

Westholme School Safeguarding Policy

Purpose of a child protection and safeguarding policy

This policy is intended to give clear instructions to staff and others about expected procedures for dealing with child protection issues. Westholme is committed to the development of good practice and sound procedures. The aim of this policy is to ensure that child protection concerns and referrals may be handled sensitively, professionally and in ways which prioritise the needs of the child. It establishes procedures for dealing with cases of alleged or suspected abuse which might have occurred to or been perpetrated by (in or out of school) a member of the school community or other person.

Introduction:

Westholme fully recognises the contribution it can make to protect children and support pupils in school.

There are three main elements to our child protection and Safeguarding policy.

Prevention:

We provide a positive, safe environment and give teaching and pastoral support to pupils.

Protection:

By following agreed procedures, ensuring staff are trained and supported to respond appropriately and sensitively to Child protection concerns.

Support:

To pupils and school staff and to children who may have been abused.

This policy applies to all staff, governors and volunteers in school.

Westholme will therefore:

- a) Establish and maintain an ethos where children feel secure and are encouraged to talk, and are listened to. We will foster positive relationships between staff and pupils through a strong and supportive pastoral system and effective teaching methods
- b) Ensure that children know that there are adults in the school who they can approach if they are worried or in difficulty. The pupils will continue to have access to the school nurse, HOY and form tutors and staff in general.
- c) Include in the curriculum activities and opportunities for PSHE which equip children with the skills they need to stay safe and /or communicate their fears and concerns about abuse. This will be supported by outside speakers and assemblies.
- d) Ensure that every effort is made to establish effective working relationships with parents and colleagues from other agencies.

Definitions of Abuse:

The difficulty lies in establishing the boundaries between unprofessional behaviour and abuse (where staff are involved) and between careless and cruel actions and abuse (where parents and others are involved). Staff and employees should not make such judgements and must always refer suspicions and allegations of abuse to the Designated Person who will make an initial assessment of the known evidence.

An abused child is a boy or girl under the age of 18 years who has suffered, or is likely to suffer, physical neglect, failure to thrive, emotional or sexual abuse which any person caused or knowingly failed to prevent. This would include abuse of a child/young person by a stranger and abuse of a child/young person by a child/young person.

The law recognises four broad categories of abuse. It must be emphasised that these categories overlap:

Neglect:

Children under the age of 18 who have been persistently or severely neglected or the failure to protect a child from exposure to any kind of danger. This includes the failure to carry out important aspects of care resulting in the significant impairment of the child's health or development.

Physical Injury:

Children under the age of 18 where the nature of the injury is not consistent with the account of how it occurred or where there is definite knowledge or reasonable suspicion that the injury was inflicted (or knowingly not prevented) by any person. In particular, cases where the injury was a calculated act, the harm is regular and persistent or so severe as to question the motive of the perpetrator.

Sexual Abuse:

The actual or likely sexual exploitation of a child or adolescent under the age of 18 years by any person. This would include any form of sexual activity to which the child cannot give true consent either by law or because of ignorance, dependence, developmental immaturity or fear. It does not include people of 16 years or over who are willing and able to give true consent, unless the sexual activity includes the parent or care giver or other person in a position of trust.

Emotional Abuse:

Actual or likely adverse effect on the emotional and behavioural development of a child under the age of 18 years caused by persistent or severe emotional ill-treatment or rejection. As all other categories involve some emotional abuse it should be used when this is the main or sole form of abuse.

Roles and responsibilities:

- 1) All adults working with or on behalf of children have a responsibility to protect children. There are however, key people within school who have specific responsibilities under child protection procedures. The names of those carrying these responsibilities in school for the current year are listed in this policy.
- 2) The role of the designated Senior Person (Child protection) is to coordinate the school's response to issues surrounding safeguarding and child protection. This includes staff training and induction of new staff and trainees within school as well as being the person to whom staff report concerns. Some of these tasks can be delegated: general training is done by the Deputy Head (pastoral) for NQT and new staff (and trainees). The Designated Senior Person is the person responsible for making a decision to refer a specific child for further assessment through social services.
- 3) This task will be always be carried out in conjunction with the Principal. Decisions about referring a child to outside agencies should preferably be made jointly with the Designated Senior Person and the Principal, unless the Principal is unavailable and the Designated Senior Person judges that delay in referral will be detrimental to the child.
- 4) There will be a named governor responsible for child protection who is responsible for monitoring the child protection and safeguarding policies of the school.

