



Safeguarding and Child Protection Policy

Committee ownership for this policy:	F&R
Must be approved by FGB:	Yes
Required by: 1 / 2 <ul style="list-style-type: none"> Where 1 is indicated, the requirement is statutory Where 2 is indicated, the requirement is recommended 	1
Frequency of review:	Annually
Date last reviewed:	October 2016
Date of next review:	October 2017
Display on website:	Yes
Purpose:	To outline the responsibilities for child protection and procedures of action to be taken where required
Consultation:	All governors
Links with other policies:	Code of Conduct Whole School Pay Policy Disqualification by Association Procedure Safer Recruitment Policy

Kew Riverside Primary School fully recognises its responsibilities for child protection. This policy outlines these responsibilities and in particular that of the Designated Safeguarding Lead (DSL). It also outlines the procedures of the action to be taken where the abuse of a child is suspected.

The Designated Safeguarding Lead is the Headteacher, Darren Norman. The Deputies are (Assistant Headteachers) Laura Martin and Nell Webb and the Nominated Governors for child protection are John Grant and Sabina Mangosi. The role of the Nominated Governors is to meet regularly with the DSL to monitor that appropriate policies and procedures are in place and that they are being implemented correctly. Compliance with the policy will be monitored by the DSL and through staff performance measures.

Signature
Head Teacher

Date

Signature
Chair of Governors

Date

The procedures used within Kew Riverside Primary School are outlined below:

1	Introduction
2	Statutory Framework
3	The Designated Safeguarding Lead
4	The Governing Body
5	Safe Recruitment
6	What to do when you are worried about a child in Kingston or Richmond
7	Records and Monitoring
8	Supporting Children
9	Whistle Blowing
10	Allegations Involving School Staff/Volunteers
Appendix 1	Keeping Children Safe in Education: information for all school and college staff (DFE 2016)
Appendix 2	Flow charts
Appendix 3	Indicators of Abuse

1. INTRODUCTION

This policy applies to all children, staff, governors, visitors and volunteers in the school. This policy is reviewed on an annual basis. There are five main elements to our policy:

- Ensuring we practise safer recruitment in checking the suitability of staff and volunteers to work with children;
- Raising awareness of child protection issues and equipping children with the skills needed to keep them safe;
- Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse;
- Supporting pupils who have been abused in accordance with his/her agreed Child Protection Plan (or Child in Need Plan for lower level concerns);
- Establishing a safe environment in which children can learn and develop.

We recognise that because of the day-to-day contact with children, school staff are well placed to observe the outward signs of abuse. The school will therefore:

- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to;
- Ensure children know that there are adults in the school whom they can approach if they are worried;
- Include opportunities in the PSHCE curriculum for children to develop the skills they need to recognise and stay safe from abuse.

We will follow the procedures set out by the LSCB and take account of guidance issued by the DfE to safeguard children and promote their welfare:

2. STATUTORY FRAMEWORK

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

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 175)
- The London Child Protection Procedures (2016)
- Keeping Children Safe in Education (DFE 2016)
- Keeping Children Safe in Education: Part 1 Information for all school and college staff (DFE 2016)
- Working Together to Safeguard Children (DfE 2016)
- The Education (Pupil Information) (England) Regulations 2005

Working Together to Safeguard Children (DfE 2016) requires all schools to follow the procedures for protecting children from abuse which are established by Kingston and Richmond Safeguarding Children Boards.

Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse - these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse. Schools should ensure that those groups or individuals who hire and / or use their building or grounds inside or outside of school hours, follow the local child protection guidelines and are aware of their duties, if children or vulnerable adults are using the building or grounds.

Furthermore

Keeping Children Safe in Education (DfE September 2016) places the following responsibilities on all schools:

- Schools should be aware of and follow the procedures established by the Safeguarding Children Board
- Safeguarding and promoting the welfare of children is **everyone's** responsibility. **Everyone** who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the **best interests** of the child.
- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions
- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse

- A Designated Senior Person (referred to in 'Keeping Children Safe in Education (DFE, 2016) as Designated Safeguarding Lead') should have responsibility for co-ordinating action within the school and liaising with other agencies in line with [Working Together to Safeguard Children](#)
- Staff with the designated safeguarding lead should undergo updated child protection training every two years and all staff read at least part one of the guidance from Keeping Children Safe in Education DFE September 2016

The document "[Keeping Children Safe in Education" DFE September 2016](#) must be read in conjunction with this policy. The school will publish its Child Protection & Safeguarding policy on its website and signpost all stakeholders to information that will actively keep children safe online.

3. THE DESIGNATED SAFEGUARDING LEAD (referred to in 'Keeping Children Safe in Education (DFE, September 2016)

Governing bodies and proprietors should ensure that the school or college designates an appropriate senior member of staff to take lead responsibility for child protection. This person should have the status and authority within the school to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.

The Designated Safeguarding Lead for Child Protection in this school is:

NAME: Darren Norman

A Deputy DSL should be appointed to act in the absence/unavailability of the DSP.

The Deputy Designated Safeguarding Leads for Child Protection in this school is:

NAME: Laura Martin / Nell Webb

The broad areas of responsibility for the designated safeguarding lead are:

Managing referrals

This school recognises that it is an agent of referral and not of investigation.

Refer all cases of suspected abuse to the local authority children's social care and:

- Police (cases where a crime may have been committed).

- Liaise with the head teacher or principal to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies

The DfE has clear guidelines on what schools, colleges, Governing Bodies and LAs should do if they suspect that a child has been abused. It is not, however, the responsibility of teachers and other staff in schools to investigate suspected abuse. They should not take action beyond that agreed in the procedures established by their Local Safeguarding Children Board (LSCB). The DSL is responsible for referring cases of suspected abuse or allegations to the relevant investigating agencies according to the procedures established by their local LSCB and LA. The Headteacher or Chair of Governors must also be able to deal with allegations made against members of staff.

DSLs also have an important role in ensuring all staff and volunteers receive appropriate training. They should:

- Have received training in how to identify abuse and know when it is appropriate to refer a case, together with having a working knowledge of how LSCBs operate and the conduct of a child protection case conference and be able to attend and contribute to these when required;
- Attend any relevant or refresher training courses and then ensure that any new or key messages are passed to other staff, volunteers and governors;
- Make themselves (and any deputies) known to all staff, volunteers and Governors (including new starters and supply teachers) and support staff
- Ensure those members of staff have had training in child protection. This should be relevant to their needs to enable them to identify and report any concerns to the DSL immediately.

Training

The designated safeguarding lead should receive appropriate training carried out at least every two years in order to:

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments;
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;

- that all staff members undergo safeguarding and child protection training at induction. The training should be regularly updated. Induction and training should be in line with advice from the LSCB.
- In addition all staff members should receive regular safeguarding and child protection updates (for example, via email, e-bulletins, staff meetings) as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.
- Be alert to the specific needs of children in need, those with special educational needs and young carers;
- Be able to keep detailed, accurate, secure written records of concerns and referrals;
- Obtain access to resources and attend any relevant or refresher training courses;
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them;

Raising Awareness

The DSL should ensure the school's policies are known and used appropriately, and:

- Ensure the school's Child Protection & Safeguarding policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this;
- Ensure the Child Protection & Safeguarding policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school in this;
- Ensure that safeguarding contact details will be kept prominently displayed in the school to ensure that all staff, children and parents have unfettered access to safeguarding support. The policy will be available as a hard copy, as required, including in staff areas.
- Link with the local LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding;
- Where children leave the school, ensure their child protection file is copied for any new school as soon as possible but transferred separately from the main pupil file.

