

Date Valley School

Company number: 06845508 Registered Charity number: 1136298
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Child Protection Policy

Children have a right to be safe and the school has a legal obligation with regards to the protection of children.

At Date Valley School the welfare and safety of the children is our first priority, therefore all staff, trustees, students on placements and volunteers have a duty to adhere to current policy detailing the procedures for reporting concerns about the children who attend the school.

This policy is based on guidance:

1. Provided by the London Child Protection Procedures and Practice Guidance
2. Provided by London Borough of Merton Safeguarding Team
3. Working Together to Safeguard Children – HM Government - March 2015 and February 2017
4. Keeping Children Safe in Education – DfE – September 2016
5. What to do if you're worried a child is being abused – HM Government - March 2015

School Statement:

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 When at school, their behaviour may be challenging and defiant or they may be withdrawn. The school will endeavour to support the child through:

- The content of the curriculum
- The Islamic school ethos which promotes a positive, supportive and secure environment and gives the child a sense of being valued
- The school's Behaviour Policy which is aimed at supporting vulnerable children at school. The school will ensure that the child knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred
- Liaison with other agencies that support the child such as Social Services, Child and Adult Mental Health Services, Education Welfare Services and Educational Psychology Services
- Ensuring that, when a child leaves the school, any Child Protection or Safeguarding information is transferred to the Child Protection / Safeguarding Officer at the new school

General Aims:

- We promote the development of all children to their full potential intellectually, physically, socially, emotionally and behaviourally
- We promote the protection of children from harm or ill treatment, including supporting a child's development in ways which will foster self-esteem, security, trust, confidence, and independence to help ensure their own protection and understand the importance of protecting others

Child Protection Aims:

1. To recognise signs and symptoms of suffering harm or likely to suffer harm at the earliest possible moment
2. To ensure that cases of suspected or identified abuse are properly considered and pursued in the appropriate way
3. Adopt a child centred approach that recognises that the child has the right to participate and be kept informed of decisions made about them
4. To respond to concerns through the appropriate agencies with all due speed and consideration
5. To ensure that safe recruitment practices are always followed (Please refer to Safer Recruitment Policy)
6. To protect our children and staff (Please refer to Safeguarding Policy)

To achieve these aims the school:

1. Has a designated Child Protection Officer
2. Provides annual Child Protection Training for all staff
3. Consulted with external agencies on this policy
4. Will record any instances of concern in the children's files and share this information, and any other relevant information about your child, with Merton's Safeguarding Team

Definitions (as defined in Working Together to Safeguard Children – March 2015):

Safeguarding:

- 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 life chances

Child Protection:

- Part of safeguarding and promoting welfare
- This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer significant harm

Abuse:

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them, or more rarely, by others (e.g via the internet). They may be abused by an adult or adults, or another child or children.

Physical Abuse:

A form of abuse which 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.

Emotional Abuse:

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 a child 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 a 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.

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.

Neglect:

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 of abuse:

The following may indicate that a child attending the school may be at risk from abuse. This list is not exhaustive or comprehensive but consists of frequently observed symptoms.

It is important to remember that most abuse involves more than one main type, for example, sexual and emotional abuse may be recognised together.

Symptoms (for example cuts and grazes) may also be accidental and not a sign of abuse.

Indicators of Physical Abuse	Indicators of Sexual Abuse
<p>Fear of parents being contacted (unusual fear of adults) Arms and legs kept covered in hot weather Fear of medical help Chronic running away Behaviour changes/wet bed/withdrawal/regression Finger marks Broken bones Bruising in unusual areas Head / abdominal injuries Afraid of physical contact Cuts and grazes Violent behaviour during role play Cigarette burns Unwillingness to change clothes Cowering (withdrawal from physical contact) Aggressive language and use of threats Changing explanation of injuries Not wanting to go home with parent or carer Unexplained injuries, bruising or burns/scalds Reoccurring injuries Improbable excuses given to explain injuries Refusal to discuss injuries Untreated injuries Admission of punishment which appears excessive Bald patches Self-destructive tendencies Running away Domestic abuse</p>	<p>Become insecure and cling to the parent in a fearful manner Show extreme fear of a particular person Cry hysterically at times Withdraw from physical contact Have some physical signs in the genital or anal area, bleeding, soreness, marks, bruising or infections (urinary) Regress to a much younger behavioural pattern Behave in a way that is sexually inappropriate to their age, being obsessed with sexual matters Become withdrawn, stop eating, have chronic nightmares, begin bed wetting when previously dry Stare blankly; seem unhappy, confused and sad Play out sexual acts in too knowledgeable a way with dolls or other children Stop enjoying activities with other children e.g. stories, games, art, personal interests / hobbies and sports Seem to be bothered or worried but won't tell why as if keeping a secret Change from being happy and active to being withdrawn and fearful Repeat obscene words or phrases said by abuser Say repeatedly that they are bad, wicked or dirty Become aggressive and hurtful Act in a sexually inappropriate way towards adults Hint at secrets they cannot tell Say that a friend has a problem Ask you if you will keep a secret if they tell you something Begin lying, stealing, blatantly cheating in the hope of being caught Have unexplained sources of money Be reluctant to undress for PE Draw sexually explicit pictures of some act of abuse Have soreness or bleeding in the throat Have chronic ailments, such as stomach ache or headaches Take over the parental role at home; seem old beyond their years. (If a victim of incest) Become severely depressed, even attempt suicide Have poor self-image, low self-esteem, self-mutilate Continually run away Show discomfort when walking Attempt to sexually abuse another child Talk or write about sexual matters Find excuses not to go home or to a friend's house after school. (places where abuse may be happening) Involved in drug/solvent abuse Poor concentration Neurotic behaviour Self-destructive tendencies</p>

