



Woolmore  
Primary School

# SAFEGUARDING PUPILS POLICY

January 2015

# SAFEGUARDING PUPILS POLICY 2015

formerly CHILD PROTECTION policy

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# SAFEGUARDING PUPILS POLICY 2015

formerly CHILD PROTECTION policy

## **Introduction:**

This policy outlines the child protection procedures for all staff, adults and volunteers working in Woolmore Primary School and gives guidance on safeguarding pupils in line with the Tower Hamlets Local Safeguarding Children's Board (LSCB). This policy is linked to the school's Whistleblowing, Anti-bullying, Physical handling, Behaviour policies, E Safety, Safer Care and Conduct Code, Single Equality Scheme and LA procedures for responding to incidents involving discrimination.

## **Aim:**

The aim of our safeguarding training and policy is to create a 'safer culture' in our school. We aim to have a school where:

- There is a belief that 'it could happen here'.
- Child protection is part of induction and probationary period training.
- There are clear procedures for reporting concerns.
- Staff and pupils are confident their concerns will be listened to.
- There is a commitment to take action in relation to concerns raised.
- There is a set of standards for professional conduct.
- There is an ongoing culture of vigilance.
- Key individuals and their specific role are identified and known to the whole school community.

## **Confidentiality:**

- We recognise that all matters relating to child protection are confidential.
- The Headteacher, Deputy head and Assistant headteachers will disclose any information about a pupil to other members of staff on a need to know basis only.
- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard pupils.
- All staff must be aware that they cannot promise to keep secrets to a pupil.

## **Safeguarding roles and responsibilities:**

There are 2 aspects to safeguarding the welfare of pupils:

1. To take all reasonable measures to minimise the risk of harm
2. To take appropriate actions to address concerns about the welfare of a pupil or children.

Safeguarding is the responsibility of all staff, adults and volunteers working in Woolmore Primary School

The Teachers Standards 2012 state that "teachers should safeguard children's well being and maintain public trust in the teaching profession as part of their professional duties. All staff are expected to know how to recognise the signs of abuse, who to report concerns to and where to access the school's child protection policy and procedures". Only the Police, the NSPCC and Children's Social Care can carry out child protection investigations but ANYONE is able to make a referral to one of these agencies when they suspect abuse is occurring to a child.

## **The Woolmore team of designated members of staff**

**Senior Designated Person: Monica Steinharter – AHT Inclusion and Pastoral**

**Designated person: Tracy Argent – Headteacher**

**Designated person: Katie Fuller – Senior teacher**

**Designated person: Gillian Drinkwater – Senior teacher**

The Headteacher, members of the SLT and in particular AHT Inclusion are designated members of staff for child protection (DMS) for the school. The DMS liaises with social care, represent the school in multi-agency work, take responsibility for child protection records and ensure staff have regular child

protection training. Child protection records are kept confidential, secure and separate to pupils' academic records. For pupil transition, child protection files are passed on to receiving schools directly to the DMS and sent securely. Child Protection files that have been closed by Social Care, when there no longer is cause for concern, are retained by the school for a period of 10 years in the school's 'archived' secure storage.

The school maintains a safeguarding list of vulnerable pupils which is updated as and when pupils are identified with CP concerns. Included on this list are pupils in contact with social care for assessment, subject to either child protection or child in need plans or who have been referred to the child protection advice line. Also included on this list are pupils in public care (LAC), privately fostered pupils or pupils regarded as 'young carers'. Information and updates from the safeguarding list is passed on to the leadership team fortnightly and disseminated to staff on a strictly need-to-know basis.

The child protection policy is reviewed annually with the governing body and through staff meetings. The named governor for child protection is currently the chair of governors.

#### **Training:**

- Supply staff are informed of the school's child protection procedures on arrival at the school by the school office.
- New members of staff and volunteers receive induction training on child protection.
- New staff and volunteers complete safeguarding/child protection awareness training (Section 11 CA 2004) within the first week of their placement in the school.
- Whole school child protection training is repeated every 3 years.
- Members of the senior leadership team (SLT) and senior teachers who may in charge of the school are trained at 'designated' level.
- Parent/carers have access to the child protection policy and are made aware of it in pupil admission meetings.

#### **Partnerships with parent/carers, stakeholders and members of the wider school community:**

The school has a duty to promote awareness of child abuse to the community it serves. Parent/carers are encouraged to inform the school or appropriate agency if they are concerned a child may be being abused. Pupils are encouraged to talk about their concerns with staff and told who they can contact with their concerns eg. Childline or the NSCPP or the Integrated Support Pathways Team duty or advice line, 020 7364 3444. (This was formerly known as the Child Protection Advice Line in Tower Hamlets.)