Training and support

Westholme will ensure that the Principal, Designated Senior Person and the nominated governor for Child Protection attend training relevant to their role at intervals of not longer than 2 years. The Designated Senior Person will also attend Inter Agency Child Protection training within this timescale.

All staff should receive induction and an update every three years on Child Protection. Staff will be informed about current safeguarding issues affecting individual pupils through the usual communication channels in school, but strictly on a "need to know" basis.

The Designated Senior Person:

Wilmar Lodge: Anne Patefield
Beardwood Bank: Carol Laverick
Boys' School; Stuart Lewis
Billinge House and nursery: Deborah Northin

Role of the Designated Senior Person in making an urgent initial assessment

The designated senior Person will carry out an urgent initial assessment of all cases referred to them. The purpose of this assessment is to discover: the nature of the

suspicion or allegation, the validity of the suspicion or allegation based on the evidence, the likelihood of future harm to the child. The designated senior Person will refer to the confidential files on issues of child protection (held by the Designated Person); they will refer to school medical records, registers and pupil files. They may talk discreetly with staff or pupils to ascertain relevant information without revealing the nature of the enquiry.

This is not an investigation, although the child and staff might have to be interviewed (See guidance). A written record of the urgent initial assessment will be made, including signed statements where appropriate, which will be kept by the Designated Person. On the basis of the urgent initial assessment the designated person, usually in consultation with the Principal, will decide an appropriate course of action which might involve referring the matter to an outside agency or implementing disciplinary procedures with staff. The decision of the designated Person will be recorded on the urgent assessment report.

The urgent initial assessment should be completed promptly and, if at all possible, within 24 hours of the allegation or suspicion being reported.

School Child Protection Procedures

What should staff do if they have concerns about a child or young person in school? Education professionals who are concerned about a child's welfare or who believe that a child is or may be at risk of abuse should pass any information to the designated Senior Person (DSP) in school; this should always occur as soon as possible and certainly within 24 hours. Staff should fill in a "Child Protection Incident Reporting Form" (Found at the end of this policy)

Staff guidance

Talking and Listening to Children:

If a child wants to confide in you, you SHOULD

- Be accessible and receptive;
- Listen carefully and uncritically, at the child's pace;
- Take what is said seriously;
- Reassure children that they are right to tell;
- Tell the child that you must pass this information on;
- Make sure that the child is safe;
- Make a careful record of what was said.

You should NEVER

- Investigate or seek to prove or disprove possible abuse;
- Make promises about confidentiality or keeping "secrets" to children;
- Assume that someone else will take the necessary action;
- Jump to conclusions, be dismissive or react with shock, anger, horror etc;
- Speculate or accuse anybody;
- Investigate, suggest or probe for information;

- Confront another person (adult or child) allegedly involved;
- Offer opinions about what is being said or the persons allegedly involved;
- Forget to record what you have been told;
- Fail to pass this information on to the correct person (The Designated Senior Person)

Recording should

- State who was present, time, date and place;
- Be written in ink and be signed by the recorder;
- Be passed to the DSP or Principal immediately (or certainly within 24hrs)
- Use the child's words wherever possible;
- Be factual/state exactly what was said;
- Differentiate clearly between fact, opinion, interpretation, observation and/or allegation.

What information do you need to obtain?

- Schools have no investigative role in child protection (Police and Children's Integrated services will investigate possible abuse very thoroughly and in great detail, they will gather evidence)
- Never prompt or probe for information, your job is to listen, record and pass on;
- Ideally, you should be clear about what is being said in terms of **who, what, where and when;**
- The question you should be able to answer at the end of the listening process is **“might this child be a child protection matter?”**
- If the answer is yes, or if you are not sure, record and pass on immediately to the designated Senior Person/ principal/ Line manager

If you do need to ask questions, what is and is not ok?

