## Description: Academy logo

**Paignton Community & Sports Academy**

### **SAFEGUARDING POLICIES**

**CHILD PROTECTION**

**(incorporating Child Protection Procedures)**

**Reviewed and updated by the Designated Safeguarding Lead: November 2014**

**Approved by the Full Governing Body: November 2014**

**Next Review due: November 2015**

**THE DESIGNATED CHILD PROTECTION OFFICER (referred to in ‘Keeping Children Safe in Education (DfE, April 2014 ) as Designated Safeguarding Lead')**

**Designated Safeguarding Lead with overall responsibility is Mark Williams, Assistant Principal and his Deputy Lead is Andrew Thomas Assistant Principal. Staff to whom concerns should be referred in the event of Mark Williams being unavailable are:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Waterleat Road Centre 01803 403005** | | **Borough Road Centre 01803 403003** | |
| ***Mark Williams 01803 403664*** | | ***Andrew Thomas 01803 393779*** | |
| Jayne Morris | Cathy Ryan | Brian Chapman | Sarah Reed |
| Suzy Eagles | Karen Casey | Jodie Brown |  |
| Will Virgo | Nina Rundle | Katie Hine | Emma Kelly |
| Matt Easton | Angela Sanford | Tim Willcocks | Trudy Humphries |
| Lisa Jones | Jane English | Ann Kempson Yalberton PLC | Claire Blagdon |
| Helen Wilkinson | Victoria Rogers | Raurie Newton |  |

1. **Introduction**
   1. This policy has been developed in accordance with the principles established by the Children Act 1989; and in line with government publications:

* ‘South West Child Protection Procedures – [www.swcpp.org.uk](http://www.swcpp.org.uk)
* DfE Guidance 2006 (2012) – ‘Safeguarding Children and Safer Recruitment in Education’
* Working Together to Safeguard Children 2013 – Guidance published by HM Government
* What to do if you’re worried a child is being abused (2006) – Government Guidance –

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* Section 16 of the Children Act 2004; Section 11 (4) Children Act 2004 (2010)
* Keeping Children Safe in Education DfE (April 2014)
* Safeguarding Best Practice Guide – Schools – Torbay Education Safeguarding Service (2014)
* Torbay Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures
  1. The Governing Body takes seriously its responsibility under section 175 and 157 of the Education Act 2002 to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our Academy to identify, assess and support those children who are suffering harm.
  2. We recognise that all staff and governors have a full and active part to play in protecting our pupils from harm, and that the child’s welfare is our paramount concern.
  3. All staff believe that our Academy should provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child.
  4. The aims of this policy are:
     1. To support the child’s development in ways that will foster security, confidence and resilience.
     2. To provide an environment in which children and young people feel safe, secure, valued and respected, feel confident and know how to approach adults if they are in difficulties.
     3. To raise the awareness of all teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible causes of abuse.
     4. To provide a systematic means of monitoring children known or thought to be at risk of harm and ensure that we, the Academy, contribute to assessments of need and support plans for those children.
     5. To acknowledge the need for effective and appropriate communication between all members of staff in relation to safeguarding children.
     6. To develop a structured procedure within the Academy which will be followed by all members of the Academy community in cases of suspected abuse.
     7. To develop effective working relationships with all other agencies involved in safeguarding children.
     8. To ensure that all adults within our Academy who have access to children have been checked as to their suitability. This includes other community users of our facilities.