The school distributed a leaflet to parent/carers setting out the protocol for safeguarding in January 2015.

(see appendix 3)

#### **Categories of child abuse:**

Child Abuse is categorised as:

**Physical abuse** is when a child suffers physical injury as a result of deliberate infliction or knowingly not prevented by a parent/carer.

**Sexual abuse** is the involvement of children or young people in sexual activities that they neither comprehend nor are able to give informed consent to. This includes failure on the part of a parent/carer to protect their child from exposure to or involvement with sexual activity.

**Emotional abuse** includes bullying, withdrawal of love and affection, lack of or poor parent/child attachment, lack of positive regard. Exposure to domestic violence in the home environment is also regarded as emotional abuse.

**Neglect** can be difficult to define and consequently is under reported and underestimated. Neglect co exists with other forms of maltreatment. It is mainly defined as the failure of adults to meet children's basic human needs (food, warmth, shelter, hygiene) or the abdication of responsibility to provide a safe and secure environment for children.

(See appendix 1- signs and symptoms of abuse)

**Hidden harm:**

There are sometimes circumstances within a child's home or community environment which, although not 'abusive', can cause a child to be fearful or worried or carry more responsibility than they are emotionally prepared or mature enough for. These may become a barrier to learning and need to be investigated and recorded to ensure that they do not develop into an abusive situation. Hidden harm can be:

- Domestic violence – children witnessing DV is abusive, research demonstrates that it has a damaging effect on the child
- alcohol problems
- living with a bully in the household.
- being a carer.
- housing in a very poor or extremely overcrowded condition.
- racism, homophobia, and / or violence in the close neighbourhood.
- mental health problems either experienced by the pupil or their parent/carer.
- being the only English speaker, writer or reader at home.
- very anxious parent(s) who are barely coping on a daily basis.

**Grooming:**

Is the process of involving children and young people in exploitative situations, contexts, and relationships where they receive something, eg. Food, accommodation, gifts, affection, inclusion to a gang/group, money, in exchange for sexual exploitation. This can take place also as a result of children experiencing violence, bullying, exclusion to an extent it becomes 'normalised'. Children and young people who experience grooming are less likely to report it due to the nature of it.

**Extremism, Radicalisation:**

Children and young people can be influenced by beliefs and opinions held by members of their family and/or community. Children who show sympathy for extremist causes, who glorify violence, and/or who advocate messages held by non-proscribed extremist groups may be vulnerable to being drawn into extremism or radicalisation. Pupils who cause concern for extremist views should be referred to child protection agencies.

**FGM- Female Genital Mutilation:**

Teachers and support staff need to be mindful of the practice of FGM which occurs for girls at primary school age. There is a need to be alert to the possibility of a girl being at risk of FGM or already having suffered from FGM from particular communities that practice FGM.

Indicators can be removal of the child from PSHCE and SRE lessons, a change in the girl's behaviour, the knowledge an elder sister has experienced FGM, level of integration by the family into UK society. Two or more indicators present could signal a risk to the child. 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 issue.

**E-Safety:**

As a school we have a responsibility to teach our pupils to be safe with the use of the internet and other technologies. It is also our responsibility to teach them critical thinking skills and appropriate behaviours to protect themselves on line and with other forms of media. We can not keep up with or anticipate new risks from technologies and we must prepare our pupils to assess risk and harm.

We provide parents and families with training on E-Safety and using computers safely at home.

We advise staff not to use personal mobile phones or cameras to record children. Staff should not communicate with pupils on private emails, social networking sites even on educational matters. Staff are advised to be extremely careful when using social networking sites and to never discuss school business or any issues relating to pupils.

All staff must use their LGFL mail accounts when conducting school business.

See 'Staff Safer Code of Conduct'

**REPORTING CONCERNS**

It is important for children to receive 'the right help at the right time' to address risks and prevent issues escalating. Failing to take effective action is a disciplinary offence. Poor practice includes: failing to act on and refer the early signs of abuse and neglect, poor record keeping, failing to listen to the

views of the child, failing to re-assess concerns when situations do not improve, sharing information too slowly, and a lack of challenge to those who appear not to be taking action.  
(DFE Keeping Children safe in Education, April 2014)

### **Action/Record of concern:**

**Any member of staff or volunteer who has concerns about the safety or potential abuse of a child must report their concerns orally to a member of the SLT or the DMS without delay:**

