Child Protection Policy

Updated: January 2025
To be reviewed: January 2026
Author: Andy Walker

Farndon Primary School

EQUALITY SCHEME **EQUALITY IMPACT ASSESSMENT FOR** **CHILD PROTECTION POLICY**	
Staff / Committee involved in development:	Health Safety Committee; Headteacher
For use by:	Staff, Governors and Parent/Carers
This policy relates to statutory guidance:	Education Act 2002 Children Act 2004 Dealing With Allegations of Abuse Against Staff 2011 Keeping Children Safe in Education 2024 Working Together to Safeguard Children The Prevent Duty (and Revised Guidelines) Safer Recruitment 2006
Key related Farndon Policies:	Safer Recruitment Whistle Blowing On line-Safety Allegations of Abuse Against Staff Safeguarding Anti-Bullying and Behaviour The Prevent Duty FGM Tackling Radicalisation and Extremism

Equality Impact Assessment: Does this document impact on any of the following groups? If YES, state positive or negative impact, and complete an Equality Impact Assessment Form or action plan, and attach.

Groups:	**Yes/ No**	**Positive/Negative impact**
Disability	No	
Race	No	
Gender	No	
Age	No	
Sexual Orientation	No	
Religious and Belief	No	
Gender Reassignment	No	
Marriage & Civil Partnership	No	
Pregnancy & Maternity	No	
Other	No	

Reviewed by	Leadership and Management

Agreed by	Full Governors
Next Policy review date	Jan 2026
A copy of this form, and any related impact assessment form or action plan must be sent to the school office	

C O N T E N T S

1. INTRODUCTION

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and optimising children's life chances. This policy fulfils our work as a Rights Respecting School and promotes articles 6, 9, 11, and 19. Through this policy, we ensure each child can survive and develop to their full potential. Children are only separated from their parents if it is in their best interests. Through this policy we will do all we can to protect children from all forms of violence, abuse, neglect and bad treatment.

This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school.

Purpose of a Child Protection Policy	To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children. To enable everyone to have a clear understanding of how these responsibilities should be carried out.
Local Safeguarding Children Board Child Protection and Safeguarding Children Procedures	The school follows the procedures established by the LSCB (Cheshire West Safeguarding Children Partnership); a guide to procedure and practice for all agencies in CWAC working with children and their families.
School Staff & Volunteers	School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children. All school staff and volunteers will receive safeguarding children training, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. This training is refreshed every two years. It is good practice for the Designated Senior Person to deliver an annual update. Temporary staff will be made aware of the safeguarding policies and procedures by the Designated Senior Person.
Mission Statement	Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern. Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well being of a child. Ensure children know that there are adults in the school whom they can approach if they are worried.

	Ensure that children who have been abused will be supported in line with a child protection plan, where deemed necessary. Include opportunities in the SMSC curriculum for children to develop the skills they need to recognise and stay safe from abuse.
Implementation, Monitoring and Review of the Child Protection Policy	The policy will be reviewed annually by the governing body. It will be implemented through the school's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Senior Person and through staff performance measures.

2. STATUTORY FRAMEWORK

Keeping Children Safe in Education requires all schools to follow the procedures for protecting children from abuse which are established by the LSCB.

Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse - these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

Safeguarding Children and Safer Recruitment in Education (DfES 2006) places the following responsibilities on all schools:

- Schools should be aware of and follow the procedures established by the Cheshire West and Chester and LSCB.
- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions
- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse
- A Designated Senior Person should have responsibility for co-coordinating action within the school and liaising with other agencies
- Staff with designated responsibility for child protection should receive appropriate training

3. THE DESIGNATED SENIOR PERSON

The Designated Senior Person for Child Protection in this school is:

HEADTEACHER: Andrew Walker

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

The Deputy Designated Senior Person for Child Protection in this school is:

DEPUTY HEAD: Sarah Wakefield

It is the role of the Designated Senior Person for Child Protection to:

- Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date
- Ensure that all staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children effectively and that this is kept up to date by refresher training at three yearly intervals
- Ensure that new staff receive a safeguarding children induction within 7 working days of commencement of their contract
- Ensure that temporary staff and volunteers are made aware of the school's arrangements for safeguarding children within 7 working days of their commencement of work.
- Ensure that the school operates within the legislative framework and recommended guidance
- Ensure that all staff and volunteers are aware of the Cheshire West and Chester Safeguarding Children Partnership Inter-agency Child Protection and Safeguarding Children Procedures and any other relevant local guidance e.g. safe drop off/collection of children guidance.
- Ensure that the Headteacher is kept fully informed of any concerns
- Develop effective working relationships with other agencies and services
- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment of Partnership Plus support through single agency working or a Team Around the Family (TAF) or in Wales (TAC), or contact I-Art team to make a referral with supporting evidence of MARF (or in the case of Domestic violence / abuse a RiC and a MARAC
- Liaise and work with Children's Services: Safeguarding and Specialist Services over suspected cases of child abuse
- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision (see CPOMS terms of agreement).

- Submit reports to, ensure the school's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child

- Ensure that the school effectively monitors children about whom there are concerns, including notifying Children's Services: Safeguarding and Specialist Services when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan

- Provide guidance to parents, children and staff about obtaining suitable support

- Discuss with new parents the role of the DSP and the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and how to access the child protection policy.

4. THE GOVERNING BODY

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment. It is recommended that a nominated governor for child protection is appointed to take lead responsibility.
The nominated governor for child protection is:

SAFEGUARDING GOVERNOR: Mike Rudd

The lead Governor has a clear role and description of title. In particular the whole of the Governing Body must ensure:

- Child protection policy and procedures

- Safe recruitment procedures

- Appointment of a DSP who is a senior member of school leadership team

- Relevant safeguarding children training for school staff/volunteers is attended

- Safe management of allegations

- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay

- A member of the Governing Body (usually the Chair) is nominated to be responsible in the event of an allegation of abuse being made against the Head Teacher

- Safeguarding policies and procedures are reviewed annually and information provided to the local authority about them and about how the above duties have been discharged

5. SCHOOL PROCEDURES - STAFF RESPONSIBILITIES

If any member of staff is concerned about a child he or she must inform the Designated Senior Person.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations. **These must be recorded on the CPOMs system and alert class teacher and safeguarding leads.**

The Designated Senior Person will decide whether the concerns should be referred to Children's Services – I-ART. If it is decided to make a referral to Children's Services, this will be discussed with the parents, unless to do so would place the child at further risk of harm.

Particular attention will be paid 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.

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

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

6. WHEN TO BE CONCERNED

All staff and volunteers should be aware that the main categories of abuse are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect
- Radicalisation (see separate policy)

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – **see Appendix 1 for details**.

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home

- 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)

- Display insufficient sense of 'boundaries', lack stranger awareness

- Appear wary of adults and display 'frozen watchfulness'

7. DEALING WITH A DISCLOSURE

If a child discloses that he or she has been abused in some way, the member of staff / volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to Children's Services: Safeguarding and Specialist Services
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Senior Person without delay via the CPOMs digital system.

Support

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Senior Person and the SLT will ensure effective supervision is in place.

Remember

It is important that everyone in school is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred and should not conduct an investigation to establish whether the child is telling the truth. That is a task for Social Care and the Police following a referral to them of concern about a child. Your role is to act promptly on the information received.

8. CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services: Safeguarding and Specialist Services and the Police).

- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.

- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

9. COMMUNICATION WITH PARENTS

Farndon Primary will:

Undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the child at further risk of harm.

Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

10. RECORD KEEPING

Responding to concerns or suspicions of abuse

Any suspicion or concern that a child or young person may be suffering or at risk of suffering significant harm, MUST be acted on. Doing nothing is not an option. Any suspicion or concern should be discussed without delay with the Designated Senior Person or deputy. If the child is felt to be in immediate danger, the Police should be called.
A careful record should be made of what you have seen/heard that has led to your concerns and the date, time, location and people who were present. As far as possible, record verbatim what was said and by whom. Where physical injuries have been observed, these should be carefully noted but should not be photographed. Do not ask to see injuries that are said to be on an intimate part of the child's body.

