

## **Safeguarding / Child Protection Policy**

<b>Date of Last Review:</b>	<b>March 2019</b>
<b>Date Agreed by Governors:</b>	July 2021
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<b>Name of Deputy Safeguarding Lead for Child Protection:</b>	<b>Emily Maskill</b>
<b>Name of Safeguarding/Child Protection Governance Council Member:</b>	Ollie Egan
<b>Safeguarding/Child Protection CIC Board Director:</b>	<b>Andrew Thorne</b>
<b>Date shared with all staff:</b>	July 2021
<b>Date of Next Review:</b>	July 2022

## **Policy Statement**

### **Policy statement**

- We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children.
- We endeavour to provide a safe and welcoming environment where children and adults feel respected and valued.
- We maintain an attitude of '**it could happen here**' where safeguarding is concerned and promote a culture of openness where children and adults are able to talk and are listened to.
- This policy will provide staff, volunteers and governors with the framework they need in order to keep children safe and secure in our school. It will be used to inform parents and carers of how we will safeguard their children whilst they are in our care.
- The policy provides information regarding different types of abuse, links to statutory documentation and outlines our procedures which ensure our children receive effective support, protection and justice.

### **Introduction**

The procedures contained in this policy applies to all staff and governors and is consistent with those of the London Acorn School and locally agreed procedures.

The London Acorn School takes its responsibility to protect and safeguard the children in its care seriously and has updated this policy to meet the requirements within updated statutory guidance documents. These documents outline the responsibilities of schools, colleges, independent schools, academies and free schools (by virtue of their funding agreement) in carrying out their duties to safeguard and promote the welfare of children by ensuring that "mechanisms are in place to assist staff to understand and discharge their role and responsibilities".

The school will support the pupils in their understanding of staying safe when using new technology and personal safety through the broad curricular offer and the Personal, Social and Health Education (PSHE) curriculum.

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## 1. Purpose and Aims

1.1. The purpose of this policy is to ensure every child at our school is safe and protected from harm. It applies and gives clear direction to staff, volunteers, visitors and parents about our legal duty to safeguard and promote the welfare of our pupils.

1.2. The main aims of the policy are prevention, protection and support of vulnerable children. To meet these aims, the school will:

- Establish and maintain a safe environment in which children can learn and develop.
- Practice safer recruitment in checking the suitability of staff and volunteers to work with children and ensuring up to date Disclosure and Barring Service (DBS) checks.
- Raise awareness of child protection issues and through curriculum activities and opportunities, equip children with the skills needed to keep them safe from abuse both in the real and the virtual world.
- Ensure our pupils know that there are adults in the school whom they can approach if they are worried or in difficulty and their concerns will be taken seriously and acted upon as appropriate
- Implement effective procedures for identifying and reporting cases, or suspected cases of abuse.
- Support pupils who have been abused or for who there are welfare concerns in accordance with their agreed child protection; child in need plan or other care plan.
- Ensure all staff members are aware of school guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks.
- Remain alert to the safeguarding needs of pupils who go missing from education

## 2. Our ethos

**The London Acorn School** is committed to safeguarding and promoting the welfare of all its pupils. We recognise the terrible impact of child abuse. Children who are abused or neglected may find it difficult to develop a sense of worth and to view the world in a positive way. Whilst at school their behaviour may be challenging, and we recognise that some children who have experienced abuse may harm others. The school will always take a considered and sensitive approach in order that we can support all our pupils and recognise that each pupil's welfare is of paramount importance. Our school will establish and maintain an ethos where:

- Pupils feel secure, are encouraged to talk, are listened to and are safe. Children at our school will be able to talk freely to any member of staff at our school if they are worried or concerned about something.
- We recognise that staff at our school play a particularly important role as they can identify concerns early and provide help for children to prevent concerns from

escalating. All staff are encouraged to maintain an attitude of '*it could happen here*' where safeguarding is concerned.

- Through robust training and induction, all staff and regular visitors will know how to recognise indicators of concern, how to respond to a disclosure from a child and how to record and report this information.
- Every pupil will know what the adult will have to do with any information the child/young person has disclosed.
- At all times we will work in partnership and endeavour to establish effective working relationships with parents, carers and colleagues from other agencies in line with Working Together to Safeguard Children (2015).

#### 4. Terminology

**Safeguarding:** In relation to children and young people, the School adopts the definition used in the [Children Act 2004](#) and the Department for Education (DfE) guidance document: [Working Together to Safeguard Children 2018](#) which define safeguarding and promoting children and young people's welfare as:

- Protecting children from maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.
- **Safeguarding** is not just about protecting children from deliberate harm. It also relates to aspects of school life including 'Pupils' health and safety'.
- The use of reasonable force.
- Meeting the needs of children with medical conditions.
  - Providing first aid.
  - Educational visits.
  - Intimate care.
  - Internet or e-safety.
- Appropriate arrangements to ensure school security, taking into account the local context.

**Child Protection:** The above statutory guidance defines child protection as part of safeguarding and promoting welfare. Child protection is the activity undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

**Child** refers to all young people who have not yet reached their 18th birthday.

**Parent** refers to birth parents and other adults who are in a parenting role, for example step-parents, foster carers and adoptive parents.

**Staff** refers to all those working for or on behalf of the school, full time or part time, in either a paid or voluntary capacity.

**Designated Officer** works within Children's Social Care and should be alerted to all cases in which there is an allegation of abuse of a child by a person who works with children where there is a concern that the person may have:

- a) Behaved in a way that has, or may have harmed a child
- b) Possibly committed a criminal offence against/related to a child
- c) 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

The Designated Officer captures concerns, allegations or offences emanating from outside of work and is involved from the initial phase of the allegation through to the conclusion of the case.

## **5. Abuse of trust**

- 4.1** All school staff are aware that inappropriate behaviour towards pupils is unacceptable and that their conduct towards pupils must be beyond reproach.
- 4.2** In addition, staff should understand that, under the Sexual Offences Act 2003, it is an offence for a person over the age of 18 to have a sexual relationship with a person under the age of 18, where that person is in a position of trust, even if the relationship is consensual. This means that any sexual activity between a member of the school staff and a pupil under 18 may be a criminal offence, even if that pupil is over the age of consent.
- 4.3** The school's Code of Conduct sets out our expectations of staff behaviour and is signed by all staff members.

## **6. Children who may be particularly vulnerable**

The London Acorn School recognises that some children may have an increased risk of abuse. Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion, communication issues and reluctance on the part of some adults to accept that abuse can occur. To ensure that all our pupils receive equal protection, we will give special consideration to children who are:

- a) disabled or have special educational needs
- b) young carers
- c) living in a domestic abuse situation
- d) affected by parental substance misuse
- e) affected by mental health issues
- f) asylum seekers

- g) living away from home
- h) vulnerable to being bullied, or engaging in bullying including cyber, homophobic, racist bullying
- i) living in temporary accommodation
- j) live transient lifestyles
- k) missing education
- l) living in chaotic and unsupportive home situations
- m) vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion, disability or sexuality
- n) Vulnerable to extremism or radicalisation.
- o) involved directly or indirectly in sexual exploitation or trafficking
- p) do not have English as a first language
- q) At risk of female genital mutilation (FGM) or forced marriage.

## **7. Children Missing Education**

- 6.1** 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
- 6.2** The Designated Safeguarding Lead will monitor unauthorised absence and follow procedures, particularly where children go missing on repeated occasions.
- 6.3** School will ensure there are procedures to inform the local authority when it is proposed to take pupils off-roll because they are:
  - a) leaving school to be home educated;
  - b) no longer living close enough to the school to reasonably attend;
  - c) likely to remain medically unfit beyond compulsory school age;
  - d) in custody for four months or more (and will not return to the school afterwards); or
  - e) permanently excluded.
- 6.4** The school will ensure that all staff:
  - a) understand what to do when children do not attend regularly.
  - b) know the signs and triggers for travelling to conflict zones, Female Genital Mutilation (FGM) and forced marriage and domestic servitude.
  - c) inform the local authority of any pupil who fails to attend school 'regularly' or does not attend school for 10 consecutive days without authorisation.

## **8. Roles and Responsibilities**

It is the responsibility of every member of staff, volunteer and regular visitor to our school to ensure that they carry out the requirements of this policy and, at all times,



work in a way that will safeguard and promote the welfare of all the pupils at this school. The specific roles of the Designated Safeguarding Lead; the headmaster and the School Board are outlined in Appendix A.

## 9. The School Commitment

The School will follow the child protection procedures set out by the [Merton Safeguarding Children Board](#) and will take account of [Keeping Children Safe in Education \(2020\)](#) - the current statutory guidance issued by the Department for Education to: -

- 8.1** Ensure that school provides a safe environment in which children can learn.
- 8.2** Ensure that all governors understand and comply with their statutory duty to provide the services of the school in a way that safeguards and promotes the welfare of pupils. We will work together with other agencies to ensure adequate arrangements within our school to identify, assess and support those children who are suffering harm or for whom there is a welfare concern.
- 8.3** Ensure we have a Designated Safeguarding Lead for child protection who is a senior member of staff and a Deputy Designated Safeguarding Lead who will fulfil the role when the Designated Safeguarding Lead is unavailable. All designated staff will have received and access regular and appropriate training and support for this role.
- 8.4** Ensure we have a nominated member on both CIC Board and Governance Council levels, taking a lead role for child protection and safeguarding, including: -
  - Championing child protection issues within the school and providing support and challenge to the Designated Safeguarding Lead/Head of School.
  - Having an overview of the Safeguarding and Child Protection and all related policies, ensuring this is updated annually and in line with latest statutory and local authority guidance.
  - Ensuring that all staff undertake appropriate child protection training that is updated regularly;
  - Auditing safeguarding measures annually alongside the Designated Safeguarding Lead/Head and reporting back to the full governing body.
- 8.5** Ensure every member of staff, volunteer and governor knows the name of the Designated Safeguarding Lead and the deputies responsible for safeguarding and their role.