Indicators of Neglect	Indicators of Emotional Abuse
Constant hunger Poor personal hygiene Constant tiredness Poor state of clothing / lack of appropriate clothing Emaciation Failure to thrive Cold Frequent lateness or non-attendance at school Untreated medical problems Destructive tendencies Low self-esteem Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking) No social relationships Compulsive stealing Scavenging for food or clothes Running away Unkempt hair No parental interest Not wanting to communicate Behaviour problems Attention seeking Lack of respect Often in trouble - police Bullying Use of bad language Always out at all hours Domestic abuse	Physical, mental and emotional development lags Admission of punishment that appears excessive Over-reaction to mistakes Inappropriate emotional responses to painful situations Neurotic behaviour (rocking; hair twisting; thumb sucking) Self-mutilation Fear of parents being contacted Extremes of passivity or aggression Drug/solvent abuse Chronic running away Compulsive stealing Scavenging for food or clothes Continual self-depreciation Low self-esteem Sudden speech disorders Fear of new situations Crying Withdrawn Not wanting to socialise Bad behaviour Behaviour changes Bribery by parent Attention seeking Isolation from peers – unable to communicate Clingy Afraid of authoritative figures Treating others as you have been treated Domestic abuse

Confidentiality:

- We recognise that all matters relating to child protection are confidential and must be dealt with in strictest confidence; however, a member of staff must never guarantee confidentiality to a child
- Where there is a child protection concern it will be passed immediately to the Child Protection Officer
- The Child Protection Officer will disclose personal information about a child to other members of staff, including the level of involvement of other agencies, only on a 'need to know' basis
- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children
- Any written documentation should under no circumstances be left in a classroom or taken home. If documents are removed from the secured cabinet for reading or updating, they should be returned immediately after use
- No copies of documents are permitted without the express permission of the Child Protection Officer

Disclosure - Dealing with disclosure of Abuse: (Refer to Appendix 1)

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

Staff, volunteers and trustees may have feelings of anger, disgust, revulsion sorrow or fear. The child may also be feeling many of these emotions, but also accompanied by confusion, responsibility, guilt, insecurity, fear, inability or reluctance to trust adults. Staff, volunteers and trustees need to recognise they may feel the above-mentioned emotions however endeavour to remain calm, attentive and remember they do not have a duty to investigate, but a duty to report the disclosure accurately.

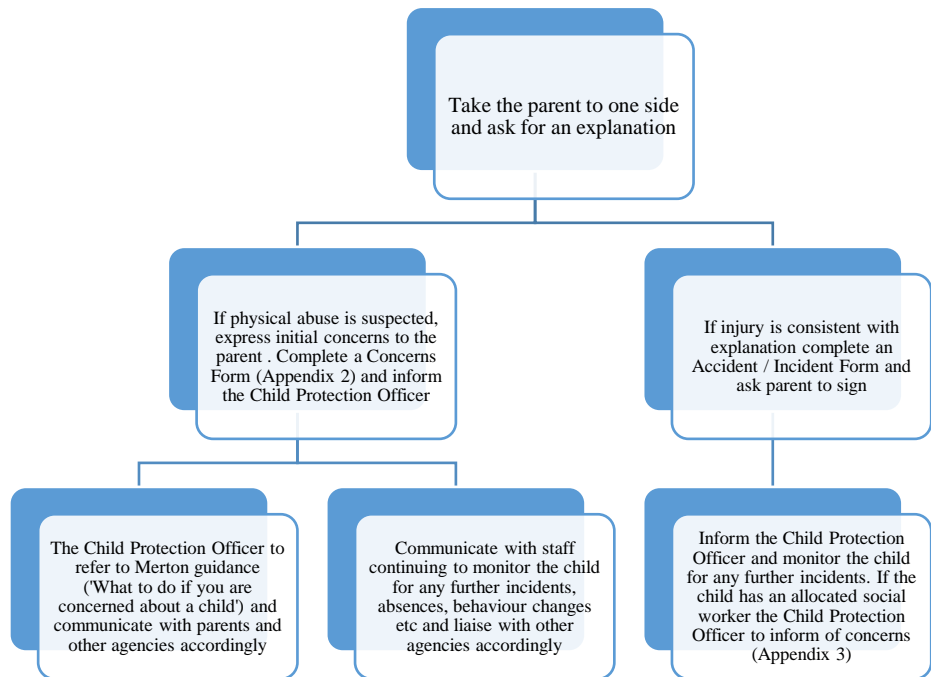
If a child chooses to tell a member of staff about alleged abuse, there are a number of actions that staff will undertake to support the child:

- Choose a place to talk where there will be no / minimal interruptions
- Key facts to be established in language that the child understands and the child's words will be used in clarifying/expanding what has been said (the account should reflect exact speech / wording of the child)
- No promises will be made to the child eg to keep secrets
- Staff will stay calm and be available to listen without value judgement and take care not to make assumptions
- Staff will actively listen with the utmost care to what the child is saying

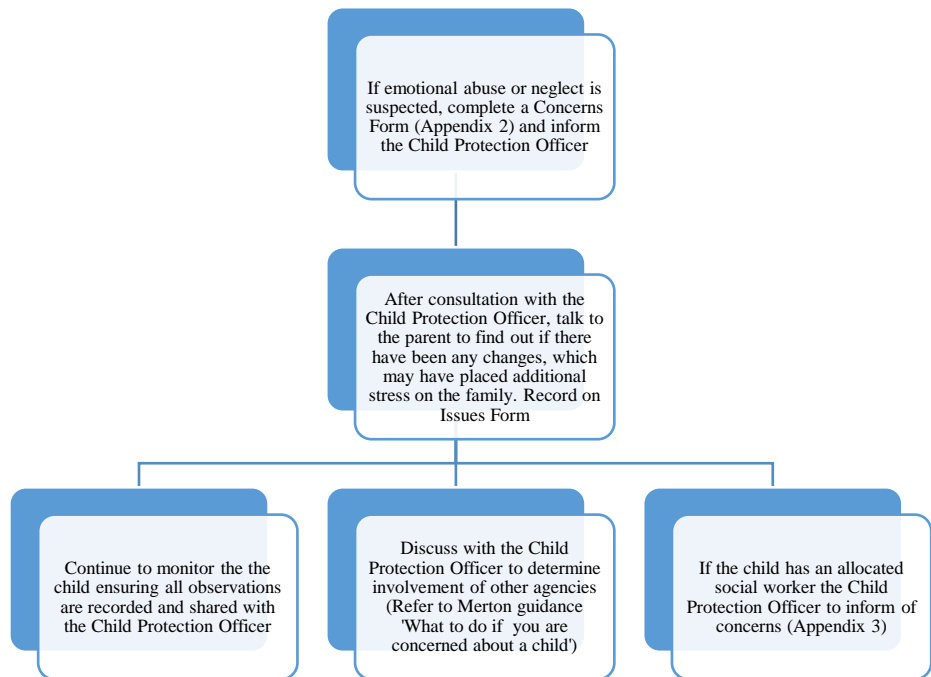
- Question normally without pressurising and only using open questions
 - Leading questions should be avoided as much as possible
 - Questioning should not be extensive
 - Do not interrupt as the child is talking
 - Do not offer suggestions or alternative explanations for the child's concerns
- Staff 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. (Appendix 1: Disclosure Form)
- 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 Child Protection Officer will be immediately informed, unless the disclosure has been made to them
- Discussion with parents should **ONLY** follow after consultation with the Child Protection Officer. Parents will not be referred to if the school believes it will be putting the child's safety at risk, in doing so
- All subsequent actions must be recorded in writing and dated

If you suspect that a child may be at risk from physical abuse:

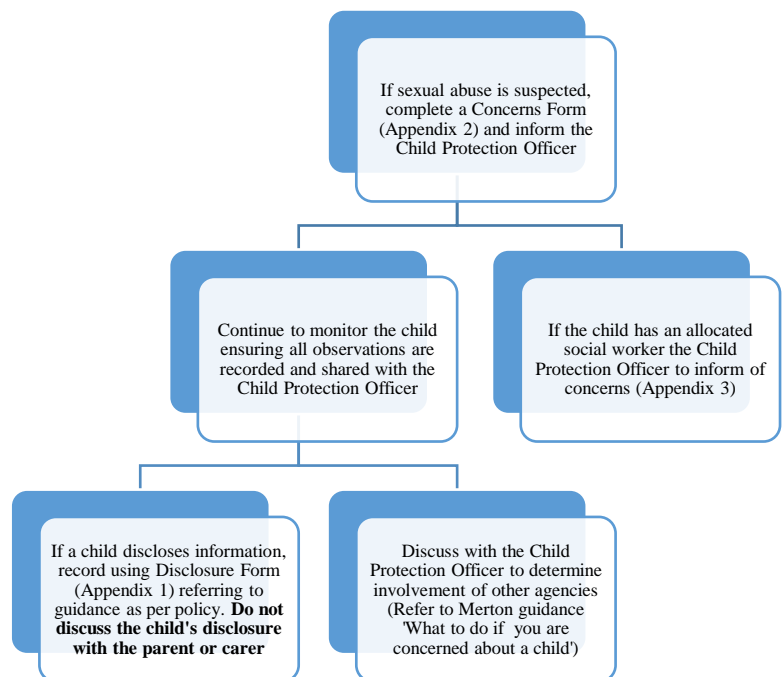
A child arrives to school with a bruising or an injury or you notice an injury or mark during the school day:



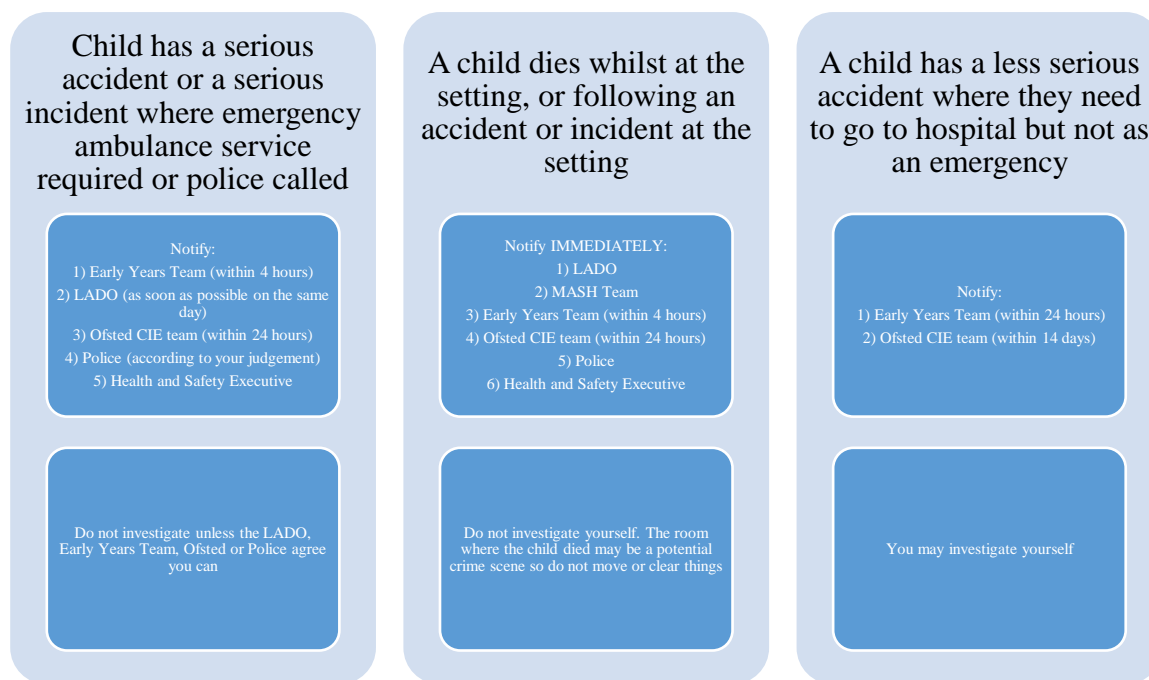
If you suspect that a child may be at risk from emotional abuse and / or neglect:



If you suspect that a child may be at risk from sexual abuse:



What to do in the case of a serious incident / accident: (Responsibility of the Child Protection Officer)



LADO: Local Authority Designated Officer
Ofsted CIE: Compliance, Investigation and Enforcement
MASH: Multi Agency Safeguarding Hub

Recording, Monitoring and Reporting: (Responsibility of the Child Protection Officer)

- Any concerns about a child will be recorded in writing as soon as possible (latest within 24 hours)
- All records will provide a factual and evidence based account and there will be accurate recording of any actions taken
- If applicable, all records will include a description of injuries seen and marked on Appendix 4
- At no time should a staff member, volunteer or child 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 allegations procedures. The body map (Appendix 4) should be used in accordance with recording guidance
- Records of each and every episode / incident / concern / activity regarding that child, including telephone calls to other professionals, needs to be recorded (Appendix 1, 2, 3, 4, Issues Form and / or Accident / Incident Form)
- Records will be signed and dated and passed on to the Child Protection Officer within the 24 hour period
- All child protection records will be retained in a 'Child Protection' file, separate from the child's main file
- This will be locked away and only accessible to the head teacher and the Child Protection Officer
- Records will be kept up to date and reviewed regularly by the Child Protection Officer to evidence and support actions taken by staff in discharging their safeguarding arrangements. Original notes will be retained (but clearly identified as such); they may be important in any criminal proceedings arising from current or historical allegations of abuse or neglect
- Communication and referrals to external agencies will follow guidance provided by London Borough of Merton. (Contact List 1 and Contact List 2)
- Child Protection records will be copied and transferred to any school or setting the child moves to, clearly marked 'Child Protection, Confidential, for attention of the Child Protection Officer
- If the child goes missing from education or is removed from roll to be educated at home; any child protection file should be copied and the copy sent to the Education Welfare Officer. Confirmation of the name and address of the Education Welfare officer should be sought prior to sending on
- Original copies of the child protection file and details of the forwarding contact and address will be retained until the child's 25th birthday

Child Protection File:

- The establishment of a 'Child Protection' file, which is separate from the child's main school file, is an important principle in terms of storing and collating information about children which relates to either a child protection or safeguarding concern or an accumulation of concerns about a child's welfare which are outside of the usual range of concerns which relate to ordinary life events
- It needs to be borne in mind that what constitutes a 'concern' for one child may not be a 'concern' for another and the particular child's circumstances and needs will differ i.e. a child subject to a Child Protection Plan, Looked After Child or a Child in Need may be looked at differently to a child recently bereaved, parental health issues etc

- Professional judgement will therefore be an important factor when making this decision and will need clear links between staff and the Child Protection Officer
- A 'Child Protection' file should be commenced in the event of:
 - A referral to MASH / Children's Social Care
 - A number of minor concerns on the child's main school file
 - Any child open to social care