If the Designated Senior Person or deputy is not available you should discuss your concern with either

- Another senior member of staff or
- The Social Care team responsible for the area where the child lives or
- A Safeguarding Officer at the LA Safeguarding Unit

The Designated Person should telephone the referral to the appropriate Social Care team without delay, prior to any discussion with parents/carers. The Designated Senior Person should keep a record of the conversation with Social Care, noting what actions will be taken and by whom, giving the date and time of the referral. The referral should be confirmed in writing on the inter-agency referral form as soon as possible and at least within 48hours.

When a child has made a disclosure, the member of staff/volunteer should:

- Make brief notes as soon as possible after the conversation. Then record this on the digital platform CPOMs.
- Not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Indicate the position of any injuries and diagram of body (See appendix)
- Record statements and observations rather than interpretations or assumptions

All records need to be given to the Designated Senior Person promptly. No copies should be retained by the member of staff or volunteer.

The Designated Senior Person will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005

11. What happens after a referral has been made to Social Care?

- Referral- once a referral is received by the Social Care team, a manager will decide on the next course of action, within one working day. When there is concern that a child is suffering or at risk of suffering significant harm this will be decided more quickly and an initial assessment will be conducted.
- Initial Assessment- must be completed at least within 7 working days of receiving the referral, and will determine what should happen next.
- Strategy Discussion – if there is reasonable cause to suspect actual or likely significant harm, the Social Care Manager and Police (and other agencies as appropriate) will hold a Strategy Discussion or meeting to decide whether to initiate a child protection enquiry. A joint criminal investigation maybe required
- Enquiries –the process of the investigation is determined by the needs of the case, but the child will always be seen as part of the process. On occasions, this will mean the child is jointly interviewed by the Police and Social Care, sometimes as a special suite where a video-recording of the interview is made.
- Child Protection Conference –If following enquiries the concerns are substantiated and the child is judged to be at continuing risk of significant harm a Child Protection Conference will normally be convened. The CPC must be held within 15 days of the Strategy Discussion and staff invited to attend, normally the Head Teacher or Designated Senior Person. A written report will be made in a correct format. This must be shared with the child and his/her family at least 24 hours before the initial CPC is held. A copy should also be sent to the person chairing the initial CPC at least 24 hours in advance.

Children who are disabled

- Children who are disabled are especially vulnerable to abuse and adults who work with them need to take extra care when interpreting apparent signs of abuse or neglect.
- These child protection procedures should be followed if a child who is disabled discloses abuse or there are indicators of abuse or neglect, There are no different or separate procedures for children who are disabled
- Staff responsible for intimate care of children should undertake their duties in a professional manner at all times and in accordance with the school's intimate care policy.

12. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

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

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

The Governors follow the guidance clearly laid out in the Allegations of Abuse Against Staff and the policy.

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

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

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

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

NAME:	CONTACT NUMBER:
Mike Rudd	07712896772

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

NAME:	CONTACT NUMBER:
Kate Osorio	07734824962

The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.
The Headteacher will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer (**LADO**). If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.

If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with Children Board Inter-agency Child Protection and Safeguarding Children Procedures.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school's internal procedures.

The Headteacher should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation.

Safer Working Practice

All adults who come into contact with children at this school behave at all times in a professional manner which secures the best outcomes for children and also prevents allegations being made. Advice on safer working practice should be found in Farndon Primary School's Code of Conduct.

Training

- Child protection training must be part of all staff and volunteers new to school
- This should be followed by basic child protection training that equips individuals to recognise and respond appropriately your concerns about pupils. The depth and detail of the training will vary according to the nature of the role and the extent of involvement with children.
- Staff do not have designated responsibility for child protection, including the Head Teacher and qualified teachers, should undertake suitable refresher training at least every three years.
- When staff with designated responsibility for child protection take up the role they should receive training in inter –agency working. They should be updated every two years.

Policy Review

Confirmation the *Child Protection Procedure* in respect of Farndon Primary School has been discussed and adopted by the Governing Body

Signed by:
Chair of Governors: M. Rudd _____ *Date Jan 2025*

Head Teacher: A Walker *Date: Jan 2025*

Agreed at the Meeting of the Governing Body on: ……..