1. **Procedures**
   1. Our Academy procedures for safeguarding children will be in line with Torbay Safeguarding Best Practice Guide – Schools – Torbay Education Safeguarding Service (2014), Torbay Safeguarding Children’s Board and Torbay Child Protection Committee Child Protection Procedures, “Working Together to Safeguard Children”.
      1. The Governing Body understands and fulfils its safeguarding responsibilities.
      2. We have Designated Leads for child protection who have undertaken Basic Child Protection training delivered through the Torbay Safeguarding Children Board, and who undertake other training as required.
      3. We have members of staff who will act in the Designated Safeguarding Lead’s absence who has also received basic multi-agency training, and who will have been briefed in the role.
      4. All new members of staff receive thorough induction training by the Designated Safeguarding Lead in order to develop their understanding of the signs and indicators of abuse. All Academy staff will receive a ‘refresher’ every year.
      5. All members of staff, volunteers and governors know how to respond to a pupil who discloses abuse, and the procedure to be followed by appropriately sharing a concern of possible abuse or a disclosure of abuse. *Please see also 8.1.*
      6. All parents/carers are made aware of the Academy’s responsibilities in regard to child protection procedures through publication of the Academy’s Child Protection Policy, and reference to it in our prospectus/brochure and home Academy agreement.
      7. Our policy will seek to ensure the suitability of adults working with children on Academy sites at any time. This is set out in our (Pre-employment check policy).
      8. Community users organising activities for children are aware of and understand the need for compliance with the Academy’s child protection guidelines and procedures.
      9. Our selection and recruitment policy includes all appropriate checks on staff suitability including Criminal Records Bureau checks.
   2. The name of any member of staff considered not suitable to work with children will be notified to the LADO who will discuss with the Academy whether a referral to DfE for consideration of List 99 action or by the Teaching Agency (an Executive Agency for the DfE) one day ‘Safeguarding Refresher Course E is required, or advisable, and the form and content of a referral.
      1. Our procedures will be annually reviewed and updated.
      2. The name of the Designated Safeguarding Lead will be clearly shown in the Academy, with a statement explaining the Academy’s role in referring and monitoring cases of suspected abuse.
      3. All adults, (including any supply teachers, non-teaching staff and volunteers), new to our Academy will be given a written statement about the Academy’s policy and procedures, and the name and contact details of the Designated Safeguarding Lead and have these explained as part of their induction into the Academy.
2. **Responsibilities**
   1. We understand that our responsibility to safeguard children requires that we all appropriately share any concerns that we may have about children. This may include contacting the Local Authority Designated Officer (LADO) (01803 208411) or the Duty Officer, Torbay Safeguarding Children’s Board (01803 208100), who will provide consultation and advice for anyone working with children.
   2. We have Designated People who are responsible for:
      1. Referring by telephone a child’s details if there are any concerns about his/her welfare, possible abuse or neglect to the Children’s Services Duty Team. A written record of the referral will be faxed/posted/e-mailed to the (LADO) within one hour of the telephone call or as soon as possible within the Academy day.
      2. Ensuring that written records of concerns about a child are kept even if there is no need to make an immediate referral.
      3. Ensuring that all such records are kept confidentially and securely and are separate from pupil records: these central records are kept by the Designated Safeguarding Lead.
      4. Acting as a focal point for staff to discuss concerns and liaising with other agencies and professionals.
      5. Attending (or delegating this requirement to another appropriately informed member of staff) case conferences, family support meetings, core groups, or other multi-agency planning meetings, contributing to the Framework for Assessment process, and providing a report which has been shared with parents

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* + 1. Ensuring that any pupil currently on a child protection plan who is absent without explanation for two days is referred to their key worker’s Children’s Services Team.
    2. Ensuring that all Academy staff are aware of this policy and know how to recognise and refer concerns.
    3. Providing termly reports to the Governors’ Safeguarding Committee, detailing any changes to the policy and procedures; training undertaken by the Designated Safeguarding Lead and by all staff and governors; relevant curricular issues, number and type of incidents/cases, and the number of children referred to the Children’s Services Team and who has a Child Protection Plan.
    4. Keeping themselves up to date with knowledge to enable them to fulfil their role, including attending relevant training provided by the Torbay LA and Child Protection Committee.