- **Never** ask closed questions (i.e. ones where children can answer yes or no to. E.g. Did he touch you?)
- **Never** make suggestions about who, how or where someone is alleged to have touched, hit etc.
- If we must, use only **minimal prompts** such as: Go on.../ tell more about.../ tell me everything that you remember about that...
- Timescales are very important: **“When was the last time this happened?”** Is an important question.

What else should we think about in relation to disclosure?

- Is there a place in school which is particularly suitable for listening to children?
- We need to think carefully about our own body language- how we present will dictate how comfortable a child feels in telling us about something which may be extremely frightening, difficult and personal;
- Be prepared to answer the “what happens next” question.
- We should never make face-value judgements or assumptions about individual children. For example, we know that (child.....) tells lies;
- Think about how you might react if a child DID approach you in school. We need to be prepared to offer a child in this position exactly what they need in terms of protection, reassurance, calmness and objectivity;

- Think about what support you could access if faced with this kind of situation in school.

Supporting Pupils at risk

Westholme recognizes that children who are abused or who witness abuse or violence may find it difficult to have a positive outlook on life and to have high self-esteem. School may be the only stable, secure and predictable element in the lives of children at risk. Whilst at school they may still present with challenging and defiant behaviour. It is also recognized that some children who have experienced abuse may in turn abuse others. This requires a measured, careful approach so that the child can receive appropriate help and support.

Westholme will endeavour to support pupils through:

- a) The curriculum to encourage self-esteem and self-motivation.
- b) The school ethos, which promotes a positive, supportive and safe environment and which gives all pupils and adults a sense of being respected and valued.
- c) The implementation of the school behaviour management policy.
- d) A consistent approach, which recognizes and separates the cause of behaviour from that which is displayed.
- e) Regular liaison with other professionals and agencies who support the pupils and their families,
- f) A commitment to develop productive, supportive relationships with parents, wherever possible and as long as it is in the child' best interests to do so.
- g) The development and support of a responsive and knowledgeable pastoral staff trained to respond appropriately in child protection situations.

We recognize that children with behavioural difficulties and disabilities are particularly vulnerable to abuse. School staff who work, in any capacity, with children with profound and multiple disabilities, sensory impairment and/or emotional and behaviour problems will need to be particularly sensitive to signs of abuse.

It must also be noted that in a home environment where there is domestic violence, drug or alcohol abuse, children may also be particularly vulnerable and in need of support or protection.

Safe School, Safe Staff

Information for staff regarding:

Categories of Child abuse:

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 feigns the symptoms of, or deliberately causes, ill health to child whom they are looking after. This situation is commonly known as 'Fictitious illness by proxy' or 'Munchausen's syndrome by proxy'.

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. It may involve causing children to frequently 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.

Sexual abuse

Sexual Abuse involves forcing or enticing a child to take part in sexual activities whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) and non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

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. It may involve a parent or carer failing to provide adequate food, shelter or clothing or failing to protect a child from physical harm or danger, 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.

Possible indicators of Abuse:

Physical Abuse

There can never be a definitive list of indicators of physical abuse but the following are cause for concern. The indicators can be divided into physical and behavioural indicators;

Physical Indicators:

- o Unexplained bruises, welts, lacerations, abrasions
- o on face, lips, mouth
- o on torso, back, buttocks, thighs
- o in various stages of healing
- o clustering forming regular patterns
- o reflecting shape of article used e.g. belt, buckle, and electrical flex
- o on several different surface areas
- o regularly appear after absence, weekends, or holiday.
- o Bite marks or fingernail marks
- o Cigar, cigarette burns especially on soles, buttocks, palms or back
- o Immersion' burns, where hands and feet or body have been forcibly immersed in very hot water
- o patterned like electrical burner, iron etc
- o rope burns on arms, legs, back or torso.
- o Unexplained fractures to nose, skull, and facial structure in various stages of healing

Behavioural/Emotional indicators:

- o Difficult to comfort
- o Apprehension when other children cry
- o Above normal crying/irritability
- o Frightened of carers/parents
- o Afraid to go home
- o Rebelliousness
- Behavioural extremes - aggressiveness-withdrawal - impulsiveness
- o Regresses to child-like behaviour
- o Apathy
- o Depression/poor peer relationships
- o Panics in response to pain
- o Refusal to discuss/improbable excuses given to explain injuries
- o Talking about punishment which seems excessive
- o Fear of parents being contacted
- o Self destructive tendencies
- o Chronic running away