4. THE GOVERNING BODY

Keeping Children Safe in Education (DfE September 2016) states:

Governing bodies and proprietors should ensure there is an effective child protection policy in place together with a staff behaviour policy (code of conduct). Both should be provided to all staff – including temporary staff and volunteers – on induction. The child protection policy should describe procedures which are in accordance with government guidance and refer to locally agreed inter-agency procedures put in place by the LSCB, be updated annually, and be available publicly either via the school or college website or by other means.

Governing bodies and proprietors must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in their schools or colleges are effective and comply with the law at all times.

In particular the Governing Body via the Nominated Governor for safeguarding must ensure:

The responsibilities placed on governing bodies and proprietors include:

- their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified
- ensuring that an effective child protection policy is in place, together with a staff behaviour policy, and that it is reviewed annually;
- appointing a Designated Safeguarding Lead who should undergo child protection training every year, at Level 3 and a Level 3 refresher three yearly;
- prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns;
- ensure children are taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This may include covering relevant issues through personal, social, health and economic education (PSHE), tutorials (in FE colleges) and/or, for maintained schools and colleges, through sex and relationship education (SRE).
- Governing bodies and proprietors should put in place appropriate safeguarding responses to children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect including sexual abuse or exploitation and to help prevent the risks of their going missing in future. The government's missing children and adults strategy and the department's children missing education guidance provide information that governing bodies and proprietors will find useful when considering children who go missing from education.

The Headteacher, DSL and Nominated Governor will provide an annual report to the Governing Body detailing any changes to policy and procedures, and key school safeguarding data, such as serious incidents, numbers of children looked after or subject to child protection plans, and details of any allegations made against staff or volunteers, and subsequent action, permanent or temporary exclusions, children missing education, or those with concerning attendance records. The report should include an understanding of the special needs of students and matters of diversity and ethnicity.

SAFER RECRUITMENT

The Governing Body and school leadership team are responsible for ensuring that the school follows recruitment procedures that help to deter, reject or identify people who might abuse children whether through volunteer or paid employment.

All recruitment panels will have at least one member who has completed Safer Recruitment training. The LSCB offers this level 4 training or alternatively, the NSPCC offers Safer Recruitment training:

<https://www.nspcc.org.uk/preventing-abuse/safeguarding/schools-protecting-children-abuse-neglect/>

The following statement is used on all adverts for new appointments:

This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Disqualification

All staff and volunteers will complete a annual return in relation to discloseable information / convictions / personal matters. For staff who work in childcare provision or who are directly concerned with the management of such provision, the school needs to ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the Childcare (Disqualification) Regulations 2009. Further information on the staff to whom these regulations apply, the checks that should be carried out, and the recording of those checks can be found in Disqualification under the Childcare Act 2006 statutory guidance.

The following guidance will be useful for recruitment panels as they consider references and employment.

Consider if the **reference** is:

- On Headed paper?
- From the person who you requested if from?
- From the last two employers?
- Signed by the author and is it an original signature?
- Has someone spoken to the referee?

DBS (Disclosure and Barring Service)

- The DBS form **MUST** be completed in **Black ink**.
- Only **Enhanced** DBS can be portable. Standard DBS are not portable.
- A portable DBS is only valid for 1 year from **Date of Issue** therefore a new DBS application should be made prior to the expiry of their portable DBS.
- The employee must provide the Original DBS. Both sides of the original Disclosure should be **copied, dated** and **signed** as 'original'.

Medical Clearance

- Please ensure that all new employees complete a Health Questionnaire.
- If an existing employee takes up a different post they may be subject to another medical clearance depending on the type of work carried out.

National Insurance Numbers

- All employees require a permanent National Insurance number before they can commence work as opposed to the temporary number
- To obtain this they should call the: National Insurance help line on 01708 814 440, to make an appointment for an 'evidence of identity interview'. At the appointment they should request a form CA5404 which demonstrates that they have had their interview and are just awaiting their NI number. This will be acceptable to commence employment. The employee should be reminded to notify their Manager as soon as they have received their permanent number.

Right to work in the U.K.

- Does the employee have the necessary documentation to work in the UK?
- Have you taken a copy of all the documentation.

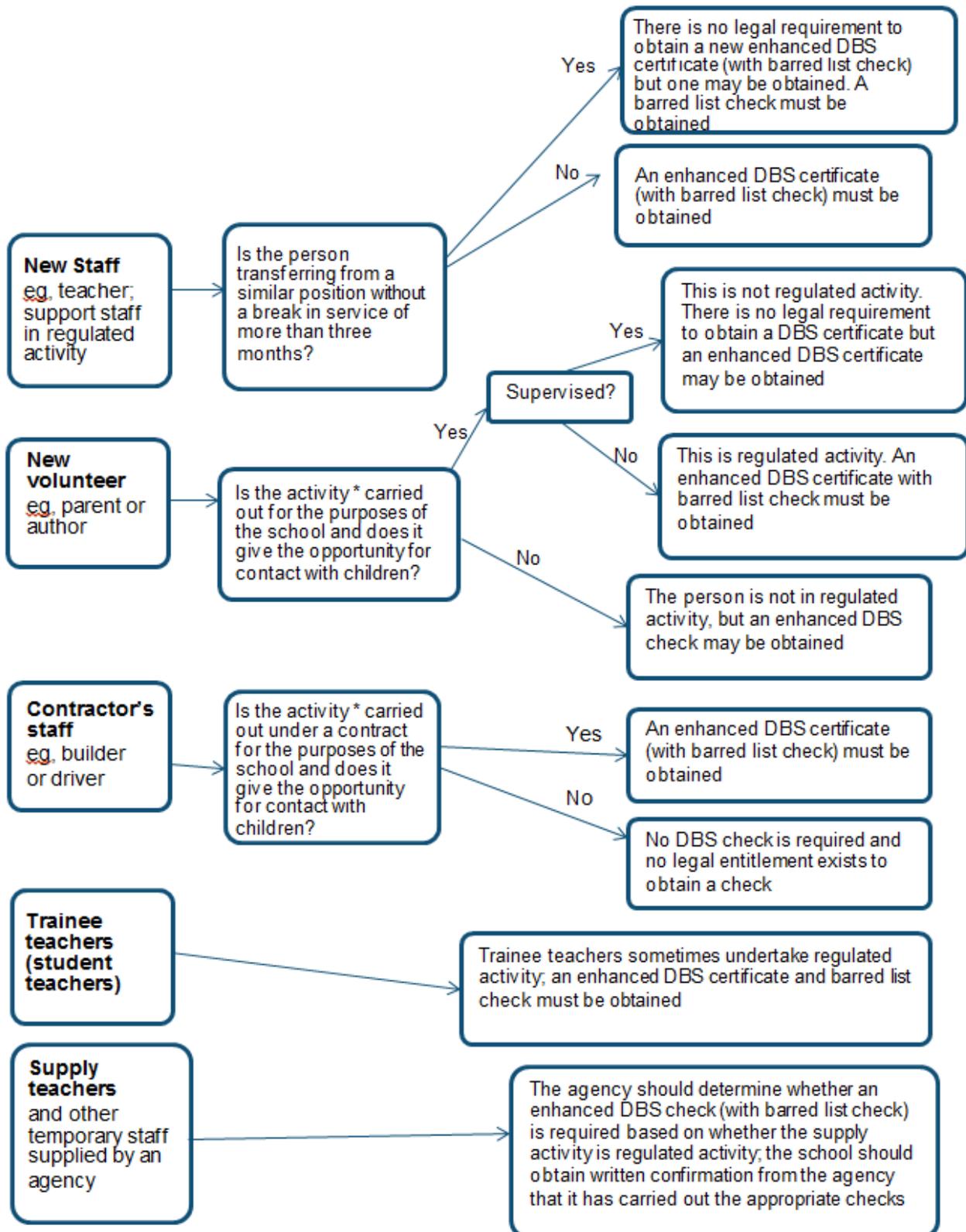
Please contact the Home Office Helpline on 0845 010 667 for further information.