To be reviewed: Jan 2025

APPENDIX 1 - INDICATORS OF HARM

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

Bruising

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

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a

child will have had a fracture without the carers being aware of the child's distress.
If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.
There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.
Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries
Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning
Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self harm even in young children.

Fabricated or Induced Illness
Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks
Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been

inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.
A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds
It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.
Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get but and there will be splash marks

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

Emotional/behavioural presentation
Refusal to discuss injuries
Admission of punishment which appears excessive
Fear of parents being contacted and fear of returning home
Withdrawal from physical contact
Arms and legs kept covered in hot weather
Fear of medical help
Aggression towards others
Frequently absent from school
An explanation which is inconsistent with an injury
Several different explanations provided for an injury

Indicators in the parent
May have injuries themselves that suggest domestic violence
Not seeking medical help/unexplained delay in seeking treatment

Reluctant to give information or mention previous injuries
Absent without good reason when their child is presented for treatment
Disinterested or undisturbed by accident or injury
Aggressive towards child or others
Unauthorised attempts to administer medication
Tries to draw the child into their own illness.
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Parent/Carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
May appear unusually concerned about the results of investigations which may indicate physical illness in the child
Wider parenting difficulties, may (or may not) be associated with this form of abuse.
Parent/Carer has convictions for violent crimes.

Indicators in the family/environment

Marginalised or isolated by the community
History of mental heath, alcohol or drug misuse or domestic violence
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

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 cyberbullying), 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

Developmental delay
Abnormal attachment between a child and parent/Carer e.g. anxious, indiscriminate or no attachment
Aggressive behaviour towards others
Child scapegoated within the family
Frozen watchfulness, particularly in pre-school children
Low self esteem and lack of confidence
Withdrawn or seen as a 'loner' - difficulty relating to others
Over-reaction to mistakes
Fear of new situations
Inappropriate emotional responses to painful situations
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
Self harm
Fear of parents being contacted
Extremes of passivity or aggression
Drug/solvent abuse
Chronic running away
Compulsive stealing
Low self-esteem
Air of detachment – ‘don’t care’ attitude
Social isolation – does not join in and has few friends
Depression, withdrawal
Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
Low self esteem, lack of confidence, fearful, distressed, anxious
Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
Abnormal attachment to child e.g. overly anxious or disinterest in the child
Scapegoats one child in the family
Imposes inappropriate expectations on the child e.g. prevents the child’s developmental exploration or learning, or normal social interaction through overprotection.
Wider parenting difficulties, may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

Lack of support from family or social network.
Marginalised or isolated by the community.
History of mental heath, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

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

Physical presentation

Failure to thrive or, in older children, short stature
Underweight
Frequent hunger
Dirty, unkempt condition
Inadequately clothed, clothing in a poor state of repair
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
Swollen limbs with sores that are slow to heal, usually associated with cold injury
Abnormal voracious appetite
Dry, sparse hair
Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea
Unmanaged / untreated health / medical conditions including poor dental health
Frequent accidents or injuries

Development

General delay, especially speech and language delay
Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders
Absence of normal social responsiveness

Indiscriminate behaviour in relationships with adults
Emotionally needy
Compulsive stealing
Constant tiredness
Frequently absent or late at school
Poor self esteem
Destructive tendencies
Thrives away from home environment
Aggressive and impulsive behaviour
Disturbed peer relationships
Self-harming behavior

Indicators in the parent

Dirty, unkempt presentation
Inadequately clothed
Inadequate social skills and poor socialisation
Abnormal attachment to the child .e.g. anxious
Low self esteem and lack of confidence
Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
Child left with adults who are intoxicated or violent
Child abandoned or left alone for excessive periods
Wider parenting difficulties, may (or may not) be associated with this form of abuse.