Emotional Abuse

Physical indicators:

- o Failure to thrive
- o Not growing or putting on weight
- o Delays in physical development or progress
- o Behavioural/Emotional Indicators:
- o Physical, mental and emotional developmental delay
- o Talk about being punished in a way that seems excessive
- o Over react to mistakes
- o Develop sudden speech disorders

- o Show fear of new situations
- o Show inappropriate emotional responses to painful situations
- o Demonstrate neurotic behaviour - rocking, hair twisting, thumb sucking.
- o Self mutilation
- o Fear of parents being contacted
- o Show extremes of passivity or aggression
- o Become involved in drink/drug abuse
- o Chronic running away
- o Compulsive stealing
- o Scavenging for food
- o Be seen to 'buy' affection

Emotional abuse causes damage to emotions and feelings and because it is difficult to measure it is the most difficult form of abuse to prove. Parents and carers can emotionally abuse children by being cold and unloving and not giving or returning love and affection. They may show an active dislike of a child by being rude and unpleasant all or most of the time, being negative and always complaining instead of praising. Equally can be inconsistent by being loving one day and very pleasant the next. Often one child in the family becomes the 'scapegoat' or focus of family unpleasantness.

Neglect

Neglect is not always easy to recognise, but the following may cause concern when considered in relation to the age of the child.

- o Constant hunger
- o Poor hygiene
- o Inappropriate dress
- o Poor state of clothing
- o Consistent lack of supervision
- o Unattended physical problems or medical needs
- o Abandonment
- o Weight problems
- o Stealing food
- o Constant fatigue, listlessness
- o Problems in relationship with care-giver
- o Regularly not collected on time from school
- o Frequent lateness, non attendance at school
- o Destructive tendencies
- o Low self esteem
- o Neurotic behaviour - rocking, hair twisting, thumb sucking
- o Begging

Sexual Abuse

Physical indicators:

- o Pregnancy
- o Sickness
- o Excessive crying

- o Difficulty in walking/sitting down
- o Stained or bloody underclothing
- o Pain or itching in genital area

Behavioural / emotional indicators:

The possible emotional/behavioural signs of possible sexual abuse are likely to vary according to the extent of the abuse, the duration of the abuse and their age. Children of different ages have different levels of knowledge and understanding about sexual matters this means that sexual abuse will impact differently on a young child compared to an adolescent.

Children aged 11+

- o Hint about secrets they cannot tell
- o Say that a friend has a problem
- o Ask if you will keep a secret if they tell you something
- o Begin lying, stealing, blatantly cheating in the hope of being caught
- o Have unexplained sources of money
- o Start wetting/soiling
- o Show sudden, inexplicable changes in behaviour, such as becoming
- o aggressive or withdrawn
- o Stop enjoying previously liked activities such as music, sport, and gym
- o Be reluctant to undress for PE
- o Become fearful of, refuse to see certain adults for no apparent reason
- o Act in a sexual way inappropriate to their age
- o Draw sexually explicit pictures depicting some act of abuse
- o Write about sexual acts that is inappropriate to their age
- o Seem old beyond their years
- o Develop eating disorders
- o Become depressed and even attempt suicide
- o Have a poor self image, self mutilate
- o Continually run away
- o Regress to younger behaviour patterns
- o Surround themselves with previously discarded cuddly toys
- o Say that they are no good, evil, dirty
- o Engage in criminal behaviour
- o Use drink and drugs to excess
- o Unable to concentrate
- o Have low self esteem
- o Sexually abuse themselves

These lists are not exhaustive.

Advice about avoiding situations where allegations may be made against staff.