1. **Supporting Children**
   1. We recognise that a child who is abused, who witnesses violence or who lives in a violent environment may feel helpless and humiliated, may blame him/herself, and find it difficult to develop and maintain a sense of worth.
   2. We recognise that the Academy may provide the only stability in the lives of children who have been abused or who are at risk of harm.
   3. We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
   4. Our Academy will support pupils by:
      1. Encouraging the development of self-esteem and resilience in every aspect of Academy life including through the curriculum.
      2. Promoting a caring, safe and positive environment within the Academy.
      3. Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
      4. Notifying Children’s Services as soon as there is a significant concern.
      5. Ensuring that a named teacher (Mark Williams) is designated for Looked After Children (LAC) and that an up-to-date list of children is regularly reviewed and updated. The Behaviour and Attendance Officer for the Academy must be made aware of all LAC in the Academy.
      6. Providing continuing support to a pupil (about whom there have been concerns) who leaves the Academy by ensuring that such concerns and Academy medical records are forwarded under confidential cover to the Safeguarding Officer at the pupil’s new Academy and the pupil’s Social Worker as a matter of urgency.
2. **Confidentiality**
   1. We recognise that all matters relating to child protection are confidential.
   2. The Principal or Designated Safeguarding Lead will disclose personal information about a pupil to other members of staff on a need-to-know basis only.
   3. All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
   4. All staff must be aware that they cannot promise a child to keep secrets which might compromise the child’s safety or well-being, or that of another.
   5. We will always undertake to share our intention to refer a child to Children’s Services with their parents/carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with the Children’s Services Team on this point.
3. **Supporting Staff**
   1. We recognise that staff working in the Academy who have become involved with a child who has suffered harm, or appears likely to suffer harm, may find the situation stressful and upsetting.
   2. We will support such staff by providing an opportunity to talk through their anxieties with the Designated Safeguarding Lead and to seek further support. This could be provided by, for example, the Principal, by the Occupational Health doctor, the Human Resources Counsellor, and/or a teacher/trade union representative as appropriate.
   3. We understand that staff should have access to advice on the boundaries of appropriate behaviour. The document ‘Guidance for Safe Working Practices for the Protection of Children and Staff in Education Settings’ provides advice on this and the circumstances which should be avoided in order to limit complaints against staff of abuse or trust, and/or allegations of physical or sexual abuse. These matters form part of staff induction and are referred to in the staff handbook.
   4. We recognise that designated staff should have access to support (as in 6.2 above) and appropriate workshops, courses or meetings as organised by the LA.
4. **Allegations against staff (please also see the Academy Policy ‘Safeguarding Children (allegations against staff)**
   1. All Academy staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults. (See also 6.3 above).
   2. All staff should be aware of the Academy’s Behaviour and Attendance Policy.
   3. We understand that a pupil may make an allegation against a member of staff.
      1. If such an allegation is made, the member of staff receiving the allegation will immediately inform the Principal or the most senior teacher if the Principal is not present.
      2. The Principal/senior teacher on all such occasions will discuss the content of the allegation with the LADO, or, in his/her absence, Human Resources at Torbay Council (telephone: 01803 208369). The Child Protection Co-ordinator is a further source of advice and support.
      3. If the allegation made to the member of staff concerns the Principal, the person receiving the allegation will immediately inform the Chair of Governors who will consult as 7.3.2 above, without notifying the Principal first.
      4. The Academy will follow the LA procedures for managing allegations against staff, a copy of which can be found in Safeguarding Children Manual.
      5. Suspension of a member of staff against whom an allegation has been made needs careful consideration, and we will consult (as in 7.3.2 above) in making this decision.
      6. Our policy for other users requires that the organiser will manage the suspension of adults where necessary from Academy premises.
5. **Whistleblowing**
   1. We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so. *Please see also 2.1.5.*
   2. All staff should be aware of their duty to raise concerns about the attitude and actions of colleagues. If necessary, they should follow the Whistleblowing Policy or speak to the Designated Teacher/Persons Responsible.
6. **Physical Intervention/Positive Handling** 
   1. Our policy on physical intervention/positive handling by staff is set out separately – ‘Use of Reasonable Force Policy’. The DFE issued guidance to teachers designed to clarify Section 550a of the Education Act 1996 and further strengthened that guidance through the Education and Inspections Act 2006, sections 88 – 96. The guidance is aimed to ensure all staff know their legal position when it comes to using “Reasonable Force” (a term in common law) to prevent anti-social behaviour.
   2. Such events should be recorded and signed by a witness.
   3. Staff who are likely to need to use physical intervention of a nature that causes injury or distress to a child may be considered under child protection or disciplinary procedures.
7. **Anti-Bullying/Homophobic/Transphobic**
   1. Our policy on the prevention and management of bullying is set out in a separate policy and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures.
8. **Racist Incidents**
   1. Our policy on racist incidents is set out in a separate policy and acknowledges that repeated racist incidents or a single serious incident may lead to consideration under the child protection procedures.
9. **Domestic Violence**
   1. Our policy on Domestic Violence is set out in a Local Authority separate policy. It recognises that exposure to domestic violence can have a serious impact in a child’s development and emotional well-being and acknowledges that staff themselves can be victims or perpetrators of domestic violence.
10. **Prevention**
    1. We recognise that the Academy plays a significant part in the prevention of harm to our pupils by providing them with effective lines of communication with trusted adults, supportive friends and an ethos of protection.
    2. The Academy will therefore:
       1. Establish and maintain an ethos, which is understood by all staff, which enables children to feel secure and encourages them to talk knowing that they will be listened to.
       2. Ensure that all children know where there is an adult in the Academy whom they can approach if they are worried or in difficulty.
       3. Provide across the curriculum, including PSHE, opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help.
11. **Health & Safety**
    1. Our Health and Safety Policy, set out in a separate document, reflects the consideration we give to the protection of our children both physically within the Academy environment and, for example, in relation to internet use and when away from the Academy when undertaking Academy trips or visits.
12. **Policy Review**
    1. The Governing Body of our Academy is responsible for ensuring the annual review of this policy.

**CHILD PROTECTION PROCEDURES**

1. **What is Child Protection?**

1.1 Child Protection is one very important aspect of Safeguarding. It refers to the activity which is undertaken to protect specific children who are suffering, or at risk of suffering, significant harm.

1. **What is Significant Harm?**

2.1 The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention by statutory agencies in family life in the best interests of children. There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes it might be a single traumatic event but more often it is a compilation of significant events which damage the child’s physical and psychological development. Decisions about significant harm are complex and require discussion with the statutory agencies.

1. **Scope and Purpose of these Procedures**

3.1 These procedures should be read in conjunction with the Safeguarding Policy. They apply to the Principal, all staff (including supply and peripatetic staff), volunteers and anyone working on behalf of Paignton Community & Sports Academyand explain what action should be taken if there are concerns that a child is or might be suffering harm. A child is a person under 18 years but the principles of these procedures apply also to vulnerable young adults over 18 years.

1. **Responsibilities and Roles**

4.1 All those who come into contact with children and families in their work, including those who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of children.

4.2 Governing bodies/proprietors are accountable for ensuring their establishment has effective policies and procedures in place and monitoring the Academy’s compliance with them. The procedures should be reviewed annually and the governors of maintained Academy’s should provide information to the Torbay Safeguarding Children’s Board (TSCB) about how their duties in relation to safeguarding have been discharged. (A preform for reporting to the TSCB is available from the Safeguarding Unit.) Each governing body should nominate an individual member to take the lead in safeguarding and to work closely with the Designated Safeguarding Lead for Child Protection within the Academy.

4.3 This Academy has a Designated Safeguarding Lead with responsibility for child protection who is Mark Williams, Assistant Principal.This is the person with whom you should normally discuss any concerns or allegations and s/he should be able to offer appropriate advice and refer to other agencies as necessary.