Indicators in the family/environment

History of neglect in the family
Family marginalised or isolated by the community.
Family has history of mental heath, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
Lack of opportunities for child to play and learn

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators in the child

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas
Recurrent pain on passing urine or faeces
Blood on underclothes
Sexually transmitted infections
Vaginal soreness or bleeding
Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

Makes a disclosure.
Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
Self-harm - eating disorders, self mutilation and suicide attempts
Poor self-image, self-harm, self-hatred
Reluctant to undress for PE
Running away from home
Poor attention / concentration (world of their own)
Sudden changes in school work habits, become truant
Withdrawal, isolation or excessive worrying

Inappropriate sexualised conduct
Sexually exploited or indiscriminate choice of sexual partners
Wetting or other regressive behaviours e.g. thumb sucking
Draws sexually explicit pictures
Depression

Indicators in the parents

Comments made by the parent/Carer about the child.
Lack of sexual boundaries
Wider parenting difficulties or vulnerabilities
Grooming behaviour
Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.
History of mental heath, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Family member is a sex offender.

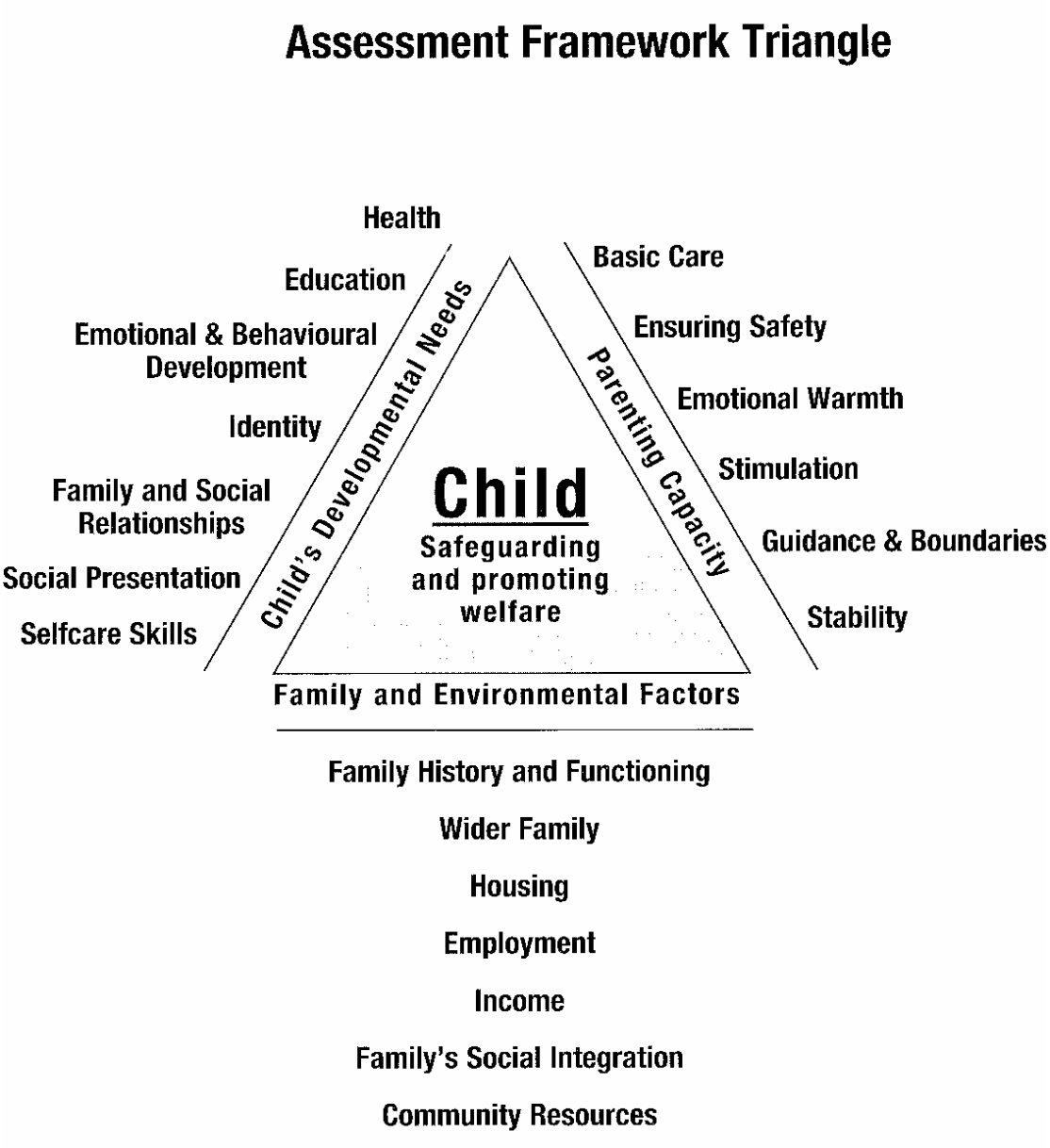
RADICALISATION

Radicalisation is defined as the act or process of making a person more radical or favouring of extreme or fundamental changes in political, economic or social conditions, institutions or habits of the mind. Extremism is defined as the holding of extreme political or religious views. There are a number of behaviours which may indicate a child is at risk of being radicalised or exposed to extreme views. These include;