Child Protection Officer Role and Responsibilities:

- The current Child Protection Officer is Naheed Mughal
- In her absence the Child Protection Officer is Tahira Khan
- The trustee responsible for Child Protection is Razina Karim

Role:

- The Child Protection Officer oversees all child protection issues and concerns, provides support for staff, children and parents and ensures school policies and practice reflect outstanding practice and comply with current legislation

Responsibilities:

- Attend child protection training every 12 to 18 months
- Arrange relevant internal / external training for staff, ensuring staff are sufficiently trained to notice and report concerns
- Review policies and school practice to reflect outstanding practice and compliance with current legislation
- Provide training for new staff, students and volunteers throughout the school year
- To offer support and advice to staff who have concerns or suspicions about a child
- Provide advice and support for parents and children
- To maintain accurate and detailed child protection concerns / records as per policy, monitor as per policy and share information as per policy
- To store records securely
- To disseminate information about the child only on a need to know basis, bearing in mind the importance of confidentiality
- To liaise with external agencies in accordance to Merton Guidelines (Merton Contact List 1 and Merton Contact List 2)
- To pass on child protection records to the forwarding Child Protection Officer when a child leaves school

Staff, Volunteer and Trustee Support:

- Coping with child abuse requires not only knowledge of signs, symptoms and procedures, but awareness that involvement in the process can bring heavy practical and emotional burdens. Teachers who feel unable to cope with these additional stresses may be tempted to turn a blind eye to signs of abuse or pleas for help from their children, but are less likely to do so if they know what to do and know that they will be supported in doing it by the Child Protection Officer and / or other staff

Support requires:

- Recognition that the teacher involved will need time to deal with the child, to record events, possibly to attend a case conference
- Recognition of the emotional impact on staff of personal involvement with an abused child. Anger, distress, horror, anxiety and disgust may be aroused. Staff need reassurance that such strong feelings are not unusual and a chance to express their feelings to a trusted colleague without infringing on the need for confidentiality. Talking through a difficult situation with a sympathetic listener is usually a relief
- Teachers may need help in thinking through how to offer help to an abused child and decisions may be needed on limiting the teacher's involvement or seeking further help from outside
- The Child Protection officer may themselves need similar support at times. This may be available from someone else closely involved e.g. Social worker, an advisor with child protection responsibilities.

This policy has been read and approved for Date Valley School, by the Head Teacher and the Chair of Date Valley School Trust.

Date: May 2018

Appendix 1:

Date Valley School - Safeguarding and Child Protection Disclosure Form

Please complete all relevant sections. For any sections that do not apply, please mark clearly as 'not applicable'.

Name of child (Full Name):		Date and time the disclosure was made:	
What lead to the disclosure? (Try to detail the circumstance leading up to the disclosure)			
Details of the child's conversation (wording as expressed by the child)			
What feelings did the child express before, during and after the disclosure? (Body Language / Non verbal cues)			
Describe any signs of physical injury evident on the child: (Use Appendix 4 to mark areas)			
Has the child made the allegation about a particular individual?	YES/NO Please give details:		
If you have known the child for a period of time, have you noticed any changes in behaviour?	YES/NO Please give details:		
Were there any other people present at the disclosure?	YES/NO Please give details:		
Signature: To be signed by the person reporting the concern			
Name:		Signature:	
Role / Staff position:		Date:	
Date referred to Child Protection Officer:			
DATA PROTECTION ACT: The information contained on this form will be held for the purpose of carrying out an investigation into child protection issues to meet statutory duties. The information may be disclosed to other agencies			

Appendix 2:

Date Valley School - Safeguarding and Child Protection Concerns Form

Child's full name:

Child's Year group:

Date of Birth:

Nature of concern or details of an event:			
Discussion with child / other adults (if applicable) include full names of all persons present:			
Meeting 1: Notes of discussion with Child Protection Officer:			
Agreed Actions:			
Name and Signature:		Date:	
Meeting 2: Notes of discussion with Child Protection Officer:			
Agreed Actions:			
Name and Signature:		Date:	
Meeting 3: Notes of discussion with Child Protection Officer:			
Agreed Actions:			
Name and Signature:		Date:	

Appendix 3:**Date Valley School - Safeguarding and Child Protection Logging Concerns / Information shared with and by External Agencies Form**

Childs Name and Date of Birth:		Year Group:	
Method of information sharing: (Letter / email / telephone)		Date and Time of Incident (as recorded on supporting forms)	
Details of information shared:			
Actions / Recommendations for the school:		Outcome: (If applicable)	
Recipient (and role) of information:		Name of caller / provider of information:	
Organisation / agency / role:		Contact details: (Email address / Postal address / Telephone number)	
Name and Signature:		Date and Time completed:	

Appendix 4:

Body Map Guidance:

- 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 the 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.

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

- Exact site of injury on the body, eg upper outer arm/left cheek
- Size of injury - in appropriate centimetres or inches
- Approximate shape of injury, eg 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.