Schools may use the following form to confirm appointment of staff.

Single central record

- Schools and colleges must keep a single central record, referred to in the regulations (described in the following paragraph) as the register. The single central record must cover the following people:

Schools and colleges have a legal duty to refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult; where the harm test is satisfied in respect of that individual; where the individual has received a caution or conviction for a relevant offence, or if there is reason to believe that the individual has committed a listed relevant offence; and that the individual has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. The DBS will consider whether to bar the person. Referrals should be made as soon as possible after the resignation or removal of the individual. Guidance on referrals can be found on GOV.UK.



* Activities listed under the guidance's definition of regulated activity and which are carried out 'frequently'

RECORDS AND MONITORING

Well kept records are essential to good child protection practice. Our school is clear about the need to record any concerns held about a child, the status of such records and when copies of these records should be passed to other agencies.

Any member of staff receiving a disclosure of abuse or noticing indicators of neglect must make an accurate record as soon as possible, noting what was said or seen, putting the event into context, and giving the date, time and location. All records will be signed and dated and will include the action and advice taken, including any differences of opinion. This should be presented to the DSL.

Any files notes should be kept in a confidential place in chronological order (separate to pupil records) [These are kept in the Headteacher's office] in this school. All child protection records are stored securely and confidentially.

The school should retain the record for as long as the pupil remains at the school.

If the pupil transfers to another school, the school must transfer the child protection file to the next school as set out below.

Transfer of records

When a pupil transfers from one school to another, their child protection record (if any) should be forwarded to the new school without delay.

Care must be taken to ensure confidentiality is maintained and the transfer process is as safe as possible.

Keep a copy of the child protection file until you have confirmation from the receiving school that they have received it. Once you have this confirmation, your copy should be shredded. You should keep a record of having received confirmation from the receiving school and of the date when you shredded your copy.

If a pupil transfers from the school, these files will be copied and forwarded to the pupil's new education setting, marked "confidential" and for the attention of the receiving school's DSL.

SUPPORTING PUPILS

It is the responsibility of the Designated Safeguarding Lead (DSL) to ensure that the school is represented at, and a report is submitted to, child protection conferences, child in need meetings, strategy meetings, core group meetings, and looked after children reviews. Whoever attends should be fully briefed on any issues or concerns. The school will commit to regular liaison with other professionals and agencies who support families and a commitment to honest and open communication with families. There is recognition of the additional vulnerability of children with disabilities or special needs, and that

children may become vulnerable due to matters of concern in the home environment: domestic abuse, mental health concerns or substance use.

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self worth. They may feel helplessness, humiliation and some sense of blame. The school may be the only stable, secure and predictable element in the lives of children at risk. When at school their behaviour may be challenging or they may be withdrawn. The school will endeavour to support the pupil through:

The content of the curriculum;

- Well trained staff and volunteers, who are conversant with research, practice and procedures to promote children's welfare and keep them safe, both at home and in the community.
- The school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued;
- The school behaviour policy which is aimed at supporting vulnerable pupils in the school. The school will ensure that the pupil knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred;
- An effective whole school policy against bullying and that there are measures in place to prevent all sorts of bullying amongst pupils;

The Headteacher, Leadership and Inclusion Manager;

- Liaison with other agencies that support the pupil such as Children's Social Care, Child and Adolescent Mental Health Service, Education Welfare Service and Educational Psychology service;
- If a child leaves and the new school is not known, the relevant person in the LA Admissions Team should be alerted so that these children can be included on the database for missing pupils;
- That teachers are allowed to use reasonable force to control or restrain pupils under certain circumstances. Other people may do so, in the same way as teachers, provided that they have been authorised by the Headteacher to have control or charge of pupils. A member of the Leadership Team will be called to support and take the lead if a child's behaviour is showing any signs of escalating to a level where the child's safety or that of others may be compromised. Calming and defusing behaviour management strategies will always be used first to de-escalate a violent or aggressive incident. Physical restraint will only be used as a last resort in situations where calming and defusing strategies have failed to de-escalate the situation and there is a risk of likely injury to the child concerned or others and/or likely significant damage to property. If there is information to suggest that a child is likely to behave in a way that may require physical control or restraint, a risk assessment is undertaken. (All support staff have received Positive Handling training in 2015)

WHISTLE BLOWING

All staff must be aware of their duty to raise concerns about the attitude or actions of colleagues in line with the school's code of conduct / whistle-blowing policy. Any staff

member can press for re-consideration of a case if they feel a child's situation does not appear to be improving. They must refer their concerns to the SPA directly, if they have concerns for the safety of a child.

WHAT TO DO IF YOU ARE WORRIED ABOUT A CHILD IN KINGSTON OR RICHMOND

When there are serious concerns about a child's welfare but no specific evidence of abuse:

A member of staff may become concerned about a child whose appearance, behaviour, health, academic progress, relationships or demeanour give rise to general worries about his or her care and well-being, but no specific evidence of abuse has occurred. In such cases, the following steps should be taken: **See Flowchart One**

The member of staff should refer to the Designated Safeguarding Lead for child protection.

The DSL/ Headteacher should consult with the child's parents/carers, or those with parental responsibility for the child and arrange to meet them as soon as possible in order to discuss the concerns.

The DSL should make a written record of what the parents/carers said and how they reacted. If the parents/carers fail to respond to the request to discuss the concerns, that also should be noted.

The Headteacher should then decide whether the situation warrants a referral to the Single Point of Access (SPA).

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations.

A formal child protection referral is made:

- I. It may be the case that evidence comes to light that abuse has occurred, or is at risk of occurring, by a person unrelated to the child and not someone involved in the child's family life. In such cases the referral should make this clear. The Single Point of Access (SPA) will then liaise with the Police Child Abuse Investigation Team on the best way to proceed.
- II. A request is made for a 'Child in Need' assessment, with the possibility of social work support being offered to the family. The Headteacher should outline the concerns in writing to the Single Point of Access (SPA) CAF.
- III. No referral is necessary. This decision should be recorded, with reasons and dated. The DSL / Headteacher may decide that the matter should continue to be dealt with internally within the school. This may include, in appropriate cases, advising the parents/carer

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

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

As a person who works with children, staff have a duty to refer safeguarding concerns to the designated senior person for child protection. However if:

- concerns are not taken seriously by an organisation or
- action to safeguard the child is not taken by professionals and
- the child is considered to be at continuing risk of harm

Then Staff should speak to a DSL in their school or contact the local **SPA 0208 8917969**

If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Anybody can make a referral. If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.

Action to be taken when a child discloses, or a member of staff suspects, that abuse has occurred outside school:

If a child makes a disclosure to a member of staff (or other adult) that they are suffering or at risk of suffering significant harm, or if a member of staff becomes aware of any information suggesting that child abuse may have occurred or is likely to occur, then the following steps must be taken: **(see Flowchart Two)**

The member of staff to whom the disclosure is made, or who becomes aware of actual or potential abuse, must refer the matter immediately to the DSL

The DSL should listen to what the child or young person wishes to say in response to the concerns and clarify any matters which are not clear in the child's account but **must not** conduct an in-depth interview or investigation of the allegation. The DSL must explain to the pupil at the outset of such a discussion that no promise of personal confidentiality can be made, even if the child should request this, as this would not be possible if there were a subsequent child protection enquiry. The DSL should explain to the child what could happen next.