4.4 In addition, the Children in Need Service (Children’s Services) and the Safeguarding Unit can provide advice and guidance on safeguarding and child protection matters.

*See Appendix 1 for useful contacts.*

*See Appendix 2 for the role and responsibilities of the Designated Safeguarding Lead*

* 1. All action is taken in line with the following guidance:

• ‘South West Child Protection Procedures – www.swcpp.org.uk

• DfE Guidance 2006 (2012) – ‘Safeguarding Children and Safer Recruitment in Education’

• Working Together to Safeguard Children 2013 – Guidance published by HM Government

• What to do if you’re worried a child is being abused (2006) – Government Guidance –

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• Section 16 of the Children Act 2004; Section 11 (4) Children Act 2004 (2010)

• Keeping Children Safe in Education DfE (April 2014)

• Safeguarding Best Practice Guide – Schools – Torbay Education Safeguarding Service (2014)

• Torbay Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures

1. **What is Child Abuse?**

5.1 It is generally accepted that there are four main forms of abuse. The following definitions are based on those from *Working Together to Safeguard Children* (HM Government 2013).

1. **Physical Abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse, as well as being a result of an act of commission (doing something), can also be caused through omission or the failure to act to protect.

ii) **Emotional Abuse**

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. It may involve 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 ill-treatment of a child, though it may occur alone.

iii) **Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM) are also categories of sexual abuse.

The activities may involve physical contact, including assault by penetration (for example, rape, buggery or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

1. **Neglect**

Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or danger, failure to ensure adequate supervision including the use of adequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

1. **Recognising Child Abuse – Signs and Symptoms**

6.1 Recognising child abuse is not easy, and it is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk. You do, however, have a responsibility to act if you have a concern about a child’s welfare or safety.

6.2 The following information is not designed to turn you into an expert but it will help you to be more alert to the signs of possible abuse. The examples below are not meant to form an exhaustive list.

**(i)Physical Abuse**

* Bruising in or around the mouth
* Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
* Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
* Variation in colour possibly indicating injuries caused at different times
* The outline of an object used e.g. belt marks, hand prints or a hair brush
* Linear bruising at any site, particularly on the buttocks, back or face
* Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
* Bruising around the face
* Grasp marks to the upper arms, forearms or leg
* Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing
* Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress
* If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture
* There are grounds for concern if:
* The history provided is vague, non-existent or inconsistent
* There are associated old fractures
* Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
* Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick
* Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.
* Mouth Injuries
* Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.
* Poisoning
* Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self harm even in young children.
* Fabricated or Induced Illness.
* Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:
* Discrepancies between reported and observed medical conditions, such as the incidence of fits
* Attendance at various hospitals, in different geographical areas
* Development of feeding / eating disorders, as a result of unpleasant feeding interactions
* The child developing abnormal attitudes to their own health
* Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
* Speech, language or motor developmental delays
* Dislike of close physical contact
* Attachment disorders
* Low self esteem
* Poor quality or no relationships with peers because social interactions are restricted
* Poor attendance at school and under-achievement
* Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.
* A medical or dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.
* It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.
* Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.
* Old scars indicating previous burns or scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.
* The following points are also worth remembering:
* A responsible adult checks the temperature of the bath before the child gets in.
* A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet
* A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks
* Scars
* A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse
* Emotional and behavioural presentation
* Refusal to discuss injuries
* Admission of punishment which appears excessive
* Fear of parents being contacted and fear of returning home
* Withdrawal from physical contact
* Arms and legs kept covered in hot weather
* Fear of medical help
* Aggression towards others
* Frequently absent from school
* An explanation which is inconsistent with an injury
* Several different explanations provided for an injury
* Indicators in the parent
  + May have injuries themselves that suggest domestic violence
  + Not seeking medical help/unexplained delay in seeking treatment
  + Reluctant to give information or mention previous injuries
  + Absent without good reason when their child is presented for treatment
  + Disinterested or undisturbed by accident or injury
  + Aggressive towards child or others
  + Unauthorised attempts to administer medication
  + Tries to draw the child into their own illness.
  + Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
  + Parent or carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
  + Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
  + May appear unusually concerned about the results of investigations which may indicate physical illness in the child
  + Wider parenting difficulties may (or may not) be associated with this form of abuse.
  + Parent or carer has convictions for violent crimes.
* Indicators in the family or environment
  + Marginalised or isolated by the community
  + History of mental health, alcohol or drug misuse or domestic violence
  + History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
  + Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement

**(ii) Emotional Abuse**

* Developmental delay
* Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no

attachment

* Aggressive behaviour towards others
* Child scapegoated within the family
* Frozen watchfulness, particularly in pre-school children
* Low self esteem and lack of confidence
* Withdrawn or seen as a 'loner' - difficulty relating to others
* Over-reaction to mistakes
* Fear of new situations
* Inappropriate emotional responses to painful situations
* Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
* Self harm
* Fear of parents being contacted
* Extremes of passivity or aggression
* Drug/solvent abuse
* Chronic running away
* Compulsive stealing
* Low self-esteem
* Air of detachment – ‘don’t care’ attitude
* Social isolation – does not join in and has few friends
* Depression, withdrawal
* Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
* Low self esteem, lack of confidence, fearful, distressed, anxious
* Poor peer relationships including withdrawn or isolated behaviour
* Indicators in the parent
* Domestic abuse, adult mental health problems and parental substance misuse may be
* features in families where children are exposed to abuse.
* Abnormal attachment to child e.g. overly anxious or disinterest in the child
* Scapegoats one child in the family
* Imposes inappropriate expectations on the child e.g. prevents the child’s developmental
* exploration or learning, or normal social interaction through overprotection.
* Wider parenting difficulties may (or may not) be associated with this form of abuse.
* Indicators of and in the family and environment
  + Lack of support from family or social network.
  + Marginalised or isolated by the community.
  + History of mental health, alcohol or drug misuse or domestic violence.
  + History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
  + Past history of childhood abuse, self harm, somatising disorder

**(iii)Sexual Abuse**

* Makes a disclosure.
* Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
* Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
* Self-harm - eating disorders, self mutilation and suicide attempts
* Poor self-image, self-harm, self-hatred
* Reluctant to undress for PE
* Running away from home
* Poor attention / concentration (world of their own)
* Sudden changes in school work habits, become truant
* Withdrawal, isolation or excessive worrying
* Inappropriate sexualised conduct
* Sexually exploited or indiscriminate choice of sexual partners
* Wetting or other regressive behaviours e.g. thumb sucking
* Draws sexually explicit pictures
* Depression
* Urinary infections, bleeding or soreness in the genital or anal areas
* Recurrent pain on passing urine or faeces
* Blood on underclothes
* Sexually transmitted infections
* Vaginal soreness or bleeding
* Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
* Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing
* Indicators in the parents
  + Comments made by the parent/carer about the child.
  + Lack of sexual boundaries
  + Wider parenting difficulties or vulnerabilities
  + Grooming behaviour
  + Parent is a sex offender
* Indicators in the family and environment
  + Marginalised or isolated by the community.
  + History of mental health, alcohol or drug misuse or domestic violence.
  + History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
  + Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
  + Family member is a sex offender.
* Child Sexual Exploitation (CSE) involves exploitative situations, contexts and

relationships where young people receive something (for example food, accommodation,

drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in

sexual activities. Sexual exploitation can take many forms ranging from the seemingly

‘consensual’ relationship where sex is exchanged for affection or gifts, to serious

organised crime by gangs and groups. What marks out exploitation is an imbalance of

power in the relationship. The perpetrator always holds some kind of power over the

victim which increases as the exploitative relationship develops. Sexual exploitation

involves varying degrees of coercion, intimidation or enticement, including unwanted

pressure from peers to have sex, sexual bullying including cyber bullying and grooming.

However, it also important to recognise that some young people who are being sexually

exploited do not exhibit any external signs of this abuse.

* Female Genital Mutilation (FGM): professionals in all agencies, and individuals and

groups in relevant communities, need to be alert to the possibility of a girl being at risk of

FGM, or already having suffered FGM. There is a range of potential indicators that a child

or young person may be at risk of FGM, which individually may not indicate risk but if

there are two or more indicators present this could signal a risk to the child or young

person. Victims of FGM are likely to come from a community that is known to practise

FGM. Professionals should note that girls at risk of FGM may not yet be aware of the

practice or that it may be conducted on them, so sensitivity should always be shown

when approaching the subject. Warning signs that FGM may be about to take place, or

may have already taken place, can be found on pages 11-12 of the Multi-Agency

Practice Guidelines referred to previously in ‘Keeping Children Safe in Education’ DfE (April

2014). Staff should activate local safeguarding procedures, using existing national and local

protocols for multi-agency liaison with police and children’s social care.

**(iv Neglect)**

* Failure to thrive or, in older children, short stature
* Underweight
* Frequent hunger
* Dirty, unkempt condition
* Inadequately clothed, clothing in a poor state of repair
* Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
* Swollen limbs with sores that are slow to heal, usually associated with cold injury
* Abnormal voracious appetite
* Dry, sparse hair
* Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea
* Unmanaged / untreated health / medical conditions including poor dental health
* Frequent accidents or injuries
* Development
* General delay, especially speech and language delay
* Inadequate social skills and poor socialisation
* Neglect
* Attachment disorders
* Absence of normal social responsiveness
* Indiscriminate behaviour in relationships with adults
* Emotionally needy
* Compulsive stealing
* Constant tiredness
* Frequently absent or late at school
* Poor self esteem
* Destructive tendencies
* Thrives away from home environment
* Aggressive and impulsive behaviour
* Disturbed peer relationships
* Self harming behaviour
* Indicators in the parents
  + Dirty, unkempt presentation
  + Inadequately clothed
  + Inadequate social skills and poor socialisation
  + Abnormal attachment to the child .e.g. anxious
  + Low self esteem and lack of confidence
  + Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
  + Failure to meet the child’s health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
  + Child left with adults who are intoxicated or violent
  + Child abandoned or left alone for excessive periods
  + Wider parenting difficulties, may (or may not) be associated with this form of abuse
* Indicators in the family and environment
  + History of neglect in the family
  + Family marginalised or isolated by the community.
  + Family has history of mental health, alcohol or drug misuse or domestic violence.
  + History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
  + Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
  + Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
  + Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
  + Lack of opportunities for child to play and learn

6.3 The above list is not meant to be definitive but as a guide to assist you. It is important to remember that many children and young people will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring

6.4 There may well be other reasons for changes in behaviour, such as a death or the birth of a new baby in the family, relationship problems between parents/carers, undiagnosed medical conditions etc.