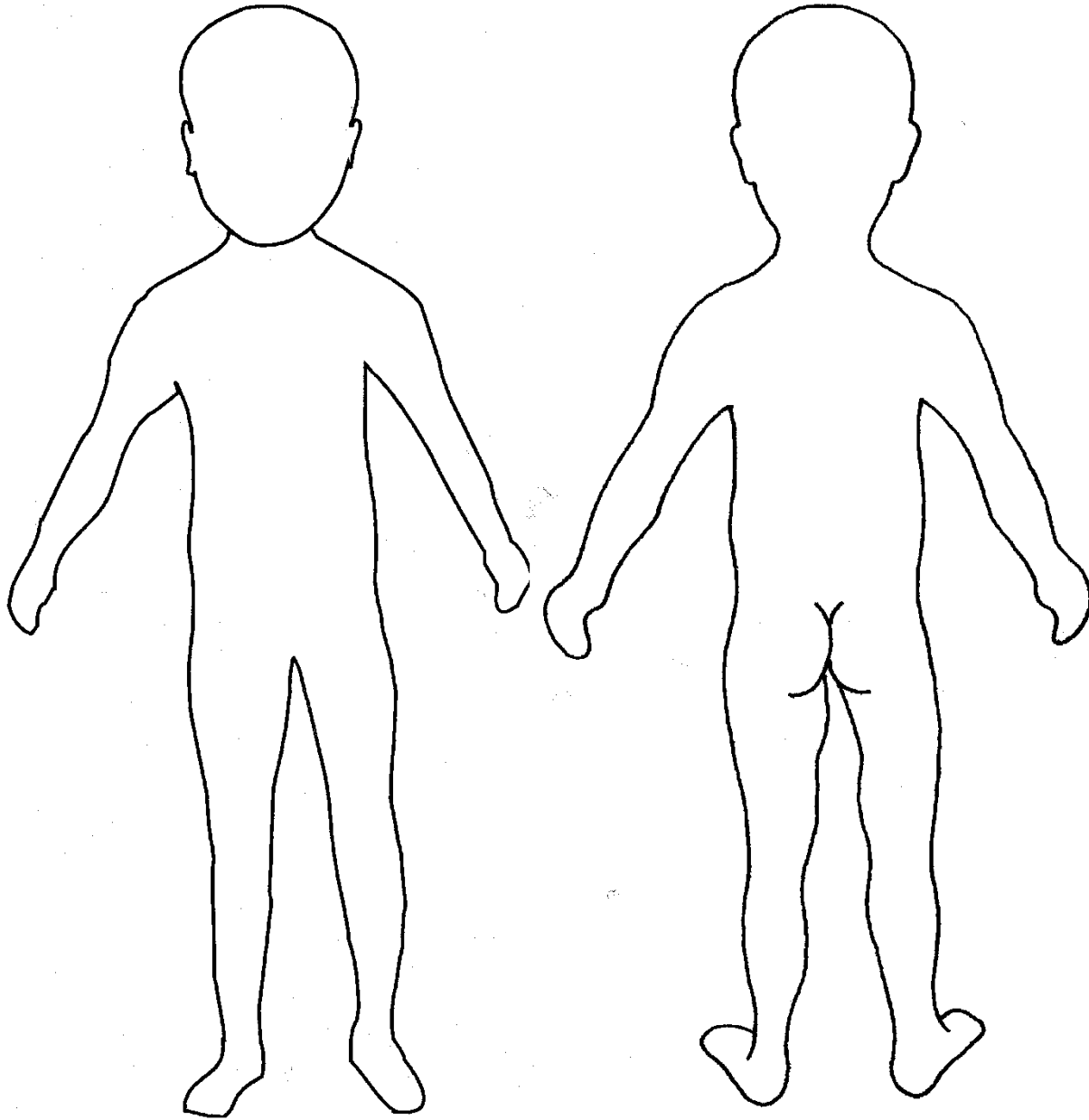
Ensure First Aid is provided where required and record

A copy of the body map should be kept on the child's 'child protection' file.

Appendix 4 – Body Map (1 – 4 sheets)

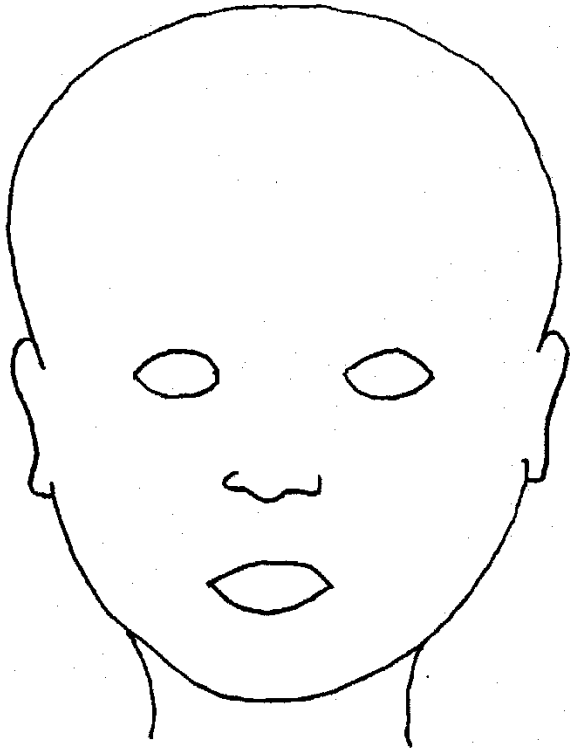
(This must be completed at time of observation and data fields completed at the bottom of fourth sheet)