The DSL should keep an accurate written and dated record of anything the child has said about the matter and this must be reported immediately to the Headteacher, where the head is not him or herself the DSL. The Headteacher/DSL, will make a referral and / or gain advice from the Single Point of Access (SPA).

If the decision is not to refer, the Headteacher/DSL must officially log the decision, the reasons for it and any subsequent action taken in respect of the child/young person who raised the matter initially.

Where it is decided that the matter should be referred, the school should immediately contact the Single Point of Access (SPA) or known case-holding social worker in the relevant team, depending on the pupil's place of residence. The school should state the cause for concern and any action so far taken.

Where, based on the information available, the Single Point of Access (SPA) decides that it is not appropriate to proceed further with a child protection enquiry, the social worker concerned will provide advice to the school on any other action that may be taken to promote the child's welfare within 24 hours. This could include intervention by other Social Services teams or workers, the Education Welfare Service, The Health Service or Voluntary agencies.

Where, based on the information available, Children and Families Services decide that a 'Section 47' investigation is needed, the school will be asked to complete a formal *Child Protection Referral Form*. A copy of this form is annexed to the main procedure guidance. It should be faxed as soon as possible to the Duty Officer of the relevant SPA, or to the allocated Social Worker if the child already has one. A signed copy should be forwarded immediately afterwards by post.

The enquiry will start within 24 hours of the decision to do so being made. A Child Protection Strategy Discussion will be called, which in appropriate circumstances would involve the Police Child Abuse Investigation Team, to discuss the future handling of the case. School staff will normally be asked to attend this meeting to provide background information.

One outcome of the Strategy Discussion will be a decision on what information should be shared with the family, and by whom. Consideration will be given to the fact that such information sharing could in some circumstances, place the child in a position of risk of significant harm, or else could jeopardise a subsequent police investigation into an alleged offence.

The SPA will then have full responsibility for pursuing and concluding the enquiry, and for co-ordinating with the Police Child Abuse Investigation Team, medical personnel and other key workers. They will inform the school and all other key workers involved of subsequent developments.

CHILDREN MISSING EDUCATION

Knowing where children are during school hours is an extremely important aspect of safeguarding.

Missing school can be an indicator of abuse and neglect, and in older children may raise concerns around child sexual exploitation. To safeguard pupils who are missing education, School will ensure compliance with local authority policy and procedures for Children Missing Education

Together with the Welfare and Attendance Officer, the Designated Safeguarding Lead will monitor unauthorised absence and follow procedures, particularly where children go missing on repeated occasions.

School will ensure there are procedures to inform the local authority when it is proposed to take pupils off-roll because they are:

- leaving school to be home educated;
- no longer living close enough to the school to reasonably attend;
- likely to remain medically unfit beyond compulsory school age;
- permanently excluded.
- The school will ensure that all staff:
 - understand what to do when children do not attend regularly.
 - know the signs and triggers for travelling to conflict zones, Female Genital Mutilation (FGM) and forced marriage and domestic servitude
- inform the local authority of any pupil who fails to attend school 'regularly' or does not attend school for 5 consecutive days without authorisation.

More information can be found in this guidance about children who run away or go missing from home or care.

ALLEGATIONS INVOLVING SCHOOL STAFF / VOLUNTEERS

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

- Behaved in a way that has, or may have harmed a child;
- Possibly committed a criminal offence against/related to a child;
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children.

This applies to any child the member of staff/volunteer has contact within their personal, professional or community life, such as if they had a child protection concerns raised for their own children.

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook, school code of conduct or Government document '*Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings*'.

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

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

If a child or young person makes an allegation of physical or sexual abuse against a teacher (other than the Headteacher) or a non-teaching member of staff or volunteer, the following steps must be followed – **see Flowchart Three**

Where the allegation is not made directly to the Headteacher, the person to whom the disclosure is made must immediately inform the Headteacher. If it is the Headteacher against whom the allegation is made, alternative action should be taken as set out in **Flowchart Four** below.

The Headteacher should report the matter to the relevant local SPA for the LADO (Local Authority Designated Officer), within 24 hours, who will offer any appropriate advice to the Headteacher and oversee the investigation, including strategy meetings.

Where the Strategy Discussion subsequently decides that a child protection enquiry should not be undertaken, this decision and any subsequent recommendations for other action will be recorded and reported back to the other parties concerned. The Strategy Discussion may decide to recommend that an internal investigation be carried out by the school or Education Service. If this internal investigation discovered other facts of a serious nature, it would always be possible to reconvene another Strategy Discussion. In appropriate circumstances, such cases might be referred to the Quality Assurance sub-group of the LSCB.

Where the Strategy Discussion decides that a child protection or criminal investigation should be pursued, this decision will be recorded and an action plan drawn up. The relevant Social Services locality team will then have full responsibility for pursuing and concluding the enquiry, co-ordinating with the Police Child Protection Team, medical personnel and other key workers. They will inform the school and all key workers involved of subsequent developments.

It is possible that the facts of a case may warrant an investigation of the member of staff concerned under the LA's disciplinary procedures. Such an investigation **must not** be conducted while any formal child protection enquiry or criminal investigation is being pursued.

If the Headteacher is the person against whom the allegation is made, then the procedures set out in section 2 (b) (i) must be adapted accordingly. The following alternative steps should be taken – **see Flowchart Four**

The initial report should be made to the Designated Teacher for child protection, not to the Headteacher. The member of the school's Governing Body nominated to take responsibility for child protection issues should also be informed, or the Chair of

Governors where no Governor has been given this responsibility. As before, a written and dated record should be made within 24 hours. The Designated Teacher or Nominated Governor should take responsibility for contacting the LADO at the SPA in either borough.

Where the Headteacher is also the school's Designated Teacher for child protection, the member of staff to whom the disclosure is made should initially inform only the

Nominated Governor (or Chair of Governors), who should then make direct contact with the LADO, who will then advise as to how to take things forward.

Where the Strategy Discussion subsequently decides that a child protection enquiry should not be undertaken, this decision and any subsequent recommendations for other action will be recorded and reported back to the other parties concerned. The Strategy Discussion may decide to recommend that an internal investigation be carried out by the school or Education Service. If this internal investigation discovered other facts of a serious nature, it would always be possible to reconvene another Strategy Discussion. In appropriate circumstances, such cases might be referred to the Quality Assurance sub-group of the Area Child Protection Committee.

Where the Strategy Discussion decides that a child protection or criminal investigation should be pursued, this decision will be recorded and an action plan drawn up. The relevant Social Services locality team will then have full responsibility for pursuing and concluding the enquiry, co-ordinating with the Police Child Protection Team, medical personnel and other key workers. They will inform the school and all key workers involved of subsequent developments.

It is possible that the facts of a case may warrant an investigation of the member of staff concerned under the LA's disciplinary procedures. Such an investigation **must not** be conducted while any formal child protection enquiry or criminal investigation is being pursued, and only following LADO advice.

If the concerns are about the Head Teacher, then the Chair of Governors should be contacted. The Chair of Governors in this school is:

NAME: CONTACT NUMBER/DETAILS:
Sabina Regan governors@kewriverside.richmond.sch.uk

In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair in this school is:

NAME: CONTACT NUMBER/DETAILS:
John Grant governors@kewriverside.richmond.sch.uk

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

The Head Teacher will not investigate the allegation itself, or take written or detailed statements, but refer the concern to the LADO (Local Authority Designated Officer) at the relevant SPA. Contact the [Single Point of Access \(SPA\) in Richmond](#) on 020 8891 7969 (020 8770 5000 for out of hours / weekends)

Action where a child has serious injuries which require immediate treatment

If, within the context of these guidelines, a child has injuries which require immediate treatment, the DSL / Headteacher should arrange for the child to be taken to the casualty department of the nearest hospital. They should inform the hospital that child abuse is suspected. The DSL / Headteacher must also arrange for the parents, or those with parental responsibility, to be informed as soon as possible that the child has been taken to hospital. The subsequent reporting of suspected abuse should follow steps c. to f. in Section 2 above.