1. **Responding to the Child who makes an Allegation:**

* Listen carefully to what is said
* Stay calm
* Find an appropriate opportunity to explain that it is likely that the information will need to be shared with others - never promise to keep secrets
* Allow the child to continue at her/his own pace and do not interrupt if the child is freely recalling events
* You do not need to find a ‘witness’
* Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer. Questions should be framed an open manner and not ‘lead’ the child in any way. For example say, “Tell me what has happened”, rather than, “Did s/he do…”
* Reassure the child that s/he has done the right thing in telling you
* Explain what you will do next and with whom the information will be shared
* Do not ask the child to repeat the disclosure to anyone else in Academy or ask him/her to write a ‘statement’
* Contact your Designated Safeguarding Lead or deputy DCP Lead as soon as you can or, where such contact is not possible, ensure a referral is made without delay to the appropriate Social Care office or even the Police if it is late on a Friday evening for example.
* Record in writing what was said, including the child’s own words, as soon as possible – note date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated
* Do not discuss with parents/carers. The Designated Safeguarding Lead will agree with the Social Care team when parents/carers should be contacted and by whom

*Further advice on information sharing can be found in ’What to do if you’re worried a child is being abused’, Appendix 3.*

7.1 Remember - it is important that everyone in the Academy is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred and should not conduct an investigation to establish whether the child is telling the truth. That is a task for Children’s Services and the Police following a referral to them of concern about a child. Your role is to act promptly on the information you have received.

1. **Responding to Concerns or Suspicions of Abuse**

8.1 Any suspicion or concern that a child or young person may be suffering or at risk of suffering significant harm, **MUST** be acted on. Doing nothing is not an option. Any suspicion or concerns should be discussed without delay with the Designated Safeguarding Lead or their deputy. If the child/young person is felt to be in immediate danger, the Police should be called.

8.2 A careful record should be made of what you have seen/heard that has led to your concerns and the date, time, location and people who were present. As far as possible, record verbatim what was said and by whom. Ensure that you use the child’s words and not your interpretation of them, Where physical injuries have been observed, these should be carefully noted but should not be photographed. Do not ask to see injuries that are said to be on an intimate part of the child’s body.

*See Appendix 3 for record keeping*

If the Designated Safeguarding Lead or Deputy DCP Lead is unavailable you should discuss your concerns with either:

* another senior member of staff, or
* Torbay Safeguarding Children’s Board (Tel: 01803 208100), or
* a Safeguarding Officer within the Safeguarding Reviewing Unit (Tel: 01803 208559).

8.4 The Designated Safeguarding Lead should telephone the referral to the Torbay Safeguarding Children Board (TSCB) without delay, prior to any discussion with parents/carers. The Designated safeguarding Lead should keep a record of the conversation with the Torbay Safeguarding Children Board, noting what actions will be taken and by whom, giving the date and time of the referral. The referral should be confirmed in writing on the inter-agency referral form as soon as possible and at least within 48 hours.

1. **Responding to Allegations or Concerns about Staff or Volunteers**

9.1 Rigorous recruitment and selection and other safeguarding procedures, and adhering to safer practice guidance will hopefully mean that there are relatively few allegations against or concerns about staff or volunteers. However, if there is any reason to believe that another member of staff or volunteer has acted inappropriately or abused a child or young person, you must take action by discussing your belief or concern with the Principal. Even though it may seem difficult to believe that one of your colleagues may be unsuitable to work with children, the risk is far too serious for any member of staff to dismiss such a suspicion without taking action.

9.2 If the concern is about the Principal, it should be discussed with the Chair of Governors or the Safeguarding Officer (Education) based in the Safeguarding and Reviewing Unit (Tel: 01803 208559).

9.3 In all cases of allegations against staff or volunteers, the Principal/Chair of Governors, must follow the correct procedure (Dealing with Allegations of Abuse against Teachers and other Staff).

1. **What happens after a Referral is made to Children’s Services Social Care?**

* **Referral**

Once a referral is received by the Torbay Safeguarding Children Board, a manager will decide on the next course of action by the Board, within one working day. When there is concern that a child is suffering, or at risk of suffering significant harm, this will be decided more quickly and an initial assessment will be conducted

* **Initial Assessment**

The Initial Assessment must be completed at least within 7 working days of receiving the referral, and will determine what should happen next.

* **Strategy Discussion**

If there is reasonable cause to suspect actual or likely significant harm, the Board Manager in the Torbay Safeguarding Children Board and the Police (with other agencies as appropriate) will hold a Strategy Discussion or meeting to decide whether to initiate a child protection enquiry (s47 enquiry) and whether a joint criminal investigation is required.