- Spending increasing time in the company of other suspected extremists.
- Changing their style of dress or personal appearance to accord with the group.
- Day-to-day behaviour becoming increasingly centred on an extremist ideology, group or cause.
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause.
- Possession of materials or symbols associated with an extremist cause.
- Attempts to recruit others to the group/cause.
- Communications with others that suggests identification with a group, cause or ideology.
- Using insulting to derogatory names for another group.
- Increase in prejudice-related incidents committed by that person – these may include;
  - physical or verbal assault
  - provocative behaviour
  - damage to property
  - derogatory name calling
  - possession of prejudice-related materials
  - prejudice related ridicule or name calling

- inappropriate forms of address
- refusal to co-operate
- attempts to recruit to prejudice-related organisations
- condoning or supporting violence towards others.

APPENDIX 2 – Assessment Framework Triangle

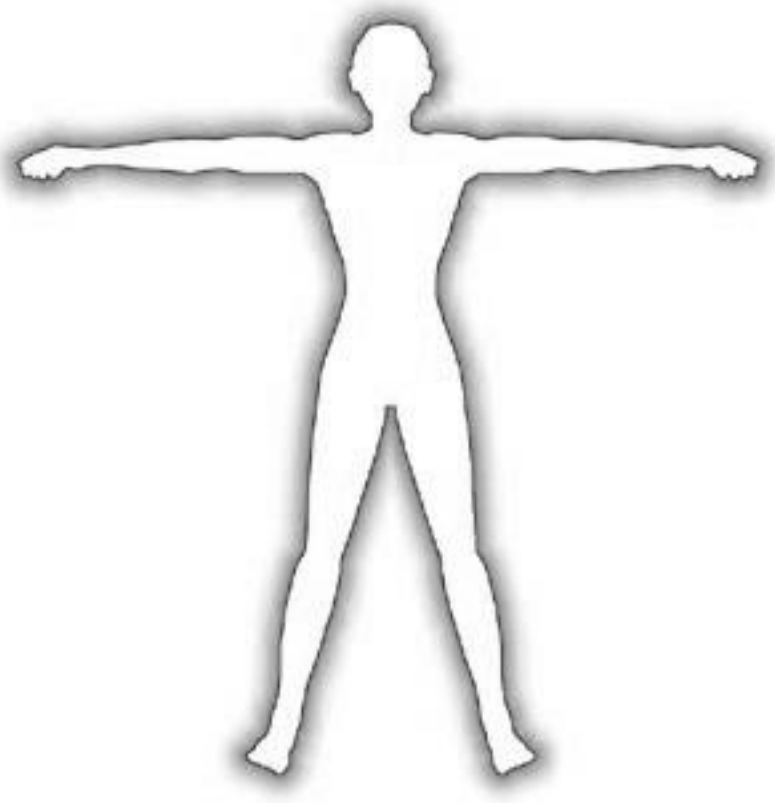


APPENDIX 3 – CASE NOTES ON A CHILD

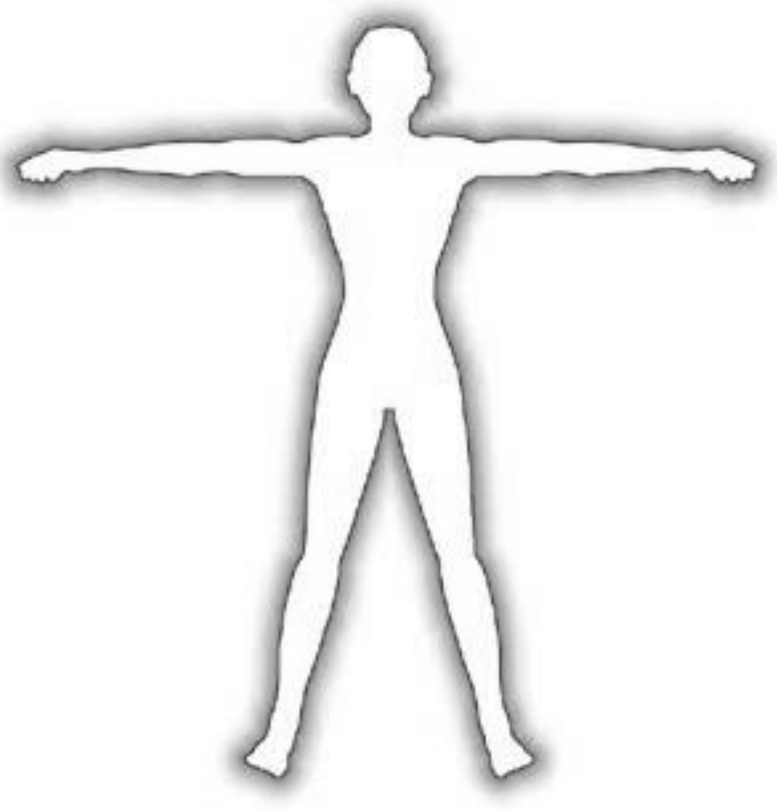
Date	Action	Shared With	Initial

APPENDIX 4 – SITES OF INJURY RECORD SHEET: There is actually a digital version of this on CPOMs

FRONT



BACK



APPENDIX 5 – KEY CONTACTS SHEET (as of January 2021)

NAME	SERVICE	ROLE	TEAM LEADER	PHONE	EMAIL
LSCB	Local Safeguarding Board			*0151 356 6494*	**www.cheshirewestlsb.org.uk**
EDT	Emergency Duty Team	Out of hours for concerns of welfare		01244977277	
i-ART	Access and Referral Team			03001237047	**i-ART@cheshirewestandchester.gov.uk**
Cheshire Police				08454580000	*999 in case of emergency* or 101 for non emergencies
Paul Jenkins	Children Safeguarding Unit	LADO		01513566628	**paul.jenkins@cheshirewestandchester.gov.uk**
Kerry Gray SCiE Manager	SCiE Team	SCiE Officer Chester rural		01513566549 KG	