Staff should never:

- o Spend excessive amounts of time alone with children away from others
- o Engage in rough, physical or sexually pro-active games
- o Allow or engage in inappropriate touching of any form

- o Allow children to use inappropriate language unchallenged
- o Make sexually suggestive comments about or to a child, even in fun
- o Do things of a personal nature for a child that they can do themselves
- o Belittle children in any way which will cause resentment

Designated Senior Person considerations:

Is this case “risk” or “need”? (By definition, a child at risk is also a child in need)

However, this will help to define the priority/level/immediacy of risk/need)

Can the level of need identified be met: in or by the school or by accessing universal services/ without referral to Children’s Integrated Services or other targeted services/ by working with the child, parents and colleagues?

What resources are available and what are their limitations?

Is the level of need such that a referral needs to be made to Children’s Integrated Services which requests that an assessment of needs be undertaken? (Section **17 Child in need referral**)

Is the level and /or likelihood of risk such that a child protection referral needs to be made (i.e. a child is suffering or is likely to suffer significant harm? (Section **47 Child protection referral**)

What information is available: Child, parents, Family & environment?

What information is inaccessible and, potentially how significant might this be?

Who needs to be spoken to and what do they need to know?

Where can appropriate advice and support be accessed?

If there is not to be a referral what action will be taken (e.g. time-limited monitoring plan, discussion with parents or other professionals, recording?)

Feedback to staff who report concerns to Designated Senior Person

Rules of confidentiality mean that it may not always be possible or appropriate for the DSP to feedback to staff who report concerns to them. Such information will be shared on a “need to know” basis only and the DSP will decide on which information needs to be shared, when and with whom. The primary purpose of confidentiality in this context is to safeguard and promote the child’s welfare.

Thresholds for referral to Children’s Integrated Services (CIS)

Where a Designated Senior Person or line manager considers that a referral to CIS may be required, there are two thresholds for and types of referral that need to be considered:

1) Is this a Child in Need?

Under section 17 (s.17 (10)) of the Children Act 1989, a child is in need if:

- a) He/She is unlikely to achieve or maintain, or have the opportunity to achieve or maintain a reasonable standard of health or development, without provision of services by a local authority;
- b) His/Her health or development is likely to be impaired, or further impaired, without the provision of such services;

- c) He/She is disabled.
- 2) Is this a Child Protection Matter?**

Under section 47 (1) of the Children Act 1989, a local authority has a duty to make enquiries where they are informed that a child who lives or is found in their area:

- a) Is the subject of an Emergency Protection Order;
- b) Is in Police Protection; or where they have:
- c) Reasonable cause to suspect that a child is suffering or is likely to suffer significant harm.

It is the “significant harm threshold” that justifies statutory intervention into family life. The Designated Senior Person will make judgements around “significant harm”, levels of “need” and when to refer.

Making referrals to CIS (Children’s Integrated Services)

(Guidance for the Designated Senior Person)

1) Child in Need/ Section 17 Referrals

The DSP should complete a common assessment Framework (CAF)

(www.blackburn.gov.uk/caf)

This is a request for assessment/ support/services and, as such, you must obtain the consent of the parent(s)/carers (and child/young person when appropriate), this should be identified on the CAF.

Where a parent/carer/child/young person refuses to consent, you should make clear your ongoing plans and responsibilities in respect of support, monitoring, etc, and the possibility of a child protection referral at some point in future if things deteriorate or do not improve.

2) Child Protection/Section 47 Referral

Make a telephone call to Children’s safeguarding service: 01254 587 547

You will speak to a Customer Care officer whose role is to receive your referral information, enter it onto the appropriate IT system and forward to the relevant Social Work team Leader for consideration:

You should still complete a CAF and should forward this as soon as possible and certainly within 48 hours. (www.blackburn.gov.uk/caf)

You do not require the consent of a parent/carer or child/ young person to make a child protection referral.

A parent/carer should under most circumstances, be informed by the referrer that a child protection referral is to be made. The criteria for not informing parents/carers are:

- a) Because this would increase the risk of significant harm to a child (ren); or
- b) Because in the referrer's professional opinion, to do so might impede an investigation that may need to be undertaken;
- c) Because there would be undue delay caused by seeking consent which would not serve the child's best interests.

Fear of jeopardizing a relationship with parents because of a need to refer is not sufficient justification for not telling them that you need to refer. On the contrary, this lack of openness will do little to foster ongoing trust, particularly as the source of referrals will be disclosed to parents except in a limited number of circumstances. If you feel that your own or another adult's immediate safety would be placed at risk by informing parents/carers then you should seek advice and /or make this clear on the forms and in any telephone contacts with Children's Social Care.