* **Section 47 (Children Act, 1989) Enquiries**

The process of the investigation is determined by the needs of the case, but the child/young person will always be seen as part of that process. On occasions, this will mean the child/young person is jointly interviewed by the Police and Social Workers, sometimes at a special suite where a video-recording of the interview is made.

* **The Child Protection Conference**

If, following the s47 enquiries, the concerns are substantiated and the child is judged to be at continuing risk of significant harm, a Child Protection Conference (CPC) will normally be convened. The CPC must be held within 15 days of the Strategy Discussion and staff invited to attend (normally the Principal or Designated Safeguarding Lead) should produce a written report in the correct format. (A pro forma is available from the Safeguarding Unit.) This must be shared with the child/young person and his/her family at least 24 hours before the initial CPC is held. A copy should also be sent to the person chairing the initial CPC at least 2 working days in advance.

* 1. **Children who are Disabled**

11.1 Children who are disabled are especially vulnerable to abuse and adults who work with them need to take extra care when interpreting apparent signs of abuse or neglect.

11.2 These child protection procedures should be followed if a child who is disabled discloses abuse or there are indicators of abuse or neglect. There are no different or separate procedures for children who are disabled.

11.3 Staff responsible for intimate care of children should undertake their duties in a professional manner at all times and in accordance with the Academy’s intimate care policy.

* 1. **Safer Working Practice**

12.1 All adults who come into contact with children at this Academy should behave at all times in a professional manner which secures the best outcomes for children and also prevents allegations being made. Advice on safer working practice can be found in Paignton Community and Sports Academy’s Staff Code of Conduct.

* 1. **Training**

13.1 Child protection must be part of induction for all staff and volunteers new to the Academy.

13.2 This should be followed up by basic child protection training that equips individuals to recognise and respond appropriately to concerns about pupils. The depth and detail of the training will vary according to the nature of the role and the extent of involvement with children.

13.3 Staff who do not have designated responsibility for child protection, including the Principal and qualified teachers, should undertake suitable refresher training at yearly intervals.

13.4 When staff with designated responsibility for child protection take up the role they should receive training in inter-agency working. They should be updated at 2 yearly intervals after that.

*See Appendix 4 for further information on training.*

**USEFUL CONTACTS**

**Appendix 1**

1. **Torbay Safeguarding Children Board**
   * **Safeguarding Hub:**

01803 208100

1. **Emergency Duty Service - Out of Hours Service:**

03004 564876

1. **The Safeguarding Unit:**

01803 208559

1. **The Local Authority Designated Officer (LADO):**

01803 208411

The Interim Executive Head of Safeguarding and Well Being is Elaine Redding, and John Edwards is the Local Authority Designated Officer (LADO), who can offer general advice and support to Principals and Designated Child Protection staff in relation to any safeguarding issues to whom allegations against adults who work with children in education establishments must be reported.

**Appendix 2**

**THE ROLE AND RESPONSIBILITIES OF THE Designated Safeguarding Lead FOR CHILD PROTECTION**

**(taken from ‘*Safeguarding Children and Safer Recruitment in* *Education*’*, 2006*)**

**Referrals**

* Refer cases of suspected abuse or allegations to the relevant investigating agencies.
* Act as a source of support, advice and expertise within the educational establishment when deciding whether to make a referral by liaising with relevant agencies.
* Liaise with the Principal (where role not carried out by the Principal) to inform him or her of any issues and on-going investigations and ensure there is always cover for this role.

**Training**

* To recognise how to identify signs of abuse and when it is appropriate to make a referral.
* Have a working knowledge of how Local Safeguarding Children Boards (LSCB’s) operate, the conduct of a child protection case conference and be able to attend and contribute to these effectively when required to do so.
* Ensure each member of staff has access to and understands the Academy’s child protection policy especially new or part time staff who may work with different educational establishments
* Ensure all staff have induction training covering child protection and are able to recognise and report any concerns immediately they arise.
* Be able to keep detailed accurate secure written records of referrals and or concerns.
* Obtain access to resources and attend any relevant or refresher training courses at least every two years.

**Raising Awareness**

* Ensure the establishment’s child protection policy is updated and reviewed annually and work with the governing body or proprietor regarding this.
* Ensure parents see copies of the child protection policy which alerts them to the fact that referrals may be made and the role of the establishment in this to avoid conflict later.
* Where children leave the establishment ensure their child protection file is copied for the new establishment as soon as possible but transferred separately from the main pupil file.

**Appendix 3**

**Record Keeping**

1. **Record to be made by an adult receiving a disclosure of abuse**

This record should be made as soon as possible after the disclosure has been reported to the Designated Safeguarding Lead. The facts, not opinions, should be accurately recorded in a non-judgemental way and should include:

* The child’s name, gender and date of birth
* Date and time of the conversation
* What was the context and who was present during the disclosure?
* What did the child say? – verbatim if possible
* What questions were asked? – verbatim
* Responses to questions –verbatim
* Any observations concerning child’s demeanour and any injuries
* The name of the person to whom you reported the disclosure
* Print your name and position in Academy
* Sign and date the record
* Pass all of this to your Designated Safeguarding Lead

This should be retained in the original form (as it could be used as evidence in criminal proceedings), even if later typed or if the information is incorporated into a report.