Action when children are not collected from school at the end of the day

The child will remain at School if they are not collected;

The Headteacher (or the most senior person to whom they have delegated responsibility) will try to contact the parent/carer using the available telephone numbers;

If the parent/carer is not on the telephone, the School will ring the Duty Education Welfare Officer (DEWO) by 4:15 pm at the latest and ask them to make contact with them. At this stage, the DEWO will confirm with the School whether the SPA be contacted;

In exceptional circumstances, it may be necessary for a child to be taken from school to another appropriate venue (relative/friend etc) while the parent/carer is being located. The DEWO will make further enquiries to identify any possible alternative venue for interim care of the child until the parent/carer is contacted;

If such a venue cannot be found, the DEWO will visit the home address and if the parent/carer is not at home a standard letter will be left asking them to contact the school before 4:45 pm or the appropriate Children & Families Social Work Team after 4:45 p.m. The DEWO will then immediately contact the appropriate SPA to tell them that there may be a child in need of an emergency placement and that the DEWO is bringing the child to them. The DEWO will then transport the child to the appropriate SPA.

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

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

Specific safeguarding issues

Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example NSPCC offers information for schools and colleges on the [TES website](#) and also on its own website www.nspcc.org.uk

The Local Safeguarding Childrens Board (LSCB) has a range of information

<http://kingstonandrichmondscb.org.uk/>

Schools and colleges can also access broad government guidance on the issues listed below via the GOV.UK website:

- [child sexual exploitation \(CSE\)](#) – see also below
- [bullying including cyberbullying](#)
- [domestic violence](#)
- [drugs](#)
- [fabricated or induced illness](#)
- [faith abuse](#)
- [female genital mutilation \(FGM\)](#) – see also below
- [forced marriage](#)
- [gangs and youth violence](#)
- [gender-based violence/violence against women and girls \(VAWG\)](#)
- [mental health](#)
- [private fostering](#)
- [radicalisation](#)
- [sexting](#)
- [teenage relationship abuse](#)
- [trafficking](#)

Further information on Child Sexual Exploitation and Female Genital Mutilation

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 cyberbullying and grooming.

However, it is 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 above. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

FGM mandatory reporting duty

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by "to discover that an act of FGM appears to have been carried out" is used for all professionals to whom this mandatory reporting duty applies. Information on when and how to make a report can be found at Mandatory reporting of female genital mutilation procedural information.

Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should also still consider and discuss any such case with the school or college's designated safeguarding lead and involve children's social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures.

A child going missing from education is a potential indicator of abuse or neglect.

School and college staff members should follow the school's or college's procedures for dealing with children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect including sexual abuse or exploitation and to help prevent the risks of their going missing in future. More information can be found in this [guidance about children who run away or go missing from home or care](#).

Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

According to the Prevent duty guidance 'having due regard' means that the authorities should place an appropriate amount of weight on the need to prevent people being drawn into terrorism when they consider all the other factors relevant to how they carry out their usual functions.

"Terrorism" for these purposes has the same meaning as for the Terrorism Act 2000 (section 1(1) to (4) of that Act).

Prevent

From 1 July 2015, specified authorities, including all schools (and, since 18 September 2015, all colleges) as defined in the summary of this guidance, are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 (the CTSA 2015), in the exercise of their functions, to have "due regard Revised Prevent duty guidance: for England and Wales are specifically concerned with schools (but also cover childcare). The guidance is set out in terms of four general themes: Risk assessment, working in partnership, staff training, and IT policies. 83 to the need to prevent people from being drawn into terrorism".⁸⁴ This duty is known as the Prevent duty. It applies to a wide range of public-facing bodies. Bodies to which the duty applies must have regard to statutory guidance issued under section 29 of the CTSA 2015.

- Schools are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This means being able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them. Schools should have clear procedures in place for protecting children at risk of

radicalisation. These procedures may be set out in existing safeguarding policies. It is not necessary for schools to have distinct policies on implementing the Prevent duty.

- The Prevent duty builds on existing local partnership arrangements. For example, governing bodies and proprietors of all schools should ensure that their safeguarding arrangements take into account the policies and procedures of the Local Safeguarding Children Board. Effective engagement with parents / the family should also be considered as they are in a key position to spot signs of radicalisation. It is important to assist and advise families who raise concerns and be able to point them to the right support mechanisms. Schools should also discuss any concerns in relation to possible radicalisation with a child's parents in line with the individual school's safeguarding policies and procedures unless they have specific reason to believe that to do so would put the child at risk.
- The Prevent guidance refers to the importance of Prevent awareness training to equip staff to identify children at risk of being drawn into terrorism and to challenge extremist ideas. Individual schools are best placed to assess the training needs of staff in the light of their assessment of the risk to pupils at the school of being drawn into terrorism. As a minimum, however, schools should ensure that the designated safeguarding lead undertakes Prevent awareness training and is able to provide advice and support to staff on protecting children from the risk of radicalisation.
- Schools should ensure that children are safe from terrorist and extremist material when accessing the internet in schools.

The department has also published advice for schools on the Prevent duty. The advice is intended to complement the Prevent guidance and signposts other sources of advice and support.

Peer on Peer Abuse

Keeping Children Safe in Education, 2016 states that 'Governing bodies and proprietors should ensure their child protection policy includes procedures to minimise the risk of peer on peer abuse and sets out how allegations of peer on peer abuse will be investigated and dealt with' (page 19). The document also states it is most important to ensure opportunities of seeking the voice of the child are heard, 'Governing bodies, proprietors and school or college leaders should ensure the child's wishes and feelings are taken into account when determining what action to take and what services to provide. Systems should be in place for children to express their views and give feedback. Ultimately, any system and processes should operate with the best interests of the child at their heart.'

At Kew Riverside Primary School we continue to ensure that any form of abuse or harmful behaviour is dealt with immediately and consistently to reduce the extent of harm to the young person, with full consideration to impact on that individual child's emotional and mental health and well-being.

Children and young people may be harmful to one another in a number of ways

which would be classified as peer on peer abuse. The purpose of this policy is to explore the many forms of peer on peer abuse and include a planned and supportive response to the issues.