- It is recommended that a written account of the concern or disclosure follow as soon as possible.
- This should be completed on the schools (yellow) Record of Concern (ROC) either on paper or electronically.
- The ROC should be given or sent to the DMS by the end of the school working day.
- It must include as much information as possible- including time, date, exact words used in a disclosure, specific description to visible marks and their location, or a general description how a child's behaviour, demeanour has changed giving a sense of concern for the child's experience outside of school.
- The DMS will act on the information and report back to the member of staff as to outcomes.  
(See Appendix 3- Listening to Children)

### **Attendance monitoring:**

Children who are subject to either a Child Protection or CIN (child in need) plan, children who are in public care (LAC) and Young Carers attendance ARE prioritised each day for absence phone calls and reporting. This is the responsibility of the home-school worker (in her absence, the office manager) who will report directly to the AHT Inclusion with any concerns.

### **Supporting the child:**

We recognise that children who experience or witness abuse or violence may experience difficulties that impact on their sense of self worth. They may experience emotional, behavioural, social difficulties and may blame themselves for their situation. They may become challenging, disruptive, attention seeking or withdrawn.

Children who have experienced abuse, neglect, exposure to domestic violence, hidden harm or are failing to thrive emotionally and socially are prioritised for additional support, intervention or provision.

### **Curriculum:**

Through the PSHCE curriculum and generally through assemblies as well as the ethos of the school, staff will raise pupils' awareness and help to build resilience and confidence. Learning activities and relevant schemes of work will be planned in order to develop pupils' understanding of issues related to keeping safe.

### **Where there is a suspicion or evidence of physical injury, neglect or emotional abuse outside of school:**

Concerns for any injuries noticed on a pupil or any disclosures made by a pupil must be reported to the headteacher or DMS immediately. Any member of staff or the school community who is concerned about a parent/carer's ability to provide for their child's protection, safety or physical or emotional well being must pass this information on to the DMS. In their absence the concern should be reported to a member of the senior leadership team. The person with a concern or disclosure should not speak to any other member of staff about it. Staff, adults and volunteers are encouraged to speak to the DMS with their concern however slight it may seem because the DMS will be able to exercise judgement whether or what further action is warranted.

When further action is warranted eg: reporting the concern to the Tower Hamlets Child Protection Duty Line, parent/carers will generally be informed pending advice from the social worker on duty. Staff reporting concerns will not suffer adversely from reporting the concerns and parent/carers will not be made aware of who reported the concern within the school.

### **Where there is a suspicion or evidence of sexual abuse outside of school:**

Any suspicion of or disclosure by a child of sexual abuse must be reported immediately to the DMS who will pass it on to the Tower Hamlets Child Protection Duty Line. Parent/carers will not be informed at this stage as this may jeopardise the investigation and the safety of the child. The CAIT Team (Police child abuse investigation team) will become involved at the request of Social Care if warranted.

**Actions to be taken by staff and volunteers:**

Listen carefully to what the pupil has to say. Be receptive and reassure them that telling is the right thing to do and that school staff are there to help and protect them.

Reassure them that in order to help them, you will have to tell the headteacher or a DCPD.

Report what has been disclosed or is a concern to the headteacher or DCPD immediately.

Do not discuss this with any other member of the school community as this could undermine further actions and outcomes to protect the victim.

Do not ask any leading questions or make any promises you cannot keep. Try not to judge or leap to a conclusion.

(See Appendix 3- Listening to the child)

**Actions to be taken by the headteacher or DMS will include:**

Taking what the adult or pupil has said seriously and may be asking for further assistance from the adult in investigating further.

**Recording the concerns.**

Contacting the Integrated Support Pathways Team duty or advice line if appropriate.

Discussing with parent/carer and/or inform parent/carer that the school will pass this information on the ISPT duty line which could result in a referral to the social care advice and assessment team.

(Except in the cases of sexual abuse when a referral is made without parent/carer awareness or consent).

**Allegation or evidence of child abuse by a member of staff or other person in a 'position of trust':**

The governors have adopted the Managing Allegations Against Staff policy as recommended by the LA.

When it is alleged that a member of staff has physically, sexually or emotionally abused a child then this should be reported immediately to the headteacher or in her absence, the DMS. The Headteacher or Deputy Headteacher will immediately act in accordance with the procedures issued to schools by the Local Authority Designated Officer (LADO). If the allegation is against the headteacher this should be reported to the chair of governors or a local authority officer with responsibility for the school. On no account should any member of school staff attempt to interview the child or the member of staff. A written record of the allegation, the names of staff and pupils involved, the location of the alleged abuse and the names of potential witnesses should be taken. The LA offers advice and manages the investigation.