- 8.6** The school will pay attention to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.
- 8.7** If a pupil who is/or has been the subject of a child protection plan changes school, the Designated Safeguarding Lead will inform the social worker responsible for the child's case and securely transfer the appropriate records to the Designated Safeguarding Lead at the receiving school separately from the child's academic file.
- 8.8** The Designated Safeguarding Lead will ensure that the senior leadership team is aware of trends in behaviour that may affect pupil welfare. Training will be arranged where a particular need is identified.
- 8.9** Ensuring that we operate Safer Recruitment procedures.
- 8.10** Ensure that any member of staff found not suitable to work with children is reported to the Disclosure and Barring Service (DBS) for consideration for barring, including following resignation, dismissal or in the case of a volunteer, when we cease to use their services because of a substantiated allegation.
- 8.11** Ensure all staff and volunteers understand their responsibilities for being alert to the signs of abuse or neglect as well as lower level child welfare concerns and their responsibility for recording any concerns and referring any concerns to the Designated Safeguarding Lead responsible for child protection and safeguarding.
- 8.12** Notify Children's Social Care if a child on a protection plan has an unexplained absence of more than two days.
- 8.13** Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters including attendance at child protection conferences and core group meetings.
- 8.14** Ensure that any allegations against members of staff with a potential child protection aspect are dealt with urgently following the procedures outlined by the Merton Safeguarding Children Board and in part 4 of *'Keeping Children Safe in Education'*, DfE (2018). – Concerns about staff must be reported to the Head, and concerns about the Head reported to the Chair of School Board. All staff must remember that the welfare of the child is paramount. The school's **whistleblowing code** enables staff to raise concerns or allegations in confidence and for a sensitive enquiry to take place. See 16.2
- 8.15** Ensure that the school building and site are appropriately secure, with a clear record kept of any risk assessments carried out. The school will ensure that any third party hiring the school building for any purpose will observe the safeguarding children policy and will also provide their own safeguarding policy to be viewed by the school.

- 8.16** Ensure that other school policies which have a safeguarding element are all consistent with this policy and with each other and where appropriate make cross references to this policy.
- 8.17** Ensure the School Board carries out an annual child protection and safeguarding audit, and tracks progress against a safeguarding action plan that is reviewed midyear.
- 8.18** Ensure that parents receive information from the school about the responsibility placed on the school and staff for child protection by publishing the school's safeguarding Policy on our school website.

## **10. Training and Induction**

- 9.1** When new staff or regular visitors join our school, they will be informed of the safeguarding arrangements in place and provided copies of the safeguarding policy and Staff Behaviour Policy (code of conduct) and copies of the record of concern form alongside information about how to complete the form and who to pass it on to.
- 9.2** Every new member of staff or volunteer in the school will be given an induction period that will include essential information relating to signs and symptoms of abuse; how to manage a disclosure from a child; how to record and how to manage issues of confidentiality. The induction will also advise staff and volunteers of their responsibility to safeguard all children at our school and the remit of the role of the Designated Safeguarding Lead. At induction, all staff will also be provided Part One of 'Keeping Children Safe in Education' (2018) and will be expected to read and to sign a declaration that they have read and understood the contents.
- 9.3** In addition to the safeguarding induction, the school will ensure that all staff access appropriate safeguarding and child protection training on a regular basis and in accordance with the [Merton Child Protection Training Pathway](#) as set out by the Merton Safeguarding Children Board (MSCB).
- 9.4** The Designated Safeguarding Lead, their deputy will undertake regular child protection training in compliance with the statutory requirements for the role. They along with any other member of the senior leadership team who may be able to make referrals or attend child protection conferences or core group meetings will attend one of the multi-agency training courses organised by the Merton Safeguarding Children Board, including those looking at the child protection process.
- 9.5** All regular visitors and volunteers to our school will be given a set of our safeguarding procedures; they will be informed of the names and location of our designated safeguarding staff members and given details of the reporting and recording system.

**9.6** The Designated Safeguarding Lead will provide regular safeguarding briefings and updates for staff to enable staff to keep up to date with the most recent local and national safeguarding advice and guidance on specific safeguarding issues including but not limited to extremism and radicalisation; child sexual exploitation and Female Genital Mutilation.

**9.7** Our School Board will also undertake appropriate training to ensure they are able to carry out their duties to safeguard all the children at our school. Training for Governors can be accessed via Merton Governor Services - 020 8545 3923

## **11. School Procedures – staff responsibilities**

**10.1** Any staff member concerned about a child must follow the school procedures outlined in Appendix D and without delay, inform the Designated Safeguarding Lead of their concern, no matter how small.

**10.2** The Designated Safeguarding Lead will decide whether the concerns should be referred to Children’s Social Care via the MASH/First Response Team. Any referral made to this Team will be discussed with the parent/s, unless to do so would place the child at further risk of harm. Where threshold for a MASH referral is not met, the Designated Safeguarding Lead, with consent from the parent, may convene a Team Around Child meeting to progress the schools early help offer to the child and family. This will be managed under a Common and Shared Assessment (CASA).

**10.3** All staff members have a duty to refer safeguarding concerns to the Designated Safeguarding Lead and to follow up with the Designated Safeguarding Lead or contact social services directly via the MASH/First Response Team local to the child’s home address if there is a concern that: -

- a) concerns raised have not been taken seriously, or
- b) action to safeguard the child is not taken by professionals, and
- c) the child is considered to be at continuing risk of harm

**10.4** 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.

## **12. When to be concerned**

**11.1** All staff and volunteers should be aware that the main categories of abuse namely physical; emotional; sexual abuse and neglect. (Appendix C)

**11.2** All staff and volunteers should be concerned about a child if s/he presents with indicators of possible significant harm, noting in particular that a child in an abusive relationship may:

- a) Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home
- b) Act in a way that is inappropriate to her/his age and development (full account needs to be taken of different patterns of development and different ethnic groups)
- c) Display insufficient sense of 'boundaries', lack stranger awareness
- d) Appear wary of adults and display 'frozen watchfulness'

### 13. Dealing with a Disclosure

**12.1** It takes a lot of courage for a child to disclose that they are being abused. They may feel ashamed, particularly if the abuse is sexual; their abuser may have threatened what will happen if they tell; they may have lost all trust in adults; or they may believe, or have been told, that the abuse is their own fault. If a pupil talks to a member of staff about any risks to their safety or wellbeing, **the staff member will need to let the pupil know that they must pass the information on** – staff are not allowed to keep secrets. The point at which they tell the pupil this is a matter for professional judgement. If they jump in immediately the pupil may think that they do not want to listen, if left until the very end of the conversation, the pupil may feel that they have been misled into revealing more than they would have otherwise.

**12.2** During their conversations with the pupils it is best practice for staff to: -

- a) allow pupils to speak freely
- b) remain calm and not overreact – the pupil may stop talking if they feel they are upsetting their listener
- c) give reassuring nods or words of comfort – 'I want to help', 'This isn't your fault', 'You are doing the right thing in talking to me'
- d) Not be afraid of silences, and allow space and time for pupil to continue, staff will recognise the barriers the pupil may have had to overcome to disclose.
- e) Clarifying or repeating back to check what they have heard if needed but will not lead the discussion in any way or ask investigative or leading questions – such as "Whether it happens to siblings too, or what does the pupil's mother think about it".
- f) at an appropriate time tell the pupil that to help them, the member of staff must pass the information on
- g) not automatically offer any physical touch as comfort. It may be anything but comforting to a child who has been abused
- h) avoid admonishing the child for not disclosing earlier. Saying things such as 'I do wish you had told me about this when it started' or 'I can't believe what I'm

hearing' may be the staff member's way of being supportive but may be interpreted by the child to mean that they have done something wrong

- i) Tell the pupil what will happen next. The pupil may agree to go with you to see the Designated Safeguarding Lead. Otherwise let them know that you will be consulting them.
- j) write up their conversation as soon as possible on the **record of concern form** and hand it to the designated lead
- k) seek support if they feel distressed

#### **14. Working with Parents and Carers**

**13.1** The school is committed to working positively, openly and in partnership with parents and carers. The school will support parents and carers to understand our legal duty to safeguard and promote the welfare of pupils in our school. This includes our duty to make referrals to Children's Social Care and to assist our colleagues in other agencies with child protection enquiries.

**13.2** When pupils join our school, their parents and carers will be informed of the safeguarding and child protection policy and signposted to the school website or upon request at the school office, receive a copy of the policy.

**13.3** The school respects parents' rights to privacy and confidentiality and will not share sensitive information unless we have permission to do so or it is necessary to do so to safeguard a child from harm.

**13.4** In the event of a concern, suspicion or disclosure by a child, School will seek to share the concern with the parent/carer unless to do so may place the child at increased risk of harm. A lack of parental engagement or agreement on the concerns the school has about a child will not prevent the Designated Safeguarding Lead from making a referral to Children's Social Care in circumstances where it is appropriate to do so.

**13.5** The school will only share information about pupils with adults who have parental responsibility for a pupil or where a parent with parental responsibility has given written permission which includes the full details of any other adult with who information about a pupil can be shared.

**13.6** In order to keep our pupils safe and provide appropriate care for them, the school requires parents to provide accurate and up to date information regarding the:

- Full names and contact details of all adults with whom the child normally lives and the child's relationship to the adult with whom s/he lives;
- Full names and contact details of all persons with parental responsibility (if different from above);
- Emergency contact details (if different from above);

- Full details of any other adult authorised by the parent to collect the child from school (if different from the above).

