing social services email: [sscallcentre@ealing.gov.uk](mailto:sscallcentre@ealing.gov.uk)
- NSPCC 0808 800 5000,
- NSPCC Website: [www.nspcc.org.uk](http://www.nspcc.org.uk)