**Physical handling: (intervention including use of restraint):**

Section 93 of the Education and Inspections Act 2006 enables school staff to use 'reasonable force' to prevent a pupil from causing injury to themselves or others. Staff can intervene and physically hold a child who may be of a safety risk to self or others. They may also physically intervene to prevent theft or destruction of property. They may ask for children to hand over property (whether visible or concealed) not allowed in school or that could be unsafe.

**Concerns arising during home visits:**

If a child discloses or makes a direct allegation to a member of staff during a home visit or off site educational visit, the member of staff must make a written record of the concern and any explanation given by the child or parent/carer. They must then contact the DCPD without delay. If the concern is after hours and it is believed that the child may be at immediate risk the Children's Social Care Out of Hours Team or the Police should be contacted.

**Collection of children:**

Parent/carers arriving to collect a child when affected by alcohol or substance misuse:

If a parent/carer arrives at school to collect their child and it is thought that they may be adversely under the influence of alcohol or other substances, a decision needs to be taken regarding whether the child's safety might be at risk by releasing them to the parent/carer.

Normally parent/carers cannot be prevented from collecting their children, but if it is believed the child would be at risk, staff may request that the parent/carer name another suitable adult (eg. a relative) to collect and look after the child.

### **Safer Recruitment, Vetting and Maintenance of DBS (Disclosure + Barring Service) checks:**

The school adheres to the statutory and DCSF recommended requirements set out in 'Keeping Children Safe in Education', DFE April 2014 which ensures all adults who work with pupils in the school have undergone the appropriate recruitment and vetting checks. The school will ensure that safer recruitment practices are in place and followed in checking the suitability of all staff and volunteers to work with children, including relevant members of the Governing Body. Evidence of these check, DBS and Children's Barred List, are recorded on the SCR (Single Central Record). This is in relation to the replacement of the CRB, ISA and List 99 in December 2012.

Policy written and updated by: Tracy Argent, Headteacher and Monica Steinharter, AHT Inclusion  
5th January 2015

Ratification of this updated policy by Governing Body: 11.03.2015

Governor signing (name and signature):

Updated: January 2015

All staff issued with updated copy and to sign that it has been read

Date to be reviewed: September 2015

### **Appendix 1:**

#### **Child Abuse is categorised as:**

Physical abuse is when a child suffers physical injury as a result of deliberate infliction or knowingly not prevented by a parent/carer.

Typical signs of physical abuse are:

- bruises and abrasions - especially about the face, head, genitals or other parts of the body where they would not be expected to occur given the age of the child. Some types of bruising are particularly characteristic of non-accidental injury especially when the child's explanation does not match the nature of injury or when it appears frequently.
- slap marks — these may be visible on cheeks or buttocks.
- twin bruises on either side of the mouth or cheeks - can be caused by pinching or grabbing, sometimes to make a child eat or to stop a child from speaking.
- bruising on both sides of the ear — this is often caused by grabbing a child that is attempting to run away. It is very painful to be held by the ear, as well as humiliating and this is a common injury.
- grip marks on arms or trunk - gripping bruises on arm or trunk can be associated with shaking a child. Shaking can cause one of the most serious injuries to a child's brain. Grip marks can also be indicative of sexual abuse.

heavy bang on the nose, however, can cause bruising to spread around the eye and 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.

Sexual abuse is the involvement of children or young people in sexual activities that they neither comprehend nor are able to give informed consent to. This includes failure on the part of a parent/carer to protect their child from exposure to or involvement with sexual activity.

Typical signs of sexual abuse are:

- a detailed sexual knowledge inappropriate to the age of the child.
- behaviour that is excessively affectionate or sexual towards other children or adults.
- attempts to inform by making a disclosure about the sexual abuse often begin by the initial sharing of limited information with an adult. It is also very characteristic of such children that they have an excessive preoccupation 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.
- masturbation is worrying when it takes place in public.
- promiscuity.
- sexual approaches or assaults - on other children or adults.
- urinary tract infections (UTI), sexually transmitted disease (STD) are all cause for immediate concern in young children, or in adolescents if his/her partner cannot be identified.
- bruising to the buttocks, lower abdomen, thighs and genital/rectal areas. Bruises may be confined to grip marks where a child has been held so that sexual abuse can take place.
- discomfort or pain particularly in the genital or anal areas.
- the drawing of pornographic or sexually explicit images.

Emotional abuse includes bullying, withdrawal of love and affection, lack of or poor parent/child attachment, lack of positive regard. Exposure to domestic violence in the home environment is also regarded as emotional abuse.