Angela Houghton	Senior Manager	Integrated Early Support		01244975930	
Zara Woodcock	Manager for DV and DA	Senior Manager		01513376476	**zara.woodcock@cheshirewestandchester.gov.uk**
Sarah Latham	Early Help Schools and Parnterships	Senior Practise Lead		07771973829	**Sarah.latham@cheshirewestadnchester.gov.uk**
Judith Griffiths	Manger of Chester Locality	Senior Manager		01244 972073	**Judith.Griffith@cheshirewestandchester.gov.uk**
Andy Walker	Farndon	Headteacher		07772441257	head@farndon.cheshire.sch.uk
Sarah Wakefield	Farndon	Deputy Headteacher			swakefield@farndon.cheshire.sch.uk

Appendix 7

Guidance for Senior Managers regarding the Referral Process to the Local Authority Designated Officer [LADO]

INTRODUCTION

The procedures in Cheshire West and Chester Council for managing allegations or concerns about adults working with children provide an independent service that ensures at all referrals are appropriately monitored by the Local Authority Designated Officer [LADO]. This service will respond to concerns/allegations of "harm" and other concerns, which may render an adult unsuitable to work with children. The key principles of this service are that children are appropriately safeguarded, and that the process is proportionate, consistent, transparent and timely. The process of any investigation can be very difficult and stressful for those involved, and it is therefore crucial that support is offered for both the child/ren and adult/s involved.

Working Together to Safeguard Children states that each LSCB member organisation should have a named senior officer who has overall responsibility for:

1] Ensuring the organisation operates procedures for dealing with allegations in accordance with the guidance in Appendix 5
2] Resolving any inter-agency issues and
3] Liaising with the LSCB on the subject

Local authorities may also designate officers to be involved in the management and oversight of individual cases.