1. **Records kept by the Designated Safeguarding Lead**

**General Principles**

* All records should be passed to the Designated Safeguarding Lead who will make a judgement about what action needs to be taken, in accordance with local inter-agency safeguarding procedures.
* Information about concerns, allegations and referrals relating to individual pupils should be kept in separate files rather than in one generic ‘concern log’.
* Individual files should include a chronology of incidents and subsequent actions/outcomes.
* If a pupil is subject of a child protection plan, this should be highlighted in some way to make it immediately obvious to anyone accessing the record.
* All records relating to child protection concerns should be kept in a secure place, separate from the main Academy files, and access to the keys strictly controlled. Electronic records should be password protected.
* Child protection information should be shared with all those in Academy who have a need to have it, either to enable them to take appropriate steps to safeguard the pupil or to enable them to properly carry out their own duties, but it should not be shared wider than that.

**Access to Child Protection Records**

* The child who is the subject of a child protection record has the right to access the file, *unless* to do so would affect his/her health or well-being or that of another person, or would be likely to prejudice a criminal investigation or a Section 47 assessment under the Children Act 1989.
* Parents (i.e. those with parental responsibility) are entitled to see their child’s child protection file, with the same exemptions as apply to the child’s right to access the record. Note that an older pupil may be entitled to refuse access to his/her parents.
* Always seek advice if there are any concerns or doubt about a child or parents reading records. However, it is generally good practice to share all information held unless there is a valid reason to withhold it, e.g. to do so would place the child at risk of harm. Any requests to see the child’s record should be made in writing so that confidential information, such as any details of other pupils, can be removed.
* Child protection information should not normally be shared with professionals other than those from Social Care, the Police, Health or the Local Authority. Information should not be released to parents’ solicitors on request; advice should be sought from LA Legal Services in such cases.

**Transfer of Child Protection Records**

* When a pupil transfers to another Academy, the Designated Safeguarding Lead should inform the receiving Academy as soon as possible by telephone that child protection records exist. The original records must be passed on either by hand or sent by recorded delivery.
* If the records are to be posted, they should be copied and these copies should be retained until there has been confirmation in writing that the originals have arrived at the new Academy. They can then be shredded.
* Whether child protection files are passed on by hand or posted, it is good practice to have written evidence of the transfer (such as a form or slip of paper signed and dated by a member of staff at the receiving Academy.) This form should be retained by the originating Academy for 6 years (in line with guidance from the Records Management Society).
* If the pupil is removed from the roll to be home educated, the Academy should pass the child protection file to the Education Other Than At School Service (EOTAS) using the process detailed above. If the child later enrols at the same or another Academy, the PESW will pass on the child protection records.

**Retention of Records**

* The Academy should retain the record for as long as the child remains in Academy and then transferred as described above.
* Guidance from the Records Management Society is that when a pupil with a child protection record reaches statutory Academy leaving age (or where the pupil completed 6th form studies), the last Academy attended should keep the child protection file until the pupil’s 25th birthday. It should then be shredded.

**Appendix 4**

**MANDATORY TRAINING**

There are 3 levels of safeguarding training:

1. Single agency \**all Academy staff and volunteers*
2. Multi agency \*\**designated child protection staff*
3. Those with particular strategic and managerial responsibilities
4. **\*Single agency training**

This should include:

* how to recognise children who are, or may be, suffering harm
* how to respond to child welfare concerns, including disclosures of abuse
* safer working practice

This training generally takes place with other adults who work/volunteer in Academy, as a twilight or inset session, and can be delivered by the Designated Safeguarding Lead or one of the SSG approved training providers who will provide this free of charge. The Academy also requires all staff to undertake an on-line training module provided by Capita.

Update required every 2 years

1. **\*\*Multi-agency training**

This should give the Designated Child Protection staff:

* a higher minimum level of expertise
* a greater understanding of how to work together with other agencies to identify and address child welfare concerns
* the means to plan, undertake and review interventions
* the ability to manage and contribute to child protection procedures

There are two courses available; Safeguarding Children Foundation (which is a two part course, on-line and a one day course) run by the TSCB. Information is available from [**www.learningpool.com/torbay**](http://www.learningpool.com/torbay)and Safeguarding Children.

\*In addition, there are courses which should be considered in order to meet the continuous professional development needs of Designated Child Protection staff on topics such as “What to do in Child Protection Meetings”, “Hearing the Voice of the Child” and “The Child’s Journey” “The impact of domestic abuse on children” “Child Sexual Abuse” “Child Sexual Exploitation”, all details of which can be located on the following website ([**www.learningpool.com/torbay**](http://www.learningpool.com/torbay)).

To reiterate, the above courses \* are in addition to, not instead of, the one and two day courses Safeguarding Children Foundation [**www.learningpool.com/torbay**](http://www.learningpool.com/torbay)and one day ‘Safeguarding Refresher Course

As a minimum Designated Child Protection staff should attend an update course every 2 years:

* One day ‘Safeguarding Refresher Course – details sent out from the [**www.learningpool.com/torbay**](http://www.learningpool.com/torbay)).