Typical signs of emotional abuse are: aggressive/violent behaviour, out of control or challenging behaviour, withdrawn or selectively mutism, self harming, risky or dangerous behaviour.

Neglect can be difficult to define and consequently is under reported and underestimated. Neglect co exists with other forms of maltreatment. It is mainly defined as the failure of adults to meet children's basic human needs (food, warmth, shelter, hygiene) or the abdication of responsibility to provide a safe and secure environment for children. Typical signs of neglect are: underweight, inadequately or poorly clad, signs of poor hygiene eg: odour, soiled, headlic

## **Appendix 2**

### **Listening and Talking to Children**

There are several reasons why you might listen/talk with a child about something which causes you concern and/or might indicate possible abuse. It may be because of a comment they make, or a drawing, or some play activity, or something you notice. It might also be because a child tells you something directly.

It is very important that you know what NOT to say or do as well as what kind of things TO say or do.

#### **What NOT to say or do**

##### **It is very important that you do not:**

- Make any assumptions or leap to any conclusions. If you do either of these you will not really hear what the person is saying, you will ask the wrong questions, and generally react inappropriately.
- Ask the child leading, closed or directed questions. Do not try and find out exactly what happened so it makes sense to you. You are meant to be listening – not interrogating. Be quiet and let it come out as it may. Cases which have later gone to Court have been dismissed because somebody has questioned the child inappropriately – do not let it be you. This leaves the child in a more vulnerable position than ever.
- Make promises you cannot keep. You cannot offer complete confidentiality on anything that is potentially abusive. Do not pretend that you will and then have to betray the child later: be honest. Say that you would need to tell.
- Dismiss what they say or contradict their understanding or experience. Eg. "Your Mum? She wouldn't do a thing like that, it must have been an accident." "Oh, I'm sure he doesn't mean it, he was probably joking."
- Indicate that the child is to blame. Eg. "My dad really belted me on Sunday." "You must have made him very angry, what had you done?"
- Let your own emotions get in the way. This is not about you –it is about the child. So whatever your emotions might be – scepticism, outrage, disgust, general upset etc. deal with them later. Do not let them be part of your communication with the child: do not let them be part of your communication with the child: remember you are the adult. Do not say Oh how dreadful / I can't believe it / you poor thing / are you sure?

## **What TO do and say**

- Basically you just need to listen, and actually say very little. Sounds easy, but in general we do not do this very well. Instead of listening we:
  - Interrupt
  - Finish other's sentences
  - Ask leading, closed or directed questions
  - Make assumptions about their feelings and react accordingly
  - Do not allow the speaker to pause for more than 3 seconds before jumping in
  - Speak about ourselves and how we feel about what they are saying
  - Give advice/tell them what to do
  - Tell them our opinions of the subject and other people involved
  - Do not allow the speaker to be upset/cry – but tell them everything will be alright/it's not that bad/ and basically, please stop crying.

### **Proper Listening**

- Pay total attention to the speaker
- Be very calm and patient
- Look at the speaker directly / good eye contact
- Allow silences and long pauses
- Pay total attention to the speaker
- Your whole attitude is 'you are my only priority right now'

### **Questions you can use:**

- Do you want to/Can you say what happened next?
- Is there anything else you want to say? Are you sure?

### **Things you could/would say after a disclosure**

- I'm glad you have told me this
- Thank you for telling me this
- I take what you have told me very seriously
- You've been very brave to talk about this
- It isn't your fault you know
- I will help you as much as I can

### **Remember**

- That the child may fear reprisals from having told
- Stay with the child if at all possible
- It has been an act of courage, as well as desperation, for them to have spoken

**Appendix 3:  
Leaflet for families**

**WOOLMORE PRIMARY SCHOOL  
HOW WE PROTECT YOUR CHILDREN FROM HARM AND NEGLECT**

We have a responsibility to take immediate action when we find out a child tells us they have been harmed or neglected in any way.

This is what we will do:

- We listen carefully and reassure the child-all staff have been trained how to respond appropriately
- We report this information to the person in charge and the designated child protection officers in school (Tracy, Monica, Katie) who have received training in child protection
- They will make a decision about what is best to help the child. Everything is treated confidentially
- In most cases, parents/carers are informed what their children have told us but there may be situations where we are not able to do this
- Depending on what the child is telling us, we contact the social care advice line for guidance- they may write a record of concern, they may visit the family and/or they may notify the Police.

As a parent/carer in the local community you have a responsibility to tell us if you think a child is being harmed or neglected. Your information will be treated as confidential by the school.