Access Points are at Jubilee House in Blackburn (telephone: 01254 587729) and Darwen Town Hall (telephone: 01254 222113). Out of office hours access to the Register is via the Emergency Duty Team (telephone; 01254 587547).

The population of Blackburn with Darwen and Lancashire is multicultural. Race, ethnicity and culture should be taken into consideration by all agencies working to safeguard children and to promote their welfare.

The assessment process should have as an integral part the way in which different ethnic and cultural groups are influenced in their values, attitudes and behaviour by their religious beliefs and cultural traditions and the way in which family and community life is structured and organised. Professionals need a proper understanding of these influences and how they are likely to affect families. They should also be aware of the strengths and support systems available within families, ethnic groups and communities that can be built upon to help safeguard children and promote their welfare. At the same time, it is essential to maintain a focus on the needs of the individual child. Culture does not explain, or condone, acts of commission or omission that put a child at risk of significant harm. Professionals should guard against myths and stereotypes (both positive and negative) of black and ethnic minority families. Neither should a fear of being assessed of racist practice prevent the necessary action being taken to safeguard a child. Careful assessment, based on evidence, of a child's needs and a family's strengths and weaknesses, will help to avoid any distorting effect of these influences on professional judgements.

Confidentiality

Confidentiality is paramount when working in the context of child protection.

1) Training in safeguarding will ensure that every adult working in the school understands the need for and basic principles regarding confidentiality.

This will include:

- Why a teacher must never guarantee confidentiality to a child.
- What they should say to a child who asks the adult to keep a secret and how the child should be advised that the information may need to be shared with others. (See procedures template)

- who needs to be given this information

- Who should be contacted

2) It has been recognized that professionals can only work together to safeguard children if there is an exchange of relevant information between them. Any disclosure of personal information to others (including Children's Social Care services), must always have regard to both common and statute law.

3) Normally, personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of that information (*Data Protection Act 1998, European Convention on Human Rights, Article 8*). Wherever possible, consent should be obtained before sharing personal information with third parties. In some circumstances, consent may not be possible or desirable but the safety and welfare of a child dictate that the information should be shared. The law permits the disclosure of confidential information necessary to safeguard a child or children. Disclosure should be justifiable in each case, according to the particular facts of the case, and legal advice should be sought if in doubt.

Records and Monitoring

Clear records are essential to good child protection practice. Westholme is clear about the need to record any concerns held about a child or children within our school, the status of such records and when these records, or parts thereof, should be shared with other agencies.

- Records showing concern about the welfare or behaviour of a child are kept in the child's file.

- Staff need to be aware that these files are confidential within school and are there as a help to relevant staff, and as such are not public records.

- Child protection concerns are recorded by the Principal/ Head of Year or DSP and kept in a secure file.

- These files are subject to strict gate keeping procedures and may only be viewed by authorized staff.

- Teacher held notes will become part of general school records only after concern is felt to have been resolved, and then only after agreement from the Head teacher and DSP.

- The monitoring of the administration is the responsibility of the DSP

- Monitoring records indicate sufficient concerns to warrant a referral when the DSP and the Head teacher consider that the child is at risk of significant harm and that the school cannot support and protect the child.

- if a child transfers to another school their child protection file must be sent to the DSP of their new school.

An allegation of abuse by a member of staff or other employee of the school

The recipient of the disclosure should make a written record of the details. The record must not contain opinion, gloss or speculation. The person disclosing should agree the facts and if possible sign the record. This record must be given directly to the Designated Senior Person who will undertake an urgent initial assessment of the case.

The Designated Senior Person will inform the Principal of the allegation. If after the urgent initial assessment the allegation is groundless, the person about whom the allegation was made will be informed by the Principal and the matter noted in confidential pupil records held by the Designated Person.

If the allegation cannot be disproved after the initial assessment, it becomes a matter of staff discipline which might be referred to an outside agency in due course.