## **15. Support for those involved in a child protection issue**

Child abuse is devastating for the child and can also result in distress and anxiety for staff who become involved. We will support pupils, their families, and staff by:

- a) taking all suspicions and disclosures seriously
- b) Nominating a link person (*Claire Scopas or Alni Terreri*) who will keep all parties informed and be the central point of contact. Where a member of staff is the subject of an allegation made by a pupil, separate link people will be nominated to avoid any conflict of interest
- c) responding sympathetically to any request from pupils or staff for time out to deal with distress or anxiety
- d) maintaining confidentiality and sharing information on a need-to-know basis only with relevant individuals and agencies
- e) maintaining and storing records securely
- f) offering details of helplines, counselling or other avenues of external support
- g) following the procedures laid down in our whistleblowing, complaints and disciplinary procedures
- h) Cooperating fully with relevant statutory agencies.

## **16. Complaints procedure**

**15.1** Our complaints procedure will be followed where a pupil or parent raises a concern about poor practice towards a pupil that initially does not reach the threshold for child protection action. Poor practice examples include unfairly singling out a pupil, belittling a pupil or discriminating against them in some way. Complaints are managed by senior staff, the Head Teacher and governors.

**15.2** Complaints from staff are dealt with under the school's complaints and disciplinary and grievance procedures.

## **17. Concerns about a colleagues & Managing Allegations involving Staff**

**16.1** The London Acorn School aims is to provide a safe and supportive environment which secures the wellbeing and very best outcomes for the children at our school. We recognise however that sometimes the behaviour of adults may lead to an allegation of abuse being made. Allegations sometimes arise from a differing understanding of the same event, but when they occur they are distressing and difficult for all concerned. We also recognise that many allegations are genuine and there are some adults who deliberately seek to harm or abuse children.



**16.2** Staff who are concerned about the conduct of a colleague towards a pupil are undoubtedly placed in a very difficult situation. They may worry that they have misunderstood the situation and they will wonder whether a report could jeopardise their colleague's career. All staff must remember that the welfare of the child is paramount. The school's **whistleblowing code** enables staff to raise concerns or allegations in confidence and for a sensitive enquiry to take place. See 8.14 Ensure that any allegations against members of staff with a potential child protection aspect are dealt with urgently following the procedures outlined by the Merton Safeguarding Children Board and in part 4 of '*Keeping Children Safe in Education*', DfE (2020). – Concerns about staff must be reported to the Head, and concerns about the Head reported to the Chair of School Board

**16.3**

Our school will take all possible steps to safeguard our children and to ensure that the adults in our school are safe to work with children. We will always ensure that the procedures outlined in the [Merton Safeguarding Children Board: Procedures for Allegations Against Persons who Work with Children](#) and Part Four of DfE '*Keeping Children Safe in Education*', (2020) are adhered to and will seek appropriate advice from the Designated Officer if needed.

The designated officer for Merton is:

**18. Joanne Foster      020 8545 3211**  
[LADO@merton.gov.uk](mailto:LADO@merton.gov.uk) (020 8770 5000 outside office hours)

Our school has children resident in outside of Merton. When seeking advice or making a referral for a child not resident in Merton, the school will initially contact the social team local to the child's residential address. Some relevant contact numbers include:

Wandsworth	020 8871 6000 <a href="mailto:mash@wandsworth.gov.uk">mash@wandsworth.gov.uk</a> ,
Lambeth	020 7926 5555 <a href="mailto:dutymanager@lambeth.gov.uk">dutymanager@lambeth.gov.uk</a> ,
Sutton	020 8649 0418 <a href="mailto:mash@sutton.gov.uk">mash@sutton.gov.uk</a> ,
Kingston	020 8547 5008
Croydon	020 8726 6400 <a href="http://my.croydon.gov.uk/ChildReferrals">my.croydon.gov.uk/ChildReferrals</a>
Islington	020 7527 7400 <a href="mailto:michelle.virdi@islington.gov.uk">michelle.virdi@islington.gov.uk</a>

**16.4** The head must be informed without delay when an allegation is made, or information is received which indicates that an adult working in our School may be unsuitable to work with children. This includes a teacher or member of staff where social services inform the school an allegation has been made against the member of staff in relation to their own children or to children they have had contact with outside the school environment.

If an allegation is made against the head, this must be reported to the Chair of School CIC Board. Where either the head or Chair of School Board is not contactable on that day, the information must be passed to and dealt with by either the member of staff acting as Head of School or the Vice Chair of School Board. The Chair of the CIC Board for the School is:



**Dr Andrew Thorne:**      **020 8544 9769**  
[andrew.thorne2000@gmail.com](mailto:andrew.thorne2000@gmail.com)

The school office will provide a mobile number for urgent cases.

In the absence of the Chair of the CIC School Board, the safeguarding lead for the Governance Council should be contacted:

**Ollie Egan**

The school office will provide a mobile number for urgent cases

- 16.5** The Head or Chair of CIC Board will seek advice from the Designated Officer within one working day. No member of staff or the School Board may carry out investigations before receiving advice from the Designated Officer. Depending on the nature of the disclosure or accusation, the staff member may be dismissed, suspended from work or permitted to work in a strictly supervised way. These working restrictions will be reviewed regularly after any developments and at agreed intervals under the guidance of the headteacher and social services.
- 16.6** Any member of staff or volunteer who does not feel confident to raise their concerns with the Head of School or Chair of School Board should contact the Designated Officer directly.
- 16.7** The School has a legal duty to refer to the Disclosure and Barring Service, anyone who has harmed; or poses a risk of harm to a child; or if there is reason to believe a member of staff has committed one of a number of listed offences; 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. If these circumstances arise in relation to a member of staff at our school, a referral will be made as soon as possible after the resignation or removal of the individual in accordance with advice from the Designated Officer or Human Resources.

## **19. Support for Staff**

Dealing with a disclosure from a child, and safeguarding issues can be distressing. Staff members should recognise their own emotions and seek support from Designated Safeguarding Lead, who will also be proactive in offering support to staff to whom distressing disclosures have been made.

## **20. Confidentiality and Sharing information**

- 18.1** All staff will understand that child protection issues warrant a high level of confidentiality, not only out of respect for the pupil and staff involved but also to ensure that being released into the public domain does not compromise evidence.

- 18.2** Staff should only discuss concerns with the Designated Safeguarding Lead, Headteacher or chair of governors (depending on who is the subject of the concern). That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis.
- 18.3** *Keeping Children Safe in Education (DfE, 2020)* states that **any** member of staff can contact Children's Social Care if they are concerned about a child. This should then be shared with the Designated Safeguarding Lead so that an overview is kept.
- 18.4** Child protection information will be stored and handled in line with Data Protection Act 1998 and GDPR 2018 principles, which require that information is: -
- processed for limited purposes
  - adequate, relevant and not excessive
  - accurate
  - kept no longer than necessary
  - processed in accordance with the data subject's rights
  - secure.
- 18.5** Record of concern forms and other written information will be stored in a locked facility and any electronic information will be password protected and only made available to relevant individuals.
- 18.6** Every effort will be made to prevent unauthorised access, and sensitive information should not be stored on laptop computers, which, by the nature of their portability, could be lost or stolen. If it is necessary to store child protection information on portable media, such as a CD or flash drive, these items will also be kept in locked storage. Child protection information will be stored separately from the pupil's school file and the school file will be 'tagged' to indicate that separate information is held.
- 18.7** Child protection records are normally exempt from the disclosure provisions of the Data Protection Act, which means that children and parents do not have an automatic right to see them. If any member of staff receives a request from a pupil or parent to see child protection records, they will refer the request to the Head teacher or Designated Safeguarding Lead.
- 18.8** The Data Protection Act does not prevent school staff from sharing information with relevant agencies, where that information may help to protect a child. Ideally information sharing will be done in writing so that there is an evidence trail however there may be occasions in Child Protection proceedings where this method is too slow. In cases where agencies ring the school requesting information reception staff will take a message and inform the Designated Safeguarding Lead (DSL) *immediately*, the DSL will ensure they can identify who is requesting the information before sharing and then record what has been shared, when, why and with whom.

## 21. Reporting directly to Children's Social Care

**19.1** The Designated safeguarding Lead will make a referral to children's social care if it is believed that a pupil is suffering or is at risk of suffering significant harm. The pupil Subject to their age and understanding, the pupil and the parents will be told that a referral is being made, unless to do so would increase the risk to the child.

**19.2** Staff should follow the reporting procedures outlined in this policy. However, they may also share information directly with Children's Social Care, Police or the NSPCC if:

- a) the situation is an emergency and the Designated Safeguarding Lead, their deputy, and the Headteacher are all unavailable.
- b) they are convinced that a direct report is the only way to ensure the child's safety.
- c) for any other reason they make a judgement that direct referral is in the best interests of the child.

**19.3** Staff will record any referral made in accordance with paragraph 19.2 and notify the Designated Safeguarding Lead so that there is oversight of referrals made.

## 22. Record Keeping and Monitoring

**20.1** The London Acorn School staff will make timely and accurate recording of safeguarding concerns raised about a child in the school. Our staff will be supported to understand the importance of timely, comprehensive and accurate recording in line with messages from serious case reviews on issues of recording and sharing information.

**20.2** A recording of each episode/incident/concern/activity regarding that child, including telephone calls to other professionals, needs to be recorded on a chronology kept within the confidential file for that child. This will include any contact from other agencies who may wish to discuss concerns relating to a child. Actions will be agreed, and roles and responsibility of each agency will be clarified, and outcomes recorded. The chronology will be brief and log activity; the full recording will be on the record of concern.