1

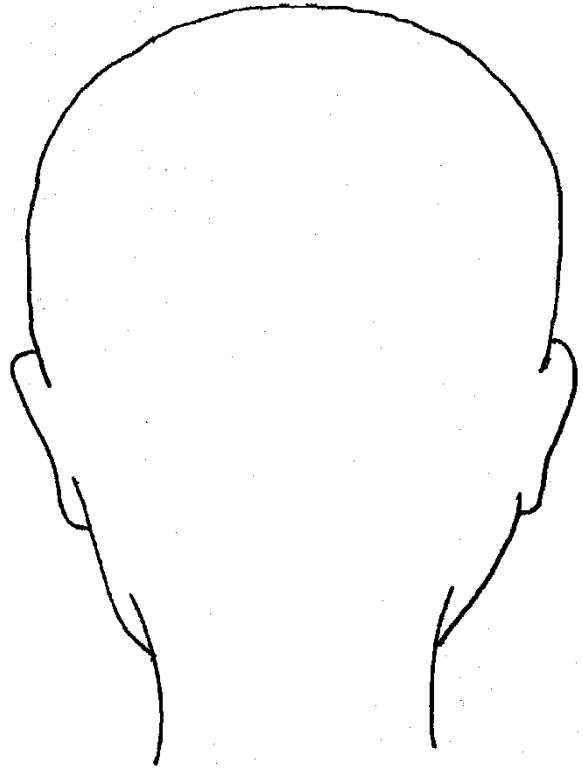


Name of Child: _____ Date of observation: _____

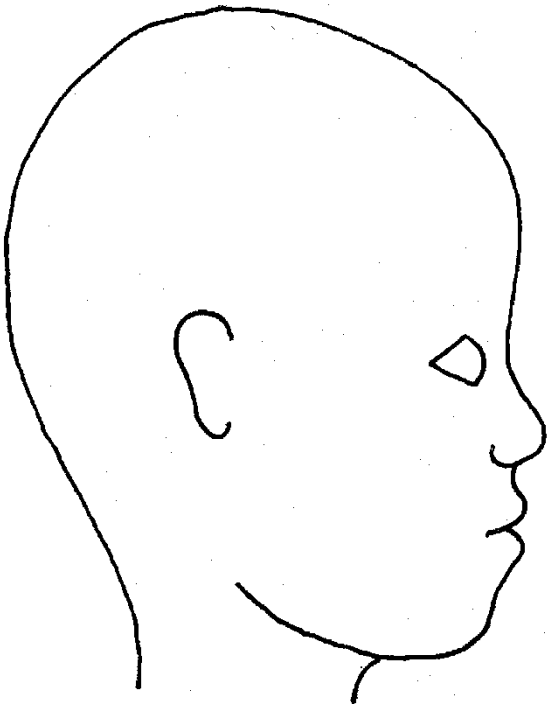
Additional Notes:



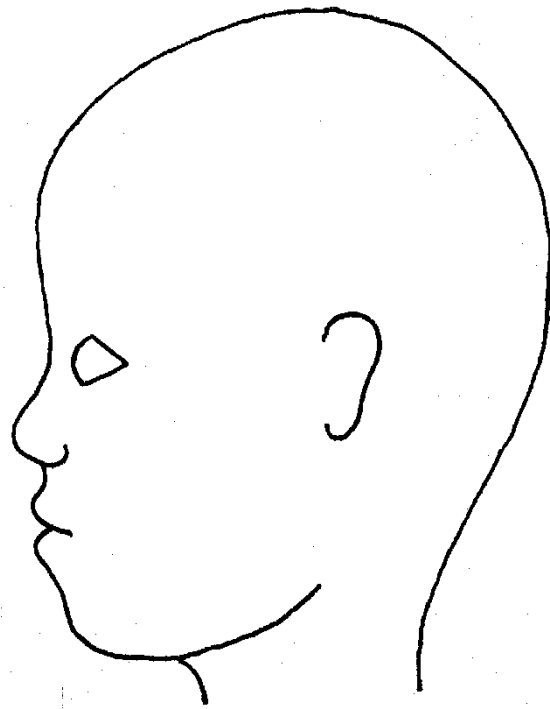
FRONT



BACK

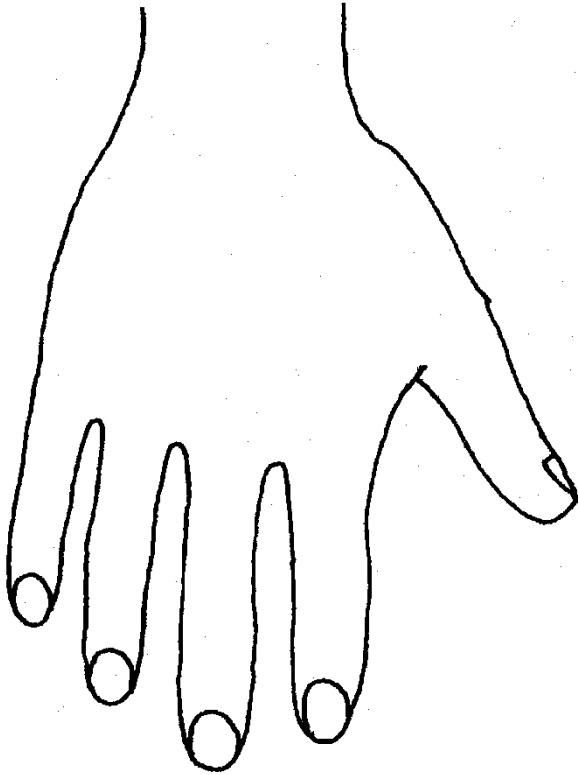


RIGHT



LEFT

Name of Child: _____ Date of observation: _____



R Back



L Back



R Palm

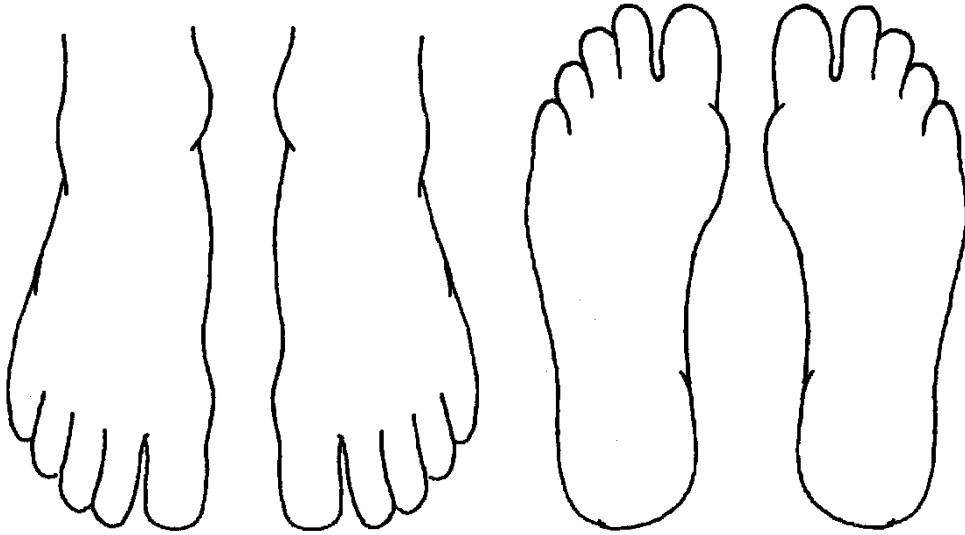


L Palm

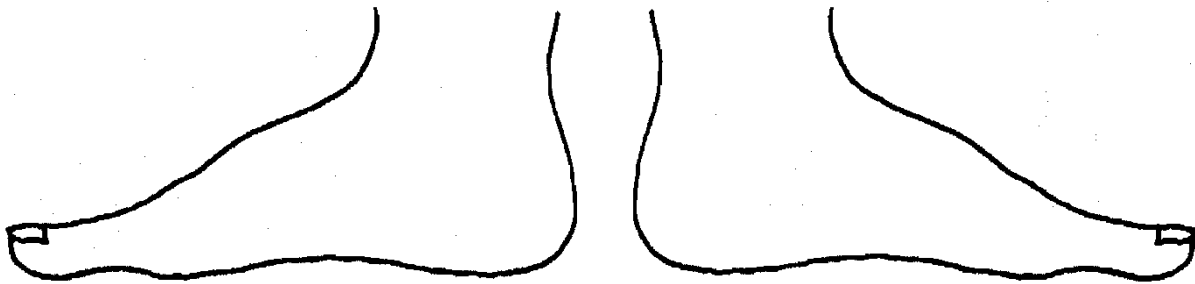
Name of Child: _____

Date of observation: _____

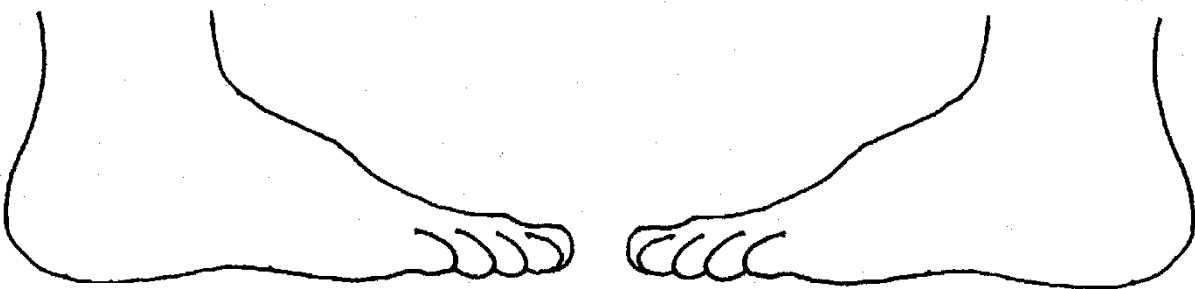
4



R TOP R L BOTTOM L



R Inner L Inner



R Outer L Outer

Name of Child:		Child's Date of Birth:	
Class and Year Group:		Date of Observation:	
Staff member's Name:		Time of observation:	
Staff member's Position:		Staff Signature:	