An allegation of a pupil by a pupil

The recipient of the disclosure should make a written record of the details. The record must not contain opinion, gloss or speculation. The person disclosing should agree the facts and if possible sign the record. This record must be given directly to the Designated Senior Person who will undertake an urgent initial assessment of the case.

The pupils will be interviewed according to the procedures outlined in **Child Protection: Guidance for staff in Interviewing Pupils** by the Designated Senior Person and a witness who will prepare a full written report for the Principal. On the basis of the report, the Principal will decide an appropriate course of action to deal with each pupil involved. The Principal will liaise with parents and/or other agencies as necessary.

An allegation of abuse by the Designated Senior Person

The recipient of the disclosure should make a written record of the details. The record must not contain opinion, gloss or speculation. The person disclosing should agree the facts and if possible sign the record. This record must be given directly to the Principal who will undertake an urgent initial assessment of the case.

After this urgent initial assessment, the procedure is identical to that for other staff who are subject to an allegation.

An allegation of abuse by the Principal

The recipient of the Disclosure should make a written record of the details. The record must not contain opinion, gloss or speculation. The person disclosing should agree the facts and if possible sign the record. This record must be given directly to the Designated Senior Person who will undertake an urgent initial assessment of the case.

If after the initial assessment the allegation cannot be disproved, the matter will be referred to the Chairman of the Governors by the Designated Senior Person and the Principal will be informed that such action has been taken. The matter is subject to the procedures laid down in the school Disciplinary Procedures.

Safer Recruitment

The recruitment and selection of staff is subject to a rigorous protocol and delegated to the principal and ancillary staff and to the Bursar for support staff. Both have completed NCSL safer recruitment training.

When candidates for any post in school come for interview they are asked to bring the originals of the following documents. This is in addition to original documents showing their qualifications which are also checked.

For proof of ID	For proof of address
All the following: <ul style="list-style-type: none">● Passport or photo driving licence● Birth certificate● Proof of National Insurance number (Paper driving licence or marriage certificate accepted too)	One of the following: <ul style="list-style-type: none">● Recent utility bill (E.G, gas, electricity etc.)● recent credit card/ catalogue statement● Recent bank/mortgage statement● Recent insurance statementValid TV licence

On appointment a list 99 check is made immediately, followed up by CRB enhanced disclosure.

Staff are made aware of the procedures for dealing with complaints against members of staff through our safeguarding policy.

Child Protection Incident Reporting Form

1. Please indicate what you are reporting:

- I have concerns that abuse may be occurring (complete sections 2 and 3)
- I was involved with an incident with a child (complete sections 2 and 4)
- I was a witness to an incident with a child (complete sections 2 and 4)
- I have received an allegation of abuse (complete sections 2 and 5)

_ A child has told me that they are being abused (complete sections 2 and 3)

2. Important information:

Your name: _____

Name of child concerned: _____

Capacity in which child is known to you: _____

Description of any physical signs of abuse _____

Do not remove clothing to inspect a child

3. Concerns abuse may be occurring

Please use the space below to record the concerns that you may have regarding a child or adult who has contact with children. These may include a child being unusually distressed, being sexually aroused, appearing to be attracted to an adult, an adult appearing to be attracted to a child, a relationship that a child and adult are having, a change in a child's attitude or behaviour.

Continue on a separate sheet if necessary

4. Incident with a child

Please tick which of the following has occurred:

- I accidentally hurt a child
- A child misinterpreted or misunderstood something I have done
- I have had to use reasonable physical restraint
- I was a witness to one of the above (please indicate which one)

Please provide further information, including any action you may have taken so far and the reasons for doing so.

Continue on a separate sheet if necessary

5. Allegation / disclosure of abuse

Allegation received from: _____

Allegation received on: _____

Name of person about whom allegation has been made: _____

Please use the space below to record the details of the allegation or disclosure you received.

This should be a factual account of the information you have received only. Do not include assumptions or opinions of others. Make sure you record details of dates and times and any other potentially useful information. If the disclosure has come from the child who is claiming they are being abused, the conversation should be recorded in their words.

Continue on a separate sheet if necessary

Signature: _____ Date: _____

Please submit this report to the Designated Senior Person immediately and attach any rough notes you may have made.