**20.3** Recordings of safeguarding concerns will be kept in a separate file known as a '**concern file**'. Written records of concern will be made even where there is no immediate need to refer to Children's Social Care.

**20.4** The concern file will be securely stored away from the main pupil file. The main pupil file will be marked with a **blue dot** in the top right-hand corner to denote a separate file exists. -

**20.5** A '**concern**' file will be started in the event of:

- a) A referral to Children's Social Care.

- b) An accumulation of number of 3 or more minor concerns on the child's main school file.
- c) An intervention by a Social Worker from Children's Social Care and the child has an open case.

**20.6** Records will be kept up to date and reviewed regularly by the Designated Safeguarding Lead to evidence and support actions taken by staff in discharging the school's safeguarding arrangements. Original notes will be retained on the concern file as they may be important in any criminal proceedings arising from current or historical allegations of abuse or neglect.

**20.7** Staff members recording concerns about a child may not keep copies of recordings made. All recordings must be handed over to the DSL who will store them securely in the child's 'concern' file.

**20.8** The concern file can be active or non-active in terms of monitoring i.e. a child is no longer LAC, subject to a child protection plan and this level of activity can be recorded on the front sheet as a start and end date. If future concerns, then arise it can be re-activated and indicated as such on the front sheet and on the chronology as new information arises.

**20.9** If the child moves to another school, the concern file will be securely sent or taken, as part of the admission/transition arrangements, to the DSL at the new establishment/school. There will be a timely liaison between each school DSL for Safeguarding to ensure a smooth and safe transition for the child.

## **23. Children with sexually harmful behaviour**

**21.1** Children may be harmed by other children or young people. Staff will be aware of the harm caused by bullying and will use the school's **anti-bullying procedures** and **Merton Safeguarding Board Harmful Sexual Behaviour Protocol 2017** where necessary. However, there will be occasions when a pupil's behaviour warrants a response under child protection rather than anti-bullying procedures. Research suggests that up to 40 per cent of child sexual abuse is committed by someone under the age of 18.

**21.2** The management of children and young people with sexually harmful behaviour is complex and the school will work with other relevant agencies to maintain the safety of the whole school community. Young people who display such behaviour may be victims of abuse themselves and the child protection procedures will be followed for both victim and perpetrator.

**21.3** Staff who become concerned about a pupil's sexualised behaviour should speak to the Designated Safeguarding Lead as soon as possible.

**24. Sexual exploitation of children**

Sexual exploitation involves an individual or group of adults taking advantage of the vulnerability of an individual or groups of children or young people, and victims can be boys or girls. Children and young people are often unwittingly drawn into sexual exploitation through the offer of friendship and care, gifts, drugs and alcohol, and sometimes accommodation. Sexual exploitation is a serious crime and can have a long-lasting adverse impact on a child's physical and emotional health. It may also be linked to child trafficking. All staff are made aware of the indicators of sexual exploitation and all concerns are reported immediately to the Designated Safeguarding Lead.

**25. Extremism and Radicalisation**

**23.1** At the London Acorn School, we fully consider radicalisation, extremism and exposure to extremist materials to be safeguarding issues. We will work to ensure that members of staff are fully engaged in being vigilant about radicalisation; and maintain an attitude that "it could happen" in the school.

**23.2** Through accessing training events, we will ensure that our staff are fully aware of the threats, risks and vulnerabilities that are linked to radicalisation; are aware of the process of radicalisation and how this might be identified early on. We will work alongside other professional bodies and agencies to ensure that our pupils are safe from harm. The school supports the work of channel panels in supporting pupils at risk of radicalisation. Merton social services can be contacted for advice. The UK wide preventing extremism in schools and children's services helpline is 020 7340 7264, email: [counter.extremism@education.gsi.gov.uk](mailto:counter.extremism@education.gsi.gov.uk)

**23.3** School will not tolerate any prejudice, discrimination or extremist views, including derogatory language, displayed by pupils or staff who will always be challenged and where appropriate dealt with in line with our behaviour policy for learners and the Code of Conduct for staff.

**23.4** We will closely follow any locally agreed procedures and agreed processes and criteria for safeguarding individuals who are vulnerable to extremism and radicalisation. As part of wider safeguarding responsibilities school staff will be alert to:

- a) Disclosures by pupils of their exposure to the extremist actions, views or materials of others outside of college, such as in their homes or community groups, especially where learners have not actively sought these out.
- b) Graffiti symbols, writing or art work promoting extremist messages or images
- c) Pupils accessing extremist material online, including through social networking sites

- d) Parental reports of changes in behaviour, friendship or actions and requests for assistance
- e) Reports from police and local authority services of issues affecting pupils in the school or other education settings in the locality.
- f) Learners voicing opinions drawn from extremist ideologies and narratives
- g) Use of extremist or hate terms to exclude others or to incite violence
- h) Intolerance of difference, whether secular or religious or, in line with our equalities policy, views based on, but not exclusive to, gender, disability, homophobia, race, colour or culture
- i) Attempts to impose extremist views or practices on others
- j) Anti-Western or Anti-British views

**26. Safer working practice**

[Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings \(2015\)](#) indicates that there must be clear professional reason for all conduct of staff and volunteers. All adults working with children in school have read and signed The London Acorn School's current Code of Conduct for safe practice.

**27. Internet / E-Safety**

**25.1** The London Acorn School has agreements with families on the use of the internet, mobile phones, computers and tablets. There is no use of technology within school for young children and the use of technology is introduced in the later years to aid transition to Senior school. Families are supportive of the ethos of the school. The school is aware that that some adults and young people will use these technologies to harm children through hurtful or abusive communications; enticing children to engage in sexually harmful conversations; webcam photography or face-to-face meetings. The school will help educate pupils about using these technologies safely. There is equally staff guidance on the professional use of the internet in accordance with good teaching practice, advising on matters such as safe and appropriate staff social networking.

**25.2** The London Acorn School has an unequivocal response to cyber bullying and sexting by pupils, via texts and emails. This will not be tolerated and will be treated as seriously as any other type of bullying.

**25.3** If staff members discover instances of misuse, either by staff member, volunteer or child, the issue must be reported to the Head Teacher without delay. The Head Teacher has overall responsibility for Internet safety and will have access to all email addresses and passwords provided.

**25.4 Staff Online Profiles** All staff at the London Acorn School sign the Staff Code of Conduct for images and appropriate storage/use of device data, which also covers social Media. Details of this code of conduct may be found in the school Policy for Cameras and mobile phones.

## **28. Photography and Video imaging of children in School**

**26.1** We have taken a sensible and balanced approach that is based on parental consent to take pictures and video images that capture children’s achievements; activities and promote success” and wherever possible, take steps to ensure anonymity when in the use of images taken by School for these described purposes.

**26.2** The London Acorn School acknowledges that the majority of people who take or view photographs or videos of children do so for entirely innocent, understandable and acceptable reasons. Sadly, some people abuse children through taking or using images. To help protect pupils, we will implement the following safeguards:

- seek their consent for photographs to be taken or published (for example, on our website or in newspapers or publications)
- seek parental consent
- use only the pupil’s first name with an image
- ensure pupils are appropriately dressed
- encourage pupils to tell us if they are worried about any photographs that are taken of them.
- Seek parents’ cooperation when taking images at school events to ensure that images of unrelated children are not taken without consent or posted to the Internet or other medium without consent of the parents of children involved.
- Have strict rules regarding staff use of mobile technology while on school premises.

## **29. Prevention**

With reference to our values and ethos, The London Acorn School will:

- a) Include regular consultation with children e.g. through safety questionnaires and participation in anti-bullying activities.
- b) Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.
- c) Include safeguarding across the curriculum and during the PSHE curriculum, including educational opportunities at developmentally appropriate levels, to equip children with the skills they need to stay safe from harm and to know to whom they should turn for help. In particular this will include e-safety, anti-bullying work, transition support, awareness of FGM, prevention of radicalisation etc.
- d) Ensure all staff members are aware of school guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks.



### **30. Related Policies**

The following policies fall under our safeguarding umbrella and we actively use them to underpin our values; ethos and our intent to ensure that pupils at our school are appropriately safeguarded:

- Staff Code of Conduct
- Anti-Bullying
- Positive handling and managing behaviour • Recruitment & Selection
- Whistle-blowing
- Attendance
- E-safety
- Health and Safety including site security
- Harassment and discrimination including racial abuse
- Meeting the needs of pupils with medical conditions
- Intimate Care
- First aid

## **Appendix A**

### **Roles and Responsibilities**

#### **Designated Safeguarding Lead Role**

We have a Designated Safeguarding Lead (DSL) who has received appropriate training and support for this role. This DSL is a senior member of the school leadership team. We also have a Deputy DSL who will provide additional support to ensure the responsibilities for child protection and safeguarding children are fully embedded within the school ethos and that specific duties are discharged. Our DSL will ensure there is a structured procedure within the school, which will be followed by all of the members of the school community in cases of suspected abuse.