At Kew Riverside Primary School we have the following policies in place that should be read in conjunction with this information:

Behaviour and Anti-Bullying Policy

E-Safety Policy

The content of this Peer on Peer Abuse information is drawn from:

Whatis.com <http://whatis.techtarget.com/definition/cyberbullying>

New Choices Inc. <http://newchoicesinc.org/educated/abuse/TDV/def>

This is abuse campaign

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/410010/2015-03-08_This_is_Abuse_campaign_summary_report_2_.pdf

stopbullying.gov

<http://www.stopbullying.gov/what-is-bullying/definition/index.html#types>

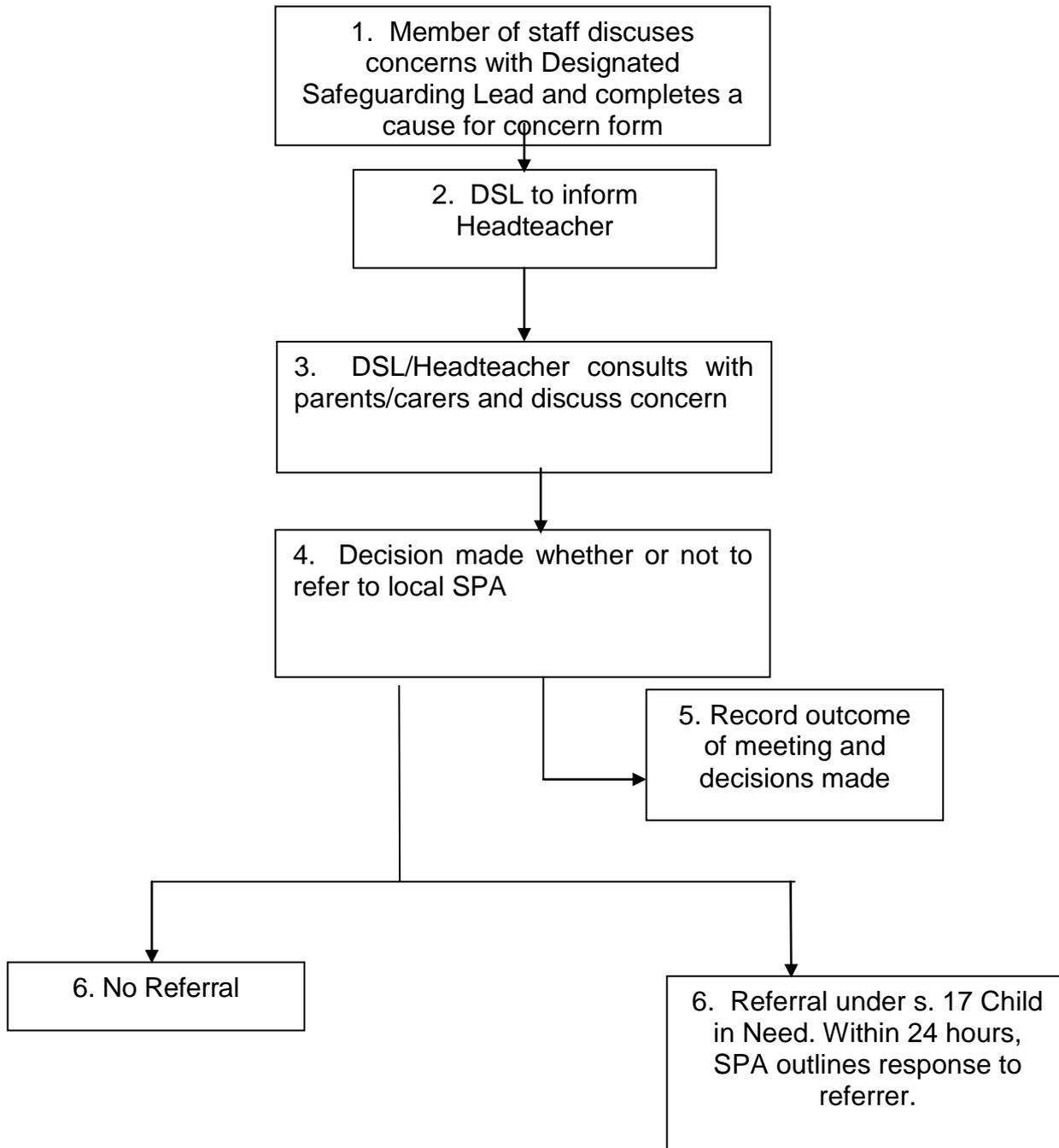
Resources for LGBT

Child Online Protection and Exploitation Service

<https://www.ceop.police.uk/Media-Centre/Press-releases/2009/What-does-sexting-mean/>

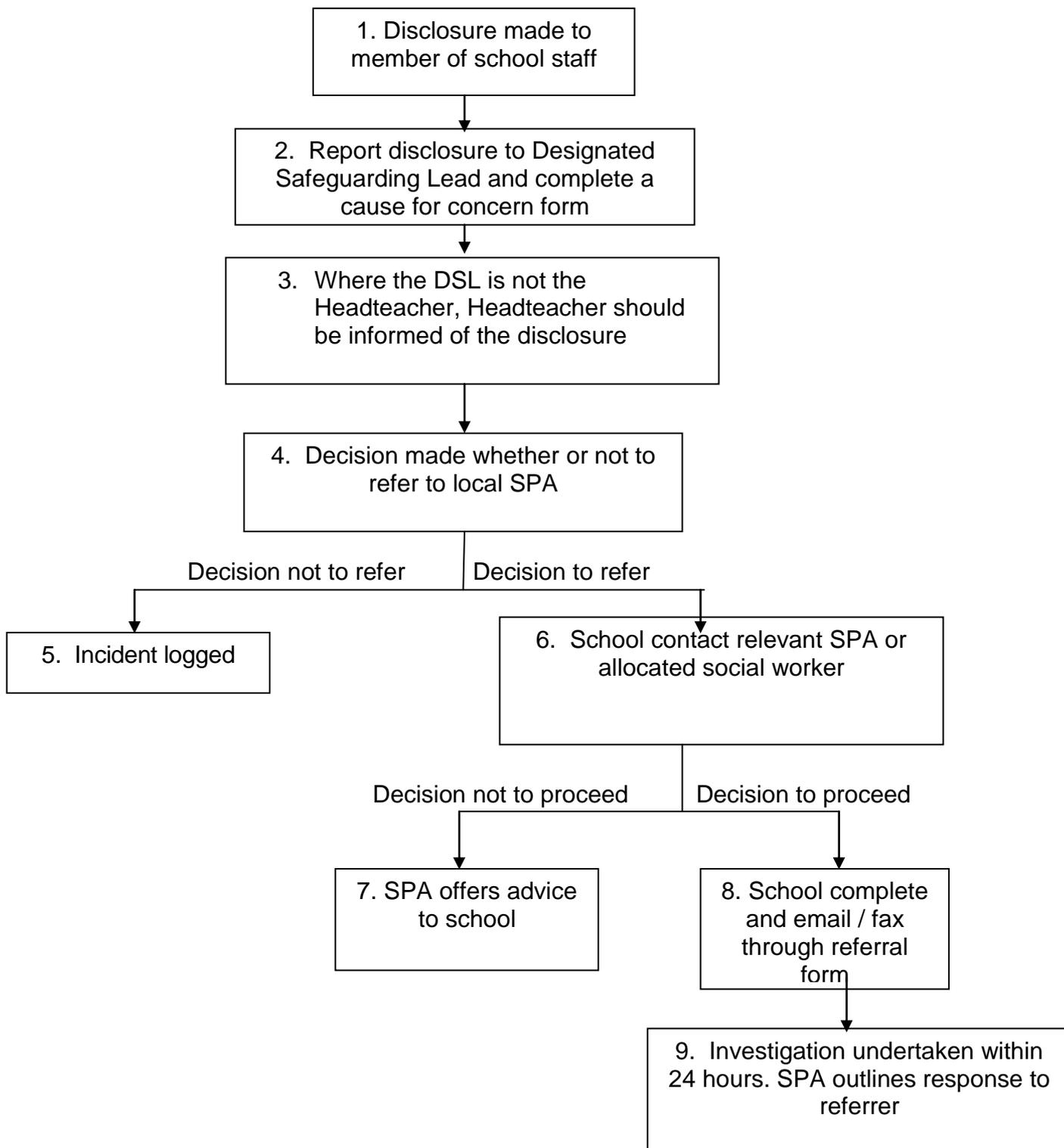
Appendix 1

Flowchart One: When there are serious concerns about a child's welfare but no specific evidence of abuse:

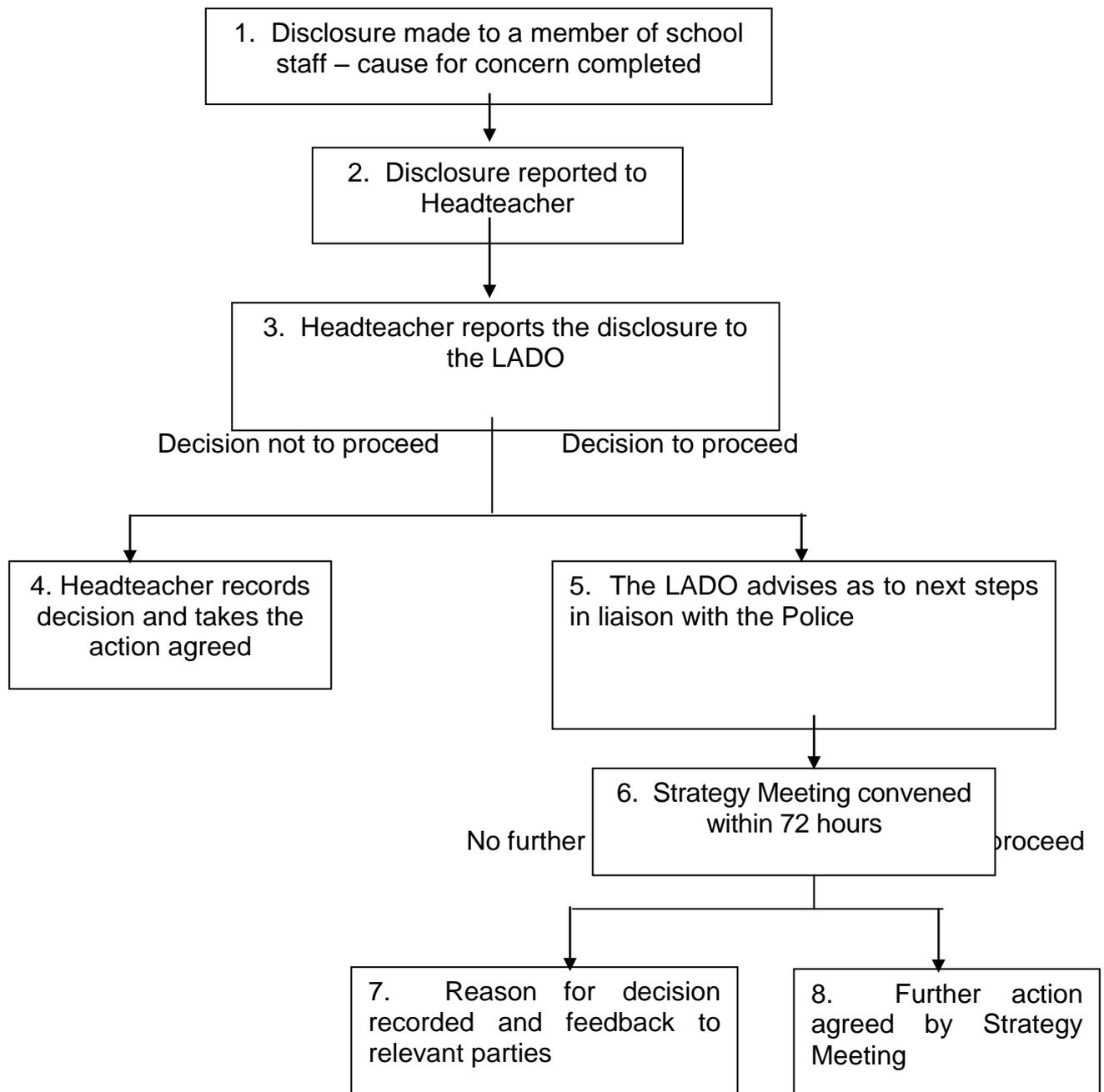


Flowchart Two:

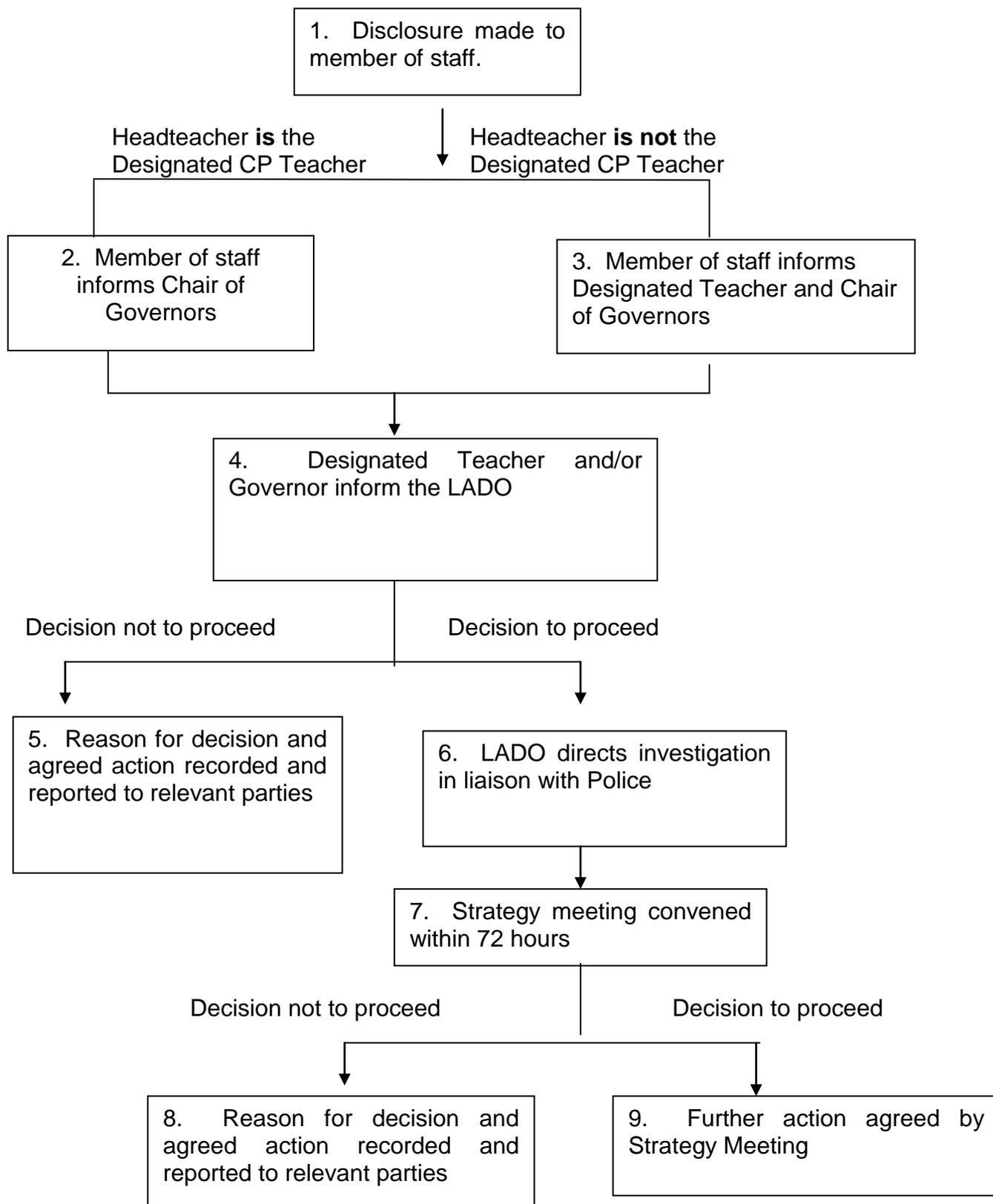
Action to be taken when child/young person discloses, or a member of school staff suspects, that abuse has occurred outside of school:



Flowchart Three: Allegation of abuse by a member of school staff or volunteer (teaching or non-teaching)



Flowchart Four: Referral procedure for when a child/young person discloses to a member of school staff an allegation of abuse by a Headteacher.