#### **Responsibilities of the Designated Safeguarding Lead (DSL)**

##### **Referrals, Tracking and Monitoring**

The DSL will:

- Refer cases of suspected abuse or allegations to the relevant investigating agencies.
- Liaise urgently with the Local Authority Designated Officer (LADO) about of any allegation of abuse made against a member of staff.
- Act as a source of support, advice and expertise within the educational establishment when deciding whether to make a referral by liaising with relevant agencies.
- Liaise with the Head of School (where the DSL role is not carried out by the Headteacher) to inform him/her of any issues and ongoing investigations. The DSL will ensure there is always cover for this role.
- Maintain an overview of all children about whom there are concerns i.e. subject to a child protection plan, Child in Need plan, a Looked After Child, or a child about whom there is a concerns file.
- Ensure when children leave the school, that their safeguarding/child protection file is discussed with the DSL at the new school, as soon as possible and that it is transferred separately to the main pupil file. This file will document all concerns as well as child protection and safeguarding concerns.
- Cooperate with any requests for information from the local authority, such as Child Protection training returns and self-evaluative forms for safeguarding and child protection, in compliance with Section 11, Children Act 2004

##### **Training**

The Designated Safeguarding Lead will attend training in order to:

- Have a working knowledge of how the Merton Safeguarding Children Board operates, the conduct of a child protection conference, and be able to attend and contribute to these effectively when required to do so.
- Recognise and identify signs of abuse and understand when it is appropriate to make a referral to children's social care.
- Ensure each member of staff has access to, and understands this policy, especially new or part-time staff who may work with different educational establishments.
- Ensure all staff receive induction training covering child protection and are able to recognise and report any concerns immediately they arise.
- Be able to keep detailed, accurate and secure written records of referrals/concerns.
- Be proactive in identifying suitable training courses that would develop and enhance their knowledge and attend any relevant or refresher training courses as a minimum every two years.

##### **Raising Awareness**

The Designated Safeguarding Lead will:

- Keep themselves up to date with national and local safeguarding procedures and ensure staff in the school access regular training and updates, bringing to the attention of the Headteacher and Named Child Protection Governor any shortfalls to enable, resolve and affect positive outcomes.
- Ensure the school's safeguarding and child protection policy is updated and reviewed annually, and work with the governing body/proprietor regarding this.
- Ensure parents have access to copies of the safeguarding and child protection policy which alerts them to the fact that referrals may be made and the role of the establishment in this to avoid conflict later.

### **Responsibilities of the Headteacher**

The Headteacher of the school will ensure that:

- The policies and procedures adopted by the governing body are fully implemented and followed by all staff.
- Sufficient resources and time are allocated to enable the Designated Safeguarding Lead and other staff to discharge their responsibilities, including taking part in strategy discussions and inter-agency meetings, and contributing to the assessment of children.
- All staff and volunteers feel able to raise concerns about poor or unsafe practice with regard to children, and that such concerns are addressed sensitively and effectively in a timely manner in accordance with agreed whistle-blowing policies.

The Head will ensure all staff have access to and read: -

- The safeguarding policy;
- the staff behaviour/conduct policy,
- DfE Keeping Children Safe in Education guidance 2020, Part one, as a minimum.

### **Roles and Responsibilities of our Governing Body**

The governing body is collectively responsible for ensuring that safeguarding arrangements are fully embedded within the school's ethos and reflected in the school's day to day safeguarding practices by:

- Ensuring that the school has effective policies and procedures in place in accordance with this policy and monitor the school's compliance with them.
- Ensuring there is an individual member of the governing body to champion child protection issues within the school, liaise with the Head about them, and provide information and reports to the governing body. However, it will not be appropriate for that person to take the lead in dealing with allegations of abuse made against the Head. That is more properly the role of the chair of governors or, in the absence of a chair, the vice chair.
- Ensuring that the governing body is collectively responsible for the school's safeguarding arrangements. All members of the governing body will undertake training about child protection to ensure they have the knowledge and information needed to perform their functions and understand their responsibilities.
- Ensuring the Head and all other staff who work with children, undertake training which is kept up-to-date by refresher training at two yearly intervals.
- Ensuring the temporary staff and volunteers who work with children are made aware of the school's arrangements for child protection and their responsibilities.
- Exercising their disciplinary functions in respect of allegations against a member of staff or because of dealing with a complaint.

### **Other Staff's Responsibilities**

It is the responsibility of all other members of staff to ensure that all safeguarding concerns, both minor and serious, are reported to the Designated Safeguarding Lead (DSL) as soon as reasonably possible. The DSL may have other information regarding a child, young person or their family of which other staff may not be aware. Minor concerns may take on greater significance within the wider context of knowledge of a child or family that the DSL may have.

Any member of staff can refer a child concern.

## **Appendix B**

### **Identifying Concerns**

All members of staff, volunteers and governors will know how to respond to a pupil who discloses abuse, or where others raise concerns about them and will be familiar with procedures to be followed.

If a child chooses to tell a member of staff about alleged abuse, there are a number of actions that staff will undertake to support the child:

- The key facts will be established in language that the child understands, and the child's words will be used in clarifying/expanding what has been said.
- No promises will be made to the child e.g. to keep secrets.
- Staff will stay calm and be available to listen.
- Staff will actively listen with the utmost care to what the child is saying.
- Question normally without pressurising and only using open questions.
  - Leading questions should be avoided as much as possible.
  - Questioning should not be extensive.
- Staff will not put words in the child's mouth but note the main points carefully.
- A full written record will be kept by the staff duly signed and dated, including the time the conversation with the child took place, outline what was said, comment on the child's body language, etc.
- It is not appropriate for staff to make children write statements about abuse that may have happened to them.
- Staff will reassure the child and let them know that they were right to inform them and inform the child that this information will now have to be passed on.
- The Designated Safeguarding Lead will be immediately informed, unless the disclosure has been made to them.

## Appendix C

### 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"> <li>• Bruises – shape, grouping, site, repeat or multiple</li> <li>▪ Bite marks – site and size</li> <li>• Burns and Scalds – shape, definition, size, depth, scars</li> <li>• Fractures- delay in seeking medical attention, old fractures,</li> <li>• Injuries not typical of accidental injury</li> <li>• Fabricated or induced illness</li> <li>• Improbable or conflicting explanations for injuries</li> <li>• Repeated or multiple in injuries</li> <li>• Admission of punishment which appears excessive</li> <li>• Fear of parents being contacted and fear of returning home</li> <li>• Withdrawal from physical contact</li> <li>• Aggression towards others</li> <li>• Frequently absent from school</li> </ul> <p><b>Emotional/behavioural presentation</b></p> <ul style="list-style-type: none"> <li>• Refusal to discuss injuries</li> <li>• Admission of punishment which appears excessive</li> <li>• Fear of parents being contacted and fear of returning home</li> <li>• Withdrawal from physical contact</li> <li>• Arms and legs kept covered in hot weather</li> <li>• Fear of medical help</li> <li>• Aggression towards others</li> <li>• Frequently absent from school</li> <li>• An explanation which is inconsistent with an injury</li> <li>• Several different explanations provided for an injury</li> </ul>	<ul style="list-style-type: none"> <li>• Parent with injuries that may suggest domestic violence</li> <li>• Not seeking medical help/unexplained delay in seeking treatment</li> <li>• Evasive or aggressive towards child or others</li> <li>• Refusal or reluctance to discuss injuries or mention previous injuries</li> <li>• Delay in seeking treatment</li> <li>• Given explanation inconsistent with injury</li> <li>• Over chastisement of child / aggressive towards child or others</li> <li>• Absent without good reason when their child is presented for treatment</li> <li>• Disinterested or undisturbed by accident or injury</li> <li>• Unauthorised attempts to administer medication</li> <li>• Tries to draw the child into their own illness.</li> <li>• Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault</li> <li>• May appear unusually concerned about the results of investigations which may indicate physical illness in the child</li> <li>• Wider parenting difficulties may (or may not) be associated with this form of abuse.</li> <li>• Parent/carer has convictions for violent crimes.</li> </ul>	<ul style="list-style-type: none"> <li>• Marginalised or isolated by the community</li> <li>• History of mental health, alcohol or drug misuse or domestic violence</li> <li>• History of unexplained death, illness or multiple surgery in parents and/or siblings of</li> <li>• the family</li> <li>• Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.</li> </ul>

## **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
- Petechiae 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 out and there will be splash marks

#### **Scars**

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

**EMOTIONAL 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"> <li>• Developmental delay</li> <li>• Abnormal attachment e.g. anxious, indiscriminate or no attachment</li> <li>• Aggressive behaviour towards others</li> <li>• Child scapegoated within the family</li> <li>• Frozen watchfulness, particularly in pre-school children</li> <li>• Low self-esteem and lack of confidence</li> <li>• Withdrawn or seen as a 'loner' - difficulty relating to others</li> <li>• Over-reaction to mistakes</li> <li>• Inappropriate emotional responses to painful situations</li> <li>• Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)</li> <li>• Self-harm</li> <li>• Fear of parents being contacted</li> <li>• Extremes of passivity or aggression</li> <li>• Drug/solvent abuse</li> <li>• Chronic running away</li> <li>• Compulsive stealing</li> <li>• Low self-esteem</li> <li>• 'don't care' attitude</li> <li>• Social isolation – does not join in and has few friends</li> <li>• Depression, withdrawal</li> <li>• Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention</li> <li>• Low self-esteem, lack of confidence, fearful, distressed, anxious</li> <li>• Poor peer relationships including withdrawn or isolated behaviour.</li> </ul>	<ul style="list-style-type: none"> <li>• Domestic abuse</li> <li>• Mental health; drug or alcohol difficulties</li> <li>• Abnormal attachment to child e.g. overly anxious or disinterest in the child</li> <li>• Scapegoats one child in the family</li> <li>• Cold or unresponsive to the child's needs</li> <li>• Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.</li> <li>• Overly critical of the child</li> <li>• Never allowing anyone else to undertake the child's care</li> <li>• History of abuse or mental health problems</li> <li>• Wider parenting difficulties may (or may not) be associated with this form of abuse.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of support from family or social network.</li> <li>• Marginalised or isolated by the community.</li> <li>• History of mental health, alcohol or drug misuse or domestic violence.</li> <li>• History of unexplained death, illness or multiple surgery in parents and/or siblings of the family</li> <li>• Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.</li> </ul>



## 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><b>Physical presentation</b></p> <ul style="list-style-type: none"> <li>• Failure to thrive/ underweight or small stature</li> <li>• Frequent hunger</li> <li>• Dirty, unkempt condition</li> <li>• clothing in a poor state of repair or inadequate</li> <li>• Swollen limbs with sores that are slow to heal, usually associated with cold injury</li> <li>• Abnormal voracious appetite</li> <li>• Dry, sparse hair</li> <li>• Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice</li> <li>• Untreated medical problems</li> <li>• Frequent accidents or injuries</li> </ul> <p><b>Development</b></p> <ul style="list-style-type: none"> <li>• General delay, especially speech and language delay</li> <li>• Inadequate social skills and poor socialization</li> </ul> <p><b>Emotional/behavioural presentation</b></p> <ul style="list-style-type: none"> <li>• Attachment disorders</li> <li>• Absence of normal social responsiveness</li> <li>• Indiscriminate behaviour in relationships with adults</li> <li>• Emotionally needy</li> <li>• Compulsive stealing</li> <li>• Constant tiredness</li> <li>• Frequently absent or late at school</li> <li>• Poor self esteem</li> <li>• Destructive tendencies</li> <li>• Thrives away from home</li> <li>• Disturbed peer relationships</li> <li>• Self-harming behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Dirty, unkempt presentation</li> <li>• Inadequately clothed</li> <li>• Inadequate social skills and poor socialisation</li> <li>• Abnormal attachment to the child . e.g. anxious</li> <li>• Low self-esteem and lack of confidence</li> <li>• Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene</li> <li>• Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy</li> <li>• Child left with adults who are intoxicated or violent</li> <li>• Child abandoned or left alone for excessive periods</li> <li>• Wider parenting difficulties may (or may not) be associated with this form of abuse</li> </ul>	<ul style="list-style-type: none"> <li>• History of neglect in the family</li> <li>• Family marginalised or isolated by the community.</li> <li>• Family has history of mental health, alcohol or drug misuse or domestic violence.</li> <li>• History of unexplained death, illness or multiple surgery in parents and/or siblings of the family</li> <li>• 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.</li> <li>• Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals</li> <li>• Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating</li> <li>• Lack of opportunities for child to play and learn</li> </ul>

## 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 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
<p><b>Physical presentation</b></p> <ul style="list-style-type: none"> <li>• Pain, bleeding, bruising or itching in genital and /or anal area</li> <li>• Recurrent pain on passing urine or faeces / Blood on underclothes</li> <li>• Sexually transmitted infections</li> <li>• Pregnancy in a younger girl where there is secrecy about identity of the father</li> <li>• Physical symptoms such as injuries/bruises to the genital or anal area, buttocks, abdomen and thighs</li> <li>• presence of semen on vagina, anus, external genitalia or clothing</li> </ul> <p><b>Emotional/behavioural presentation •</b> Makes a disclosure.</p> <ul style="list-style-type: none"> <li>• Exhibits sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit</li> <li>• Inexplicable changes in behaviour, such as becoming aggressive or withdrawn</li> <li>• Self-harm - eating disorders, self-mutilation and suicide attempts</li> <li>• Poor self-image, self-harm, self-hatred</li> <li>• Reluctant to undress for PE</li> <li>• Running away from home</li> <li>• Poor attention / concentration</li> <li>• Sudden changes in school work habits, becomes truant</li> <li>• Withdrawal, isolation or excessive worrying or depression</li> <li>• Inappropriate sexualised conduct</li> <li>• Sexually exploited or indiscriminate choice of sexual partners</li> <li>• Wetting or other regressive behaviours e.g. thumb sucking</li> <li>• Draws sexually explicit pictures</li> </ul>	<ul style="list-style-type: none"> <li>• Comments made by the parent/carer about the child.</li> <li>• Lack of sexual boundaries</li> <li>• Wider parenting difficulties or vulnerabilities</li> <li>• Grooming behaviour</li> <li>• Parent is a sex offender</li> </ul>	<ul style="list-style-type: none"> <li>• Marginalised or isolated by the community.</li> <li>• History of mental health, alcohol or drug misuse or domestic violence.</li> <li>• History of unexplained death, illness or multiple surgery in parents and/or siblings of the family</li> <li>• Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.</li> <li>• Family member is a sex offender.</li> </ul>

### **Female Genital Mutilation (FGM)**

Staff at The London Acorn School are aware of the important issue of FGM.

Female Genital Mutilation occurs mainly in communities from Africa, Asia and the Middle East. It is a cultural practice rather than a religious one with no health benefits.

It occurs mostly in girls aged 5 to 8 years old but older girls are also at risk.

It is a criminal offence in the UK (including taking girls abroad)

The reasons given for FGM are cultural reasons marking the start of womanhood, reducing a woman's desire for sex and because unmodified women may be regarded as unclean

Girls may be at increased risk if:

- their family has a low level of integration into UK society
- a female relative has undergone FGM
- being taken on a long holiday to the family's country of origin (since the recovery from FGM can take 9 weeks, the long break may be used to mask this)
- relatives talk about a 'special' event marking womanhood

Post-FGM Symptoms include

- unusual behaviour after a long absence
- difficulty sitting or walking
- reluctance to undergo normal medical examinations
- asking for help, without being explicit about the problem due to embarrassment.

Longer Term problems include:

- incontinence, pelvic or urinary infections
- menstrual problems
- kidney damage
- pain when having sex
- infertility
- complications during pregnancy and childbirth
- emotional and mental health problems

FGM is a form of abuse and concerns should be raised in the same way as physical, emotional or sexual abuse, with the first point of contact the DSL or his deputy.

Additional sources of advice: NSPCC

FGM Helpline 0800 028 3550

[fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)

At The London Acorn School, we believe that all our pupils should be kept safe from harm including FGM and the DSL will raise awareness amongst staff about this important issue.

**Radicalisation and extremism**

The London Acorn School seeks to protect our pupils from radicalisation and extremism and embeds this issue in our safeguarding training and policy.

The issue of radicalisation is a complex one,  
Indicators of vulnerability to radicalisation may include:

**General factors:**

- A pupil who is distanced from their cultural/ religious heritage and feeling isolated
- A personal crisis or family tensions
- Low self-esteem, unmet aspirations
- Joining new friendship groups following questioning identity, faith and belonging
- Unmet special educational needs
- Personal background factors
- Migration
- Recent travel suggesting extremist training
- Local community tensions
- Events affecting the pupil's country of origin leading to a sense of grievance against the government
- Experiences of criminality:
- Imprisonment
- Involvement with criminal groups
- Poor reintegration

**critical factors:**

- Contact with extremist recruiters
- Accessing extremist websites
- Using extremist narratives
- Justifying violence to solve societal issues
- Significant behavioural and appearance changes
- Joining extremist organisations

Radicalisation and extremism pose significant safeguarding risks and any concerns should be discussed immediately with the DSL or his deputy

The "Channel" process is a referral process that responds to concerns about radicalisation and provides support. In the event of immediate concerns, the DSL may call 999, and if a pupil is at more general risk of radicalisation, a channel referral may be made via social services.

Further training about this will be regularly undertaken by the school's safeguarding team and will be fed back to staff via in house CPD.

## Appendix D

### Dealing with concerns or disclosures regarding a child or young person

1. **You have a concern** about a child / young person's wellbeing, based on:
  - a) Something the child / young person / parent has told you
  - b) Something you have noticed about the child's behaviour, health, or appearance
  - c) Something another professional said or did

Even if you think your concern is minor, the Designated Safeguarding Lead (DSL) may have more information that, together with what you know, represents a more serious worry about a child. - **It is never your decision alone how to respond to concerns - but it is always your responsibility to share concerns, no matter how small.**

2. **Decide whether you need to find out more** by asking the child / young person, or their parent to clarify your concerns, being careful to use open questions: beginning with words like: how, why, where, when, who?
3. **Let the child / young person / parent know what you plan to do next** if you have heard a disclosure of abuse or you are talking with them about your concerns. Do not promise to keep what s/he tells you secret. You may say for example, *"I am worried about your bruise and I need to tell Miss Jones so that she can help us think about how to keep you safe"*
4. **Inform the DSL immediately.** If the DSL is not available, inform their Deputy. If neither is available, speak to David Armstrong Safeguarding/Child Protection Governance Council Member. **If there is no other member of staff available, you must make the referral yourself. You may speak to the police or the NSPCC for additional advice.**
5. **Make a written record** as soon as possible after the event, noting:
  - a) Name of child
  - b) Date, time and place
  - c) Who else was present
  - d) What was said / What happened / What you noticed speech, behaviour, mood, drawings, games or appearance
  - e) If child or parent spoke, record their words rather than your interpretation
  - f) Analysis of what you observed and why it is a cause for concern
6. **The DSL may take advice** from the Multi-Agency safeguarding Hub (MASH)/First Response Team (020 8545 4226/4227) or other Children Social Care Team supporting schools safeguarding, such as the Vulnerable Children Team (020 8545 3374).
7. **The DSL makes the referral** to the MASH service. The referral will note all previous intervention by the school with the child, any relevant history relating to the child, their siblings or the family. It is not the role of the DSL or other staff in school to investigate or attempt to resolve a safeguarding/child protection concern.
8. **The DSL shares information** with other relevant professionals, recording reasons for sharing information and ensuring that they are aware of what action the other professionals will take as a result of information shared
9. **The DSL informs parent that they have made a CP referral**, if the parent does not already know, and if there is no reason not to let them know. There are a number of scenarios where the MASH/First Response Team may suggest a delay in informing the parent where informing the parent might put the child at further risk or in order to prevent the child being harmed or
10. intimidated (and retracting their disclosure). Such scenarios may be in cases of suspected sexual abuse or cases of suspected Fabricated or Induced Illness by proxy.
11. **The DSL remains in close communication** with other professionals around the child / young person and with the family, in order to share any updates about the child / young person
12. **If a child protection investigation is pursued**, the DSL and other key school staff will:

- a) Work closely and collaboratively with all professionals involved in the investigation, to keep the child / young person safe
  - b) Attend a child protection conference when invited and provide updated information about the child
  - c) Attend any subsequent child protection review conferences.
13. Attend core group meetings and take an active role in the implementation of the protection plan.