Appendix 2

Keeping children safe in education September 2016 and Keeping children safe in education: for school and college staff (part1)

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

Richmond upon Thames LCSB

42 York Street
Twickenham
TW1 3BW

Tel: **0208 831 6323**

In the London Borough of Richmond if you are concerned about a child please contact the:

[Richmond Single Point of Access \(SPA\)](#)

on 020 8891 7969 (Call the out of hours Duty Team evenings and weekends on 020 8744 2442)

In an emergency

If you think a child is in immediate danger you should call 999.

Key Service Contacts:

Single Point of Access (SPA) (this team deals with all referrals and assessments for children's social care)	42 York Street Twickenham TW1 3BW	020 8891 7969
Child and Family Consultation Service (this is the local service in respect of child and adolescent mental health services)	Richmond Royal Hospital Kew Foot Road Richmond TW9 2TE	020 8772 5661

Key professional contacts:

Title	Address/Telephone
Principal Manager Safeguarding and Family Support (This role manages both the social work teams dealing with Initial Response and	42 York Street Twickenham TW1 3BW 020 8891 7961

the Family Support - it includes work in the area of child protection planning and decision making)	
Child Protection and Planning Manager (This role arranges and chairs child protection conferences and scrutinises multi-agency child protection plans)	42 York Street Twickenham TW1 3BW 020 8891 7830
Local Authority Designated Officer (LADO) (The LADO is responsible for managing the investigation process in respect of allegations made against staff members)	42 York Street Twickenham TW1 3BW 020 8891 7830
Local Safeguarding Children Board (This is the statutory body responsible for the scrutiny of all agencies in respect of their safeguarding duties. All agencies under the duty to make arrangements to safeguard children (s.11 of the Children Act 2004) are represented on this Board.)	42 York Street Twickenham TW1 3BW 020 8891 7032

Emergency out of hours contacts

In an emergency, outside of office hours and all day on Saturdays, Sundays and Bank Holidays for child protection concerns:

Telephone: 020 8744 2442
Minicom: 0845 600 7752
Type Talk: 1800 1 020 8744 9414

APPENDIX 3 – Indicators of harm

Indicators of 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 fabricates the symptoms of, or deliberately induces, illness in a child.

Indicators in the Child	Indicators in the Parent	Indicators in Family/Environmental
<ul style="list-style-type: none"> • Bruises – shape, grouping, site, repeat or multiple • Bite marks – site and size • Burns and Scalds – shape, definition, size, depth, scars • Fractures- delay in seeking medical attention, old fractures, • Injuries not typical of 	<ul style="list-style-type: none"> • Parent with injuries that may suggest domestic violence • Not seeking medical help/unexplained delay in seeking treatment • Evasive or aggressive towards child or others • Refusal or reluctance to discuss injuries or mention previous injuries 	<ul style="list-style-type: none"> • 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

<p>accidental injury</p> <ul style="list-style-type: none"> • Fabricated or induced illness • Improbable or conflicting explanations for injuries • Repeated or multiple in injuries • Admission of punishment which appears excessive • Fear of parents being contacted and fear of returning home • Withdrawal from physical contact • Aggression towards others • Frequently absent from school <p>Emotional/behavioural presentation</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Delay in seeking treatment • Given explanation inconsistent with injury • Over chastisement of child / aggressive towards child or others • Absent without good reason when their child is presented for treatment • Disinterested or undisturbed by accident or injury • 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 • 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/carer has convictions for violent crimes. 	<p>abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement</p>
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Notes on Physical Abuse

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- 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

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

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/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

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/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 but 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

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment 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 include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond 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. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators in the Child	Indicators in the Parent	Indicators in Family/Environmental
<ul style="list-style-type: none"> • Developmental delay • Abnormal attachment 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 • 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 	<p>Domestic abuse</p> <ul style="list-style-type: none"> • Mental health; drug or alcohol difficulties • Abnormal attachment to child e.g. overly anxious or disinterest in the child • Scapegoats one child in the family • Cold or unresponsive to the child’s needs • Imposes inappropriate expectations on the child e.g. prevents the child’s developmental exploration or learning, or normal social interaction through overprotection. • Overly critical of the child • Never allowing anyone else to undertake the child’s care • History of abuse or mental health problems • Wider parenting difficulties may (or may not) be associated with this form of abuse. 	<p>Lack of support from family or social network.</p> <ul style="list-style-type: none"> • 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.

<ul style="list-style-type: none"> aggression • Drug/solvent abuse • Chronic running away • Compulsive stealing • Low self-esteem • '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 		
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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, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- **ensure adequate supervision (including the use of inadequate care-givers); or**
- ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

Indicators in the Child	Indicators in the Parent	Indicators in Family/Environmental
<p>Physical presentation</p> <ul style="list-style-type: none"> • Failure to thrive/ underweight or small stature • Frequent hunger • Dirty, unkempt condition • clothing in a poor state of repair or inadequate • 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 • Untreated medical problems • Frequent accidents or 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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;

<p>injuries</p> <ul style="list-style-type: none"> • Development • General delay, especially speech and language delay • Inadequate social skills and poor socialization • Emotional/behavioural • 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 • Disturbed peer relationships • Self-harming behaviour 	<p>address parental substance misuse during pregnancy</p> <ul style="list-style-type: none"> • 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 	<p>risk from animals</p> <ul style="list-style-type: none"> • 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
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SEXUAL ABUSE

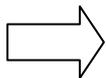
Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (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.

Indicators in the Child	Indicators in the Parent	Indicators in Family/Environmental
<ul style="list-style-type: none"> • Physical presentation • Pain, bleeding, bruising or itching in genital and /or anal area • Recurrent pain on passing urine or faeces / Blood on underclothes • Sexually transmitted infections • Pregnancy in a younger girl where there is secrecy about identity of the father • Physical symptoms such as injuries/bruises to the genital or anal area, 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

<p>buttocks, abdomen and thighs</p> <ul style="list-style-type: none"> • presence of semen on vagina, anus, external genitalia or clothing • Emotional/behavioural • Makes a disclosure. • Exhibits 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 • Sudden changes in school work habits, becomes truant • Withdrawal, isolation or excessive worrying or depression • Inappropriate sexualised conduct • Sexually exploited or indiscriminate choice of sexual partners • Wetting or other regressive behaviours e.g. thumb sucking • Draws sexually explicit pictures 		<p>physical chastisement.</p> <ul style="list-style-type: none"> • Family member is a sex offender.
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It is vital that all members of staff are aware of the procedures if a child discloses to them, or they suspect some form of abuse.



If a child discloses to you, or you suspect abuse you must report it immediately to the Headteacher or in his absence a member of the SLT.

Remember, if in doubt.....REPORT!!

If a child discloses to you, the important do's and don'ts are:

DO reassure the child

**DON'T question,
just listen**

**DO accept information
freely**

DON'T look shocked

**DO give the child space
and time**

**DON'T make
judgements**

**DO tell the child that you
must pass on the information**

**DON'T involve
anyone other than
the Headteacher/Deputy
Head**

**DO act quickly
cannot promise to keep
it a secret**

Do tell the child you

The safety of the child is of paramount importance. It must override ALL other considerations.



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Cause for Concern Form

Child's Name:		Class:
Date	Time	Location:
Details of Incident		
Date Of incident	Time Of incident	Location Of incident
Description of Incident		
Reported by: Incident		Position
Follow up action:		