## Appendix E

### 31. Body Map Guidance for Schools

Body Maps should be used to document and illustrate visible signs of harm and physical injuries.

Always use a black pen (never a pencil) and do not use correction fluid or any other eraser.

Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

**At no time should an individual teacher/member of staff or school be asked to or consider taking photographic evidence of any injuries or marks to a child's person, this type of behaviour could lead to the staff member being taken into managing allegations procedures, the body map below should be used in accordance with recording guidance. Any concerns should be reported and recorded without delay to the appropriate safeguarding services, e.g. MASH or the child's social worker if already an open case to social care.**

**When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:**

- Exact site of injury on the body, e.g. upper outer arm/left cheek.
- Size of injury - in appropriate centimetres or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed/are they holding themselves differently?

Importantly the date and time of the recording must be stated as well as the name and designation of the person making the record. Add any further comments as required.

**32. Ensure First Aid is provided where required and record**

A copy of the body map should be kept on the child's concern/confidential file.

**33. (This must be completed at time of observation)**

*Names for Child:*

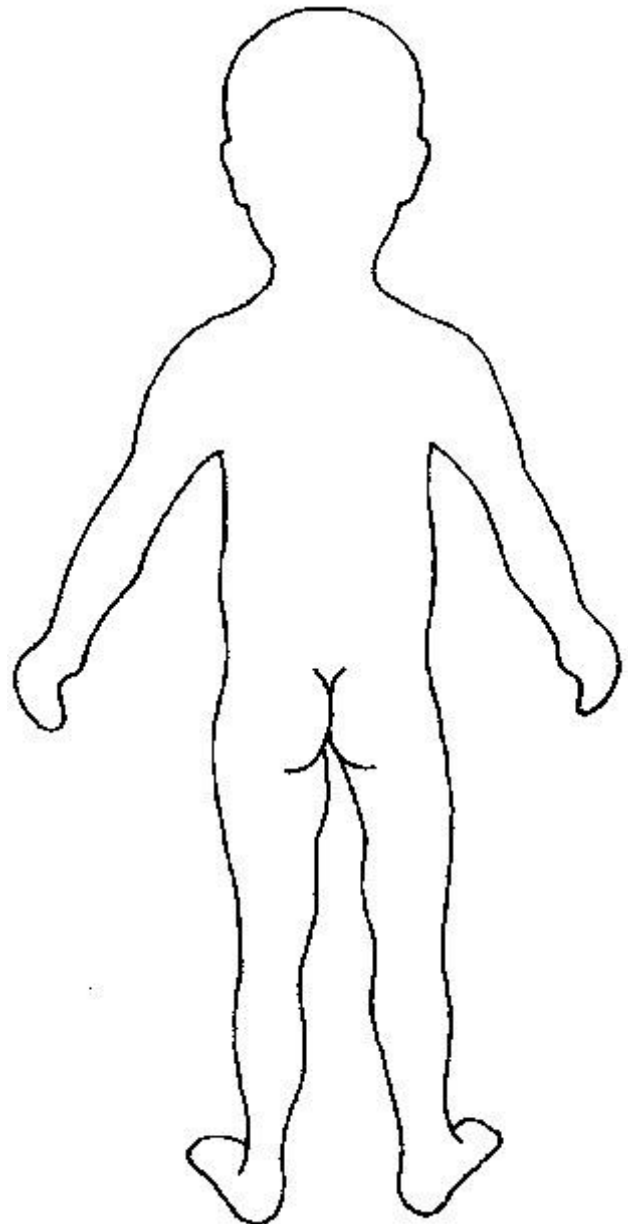
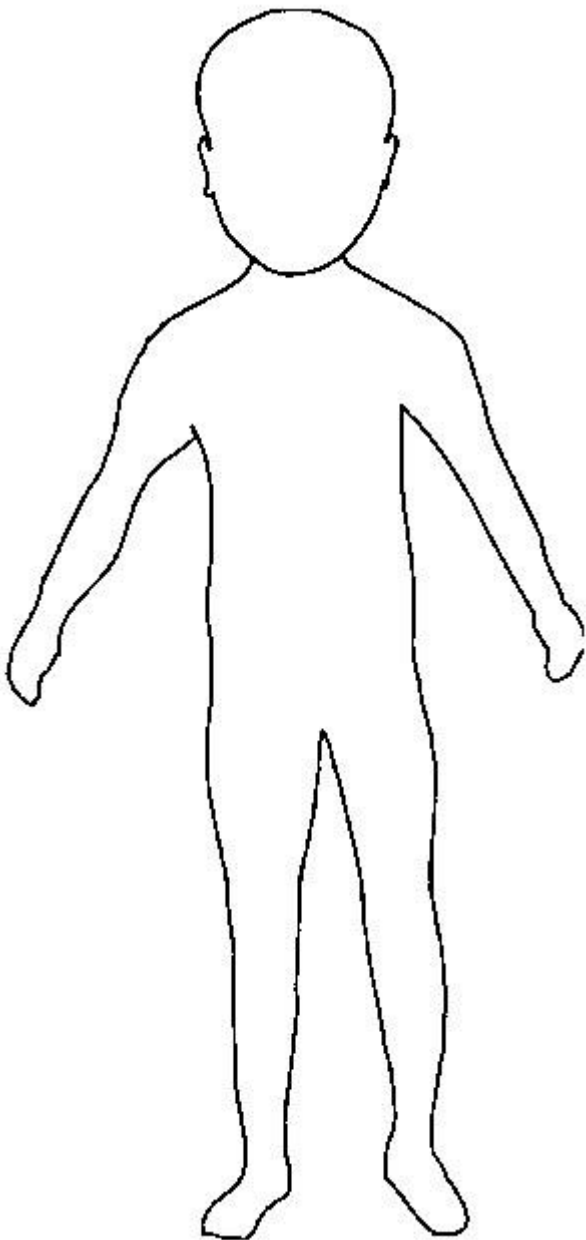
*Date of Birth:*



Name of Worker:

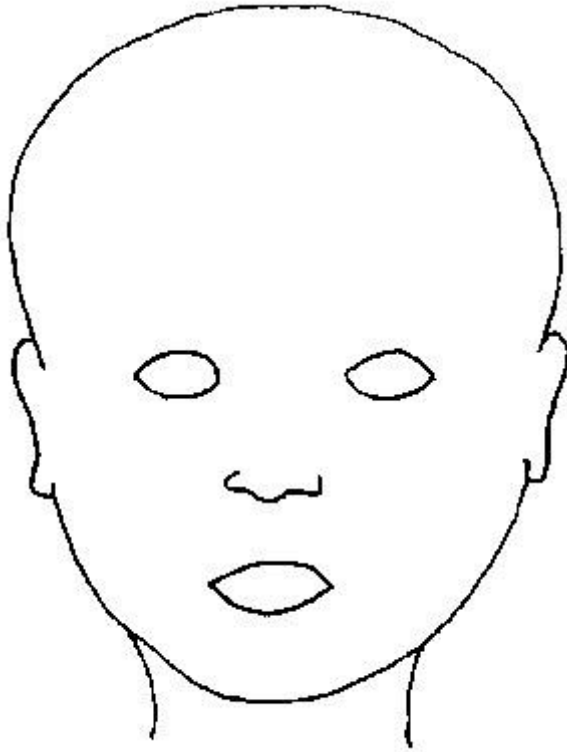
Agency:

Date and time of observation:

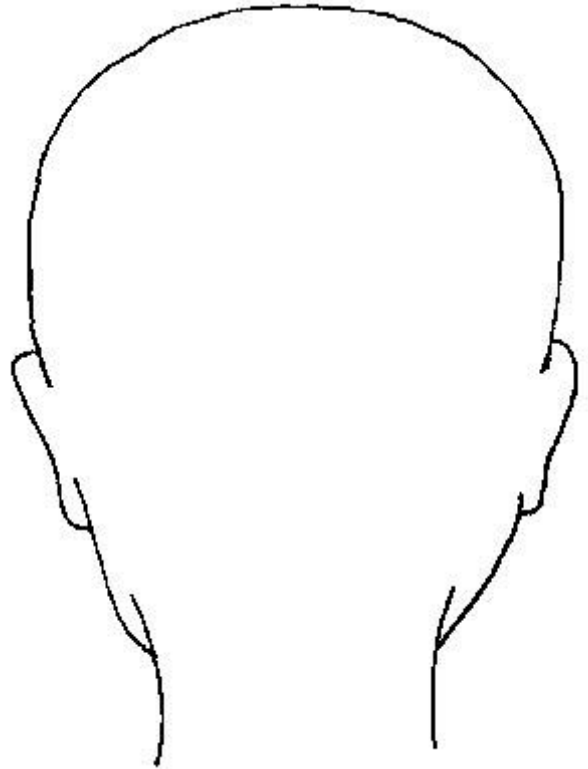


Name of Child:

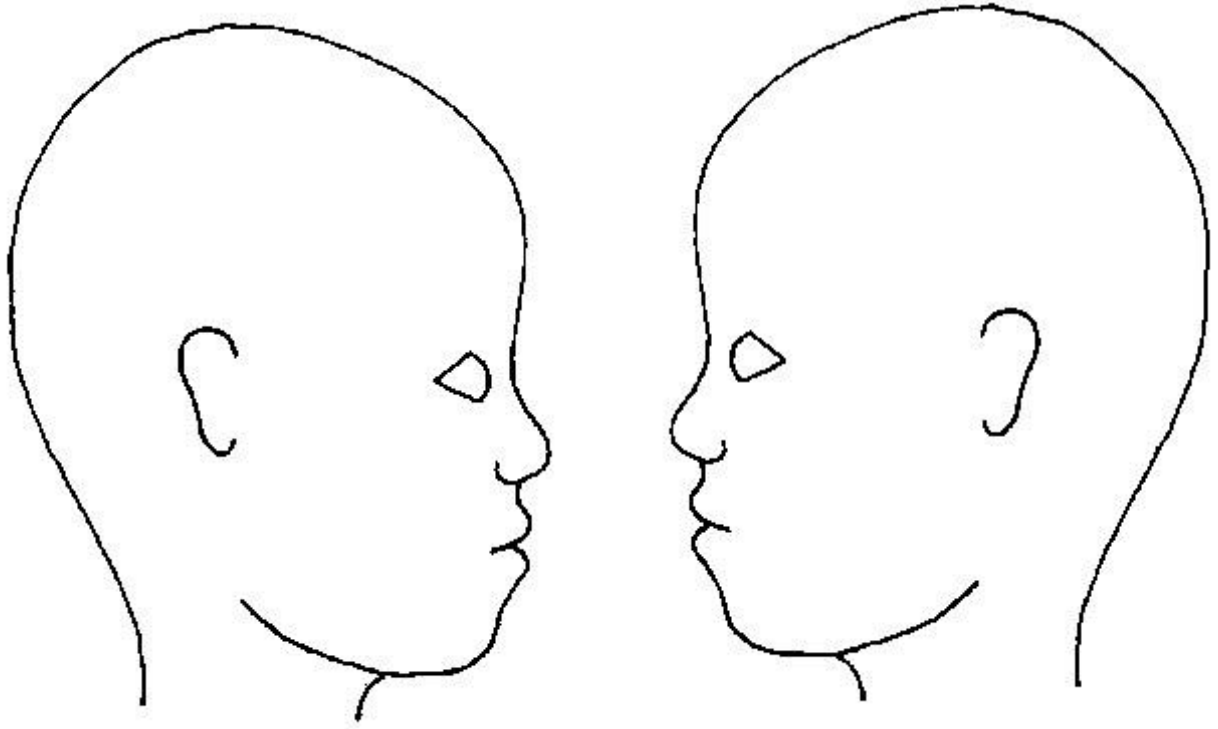
Date of observation:



**FRONT**



**BACK**

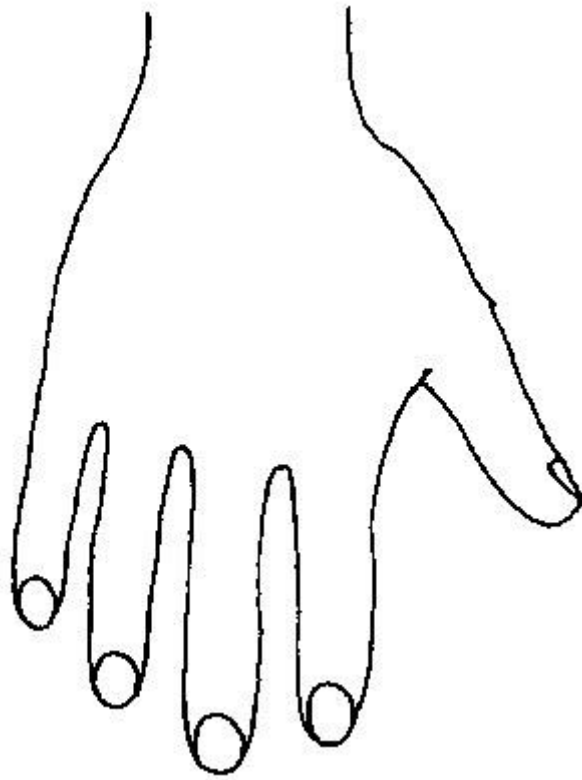


**RIGHT**

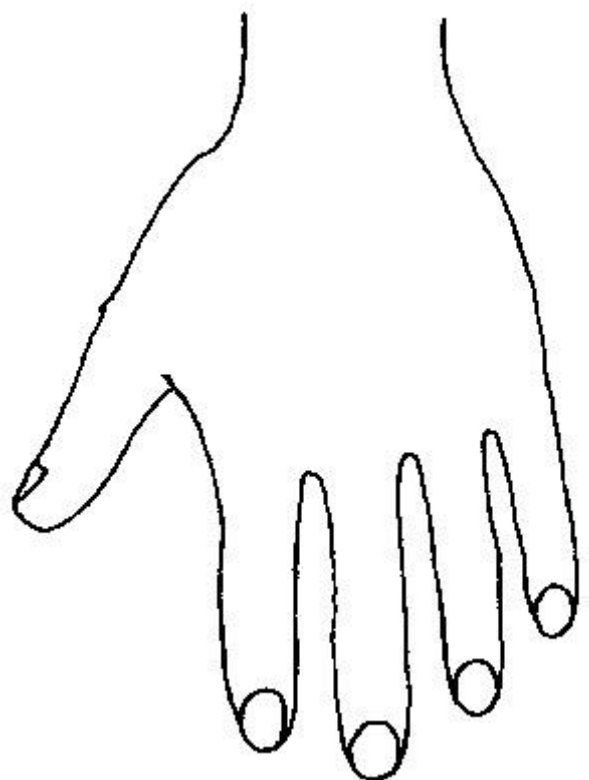
**LEFT**

Name of Child:

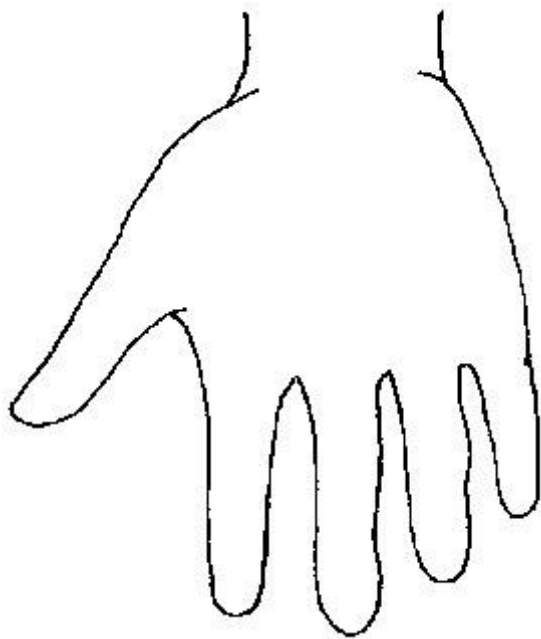
Date of observation:



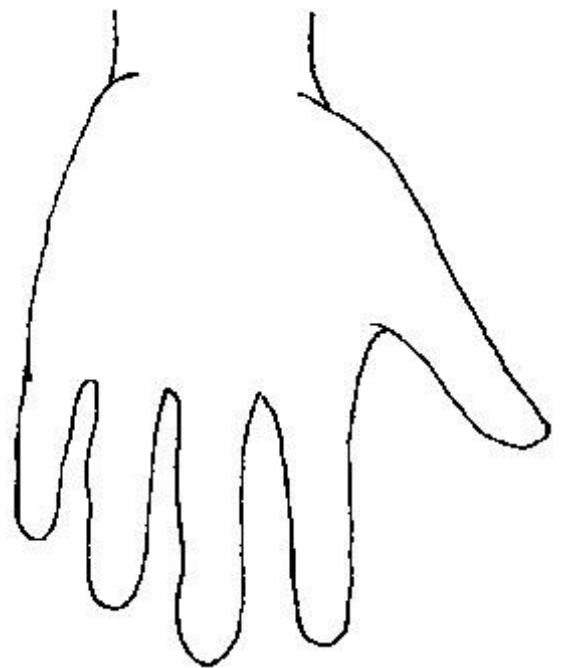
R  
BACK



L



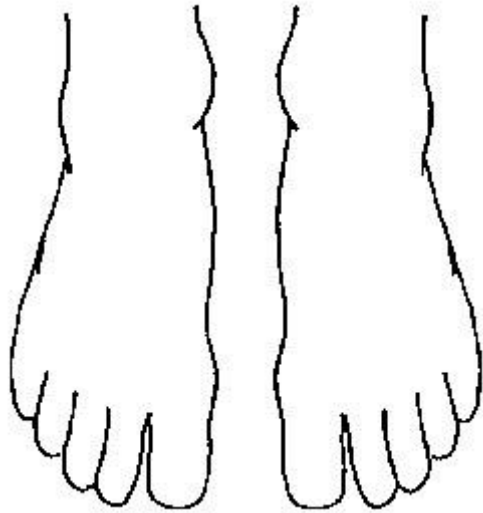
R  
PALM



L

Name of Child:

Date of observation:



R TOP L



R BOTTOM L



R  
INNER



L



R  
OUTER



L

# The London Acorn School



Staff Name:

Signature of Staff:

Date:

Time:

Other information:

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