REFERRAL PROCESS (please also refer to Flow Chart)

If you have a concern or an allegation is made about a person who works with children, whether a professional, staff member, foster carer or volunteer and they may have: -

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child or
- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children, then the process outlined below should be followed:-

1. Your member of staff should first discuss this matter with you, the named senior officer in your organisation with responsibility for allegations management who will liaise with the LADO within the children's safeguarding unit. This will not necessarily be the line manager for the staff member. If, however the concern/ allegation relates to the named senior officer, then the concern/allegation should be notified to another senior officer within the organisation, who would then liaise with the LADO.

2. If the concern/allegation meets the criteria set out in Cheshire West and Chester's Local Safeguarding Children Board Procedures **http://www.cheshirewestlscb.org.uk/?page_id=3221**, then the named senior officer must make contact within one working day with the LADO. The **LADO** contact details are: **0151 337 4570**. The LADO together with the conference chairs operate a duty system to ensure advice and guidance is available when an initial discussion can take place regarding how the matter will be progressed.

3. If it is agreed that it is an appropriate referral to the LADO, then a referral form, (available at **http://www.cheshirewestlscb.org.uk/?page_id=3221**) should be completed by the referrer and sent immediately to the Safeguarding Unit.

   safeguardinglado@cheshirewestandchester.gcsx.gov.uk

4. If a strategy meeting or discussion is required, it will normally be chaired by the LADO, or Independent Conference Chair.

5. There are six possible outcomes to a referral being made:

- The referral does not meet the threshold for investigation
- The referring agency undertakes their own investigation within agreed timescales and advises the LADO of the outcome
- The LADO assists the referring agency with an investigation (i.e. in the voluntary sector or for the purpose of independence) within agreed timescales.
- A social worker from children's services social care undertakes an investigation regarding "significant harm" as defined in Section 47 of the Children Act (1989) within agreed timescales
- A social worker from the appropriate Local Authority social care service assists with some investigative functions where there are concerns about harm to a child.
- A criminal investigation is conducted by the Police, working with other relevant agencies.

Each case will be reviewed monthly in accordance with the ' Working Together to Safeguard Children' 2006 [Appendix 5 , Revised 2010]] and LCSB Procedures by the LADO , to monitor progress and ensure that matters are appropriately progressed.
.

7. As the named senior officer in your organisation, you will be informed about whether a referral has been accepted, and if so, you will be kept informed of the progress of the case. A representative of your organisation would be invited to participate in the strategy meeting/discussion. On completion of the investigation you will be informed of the outcome of the investigation.

The Local Authority Designated Officer is Paul Jenkins
(paul.jenkins@cheshirewestandchester.gov.uk and he is based at

The Children's Safeguarding Unit
4, Civic Way [Floor 4]
Ellesmere Port
Cheshire
Tel: 01513566628

Cheshire West and Chester

The Local Safeguarding Children Board
Working to Keep West Cheshire's Children and Young People Safe

ALLEGATIONS AGAINST AN ADULT WHO WORKS WITH CHILDREN

STRICTLY CONFIDENTIAL

THE CONTENTS OF THIS REPORT ARE NOT TO BE REPRODUCED, COPIED OR DIVULGED IN ANY WAY. INFORMATION IS NOT TO BE DISCUSSED WITH, OR REVEALED TO, PERSONS WHO ARE NOT REQUIRED IN THE INTERESTS OF A CHILD TO HAVE SUCH INFORMATION. ALL ENQUIRIES FOR THE USE OF ANY SUCH INFORMATION SHOULD BE MADE TO THE LOCAL AUTHORITY DESIGNATED OFFICER

REFERRAL FORM

Once completed please email directly to the Children's Safeguarding Unit within 24 hrs of the allegation being made.
E-mail: Internal: Safeguarding LADO (West) Internal or
External: **safeguardinglado@cheshirewestandchester.gov.uk**

1. ADULT AGAINST WHOM THE ALLEGATION HAS BEEN MADE

NAME				
D.O.B				
ADDRESS				
JOB TITLE				
EMPLOYER				
EMPLOYER ADDRESS &CONTACT DETAILS				
	TEL:		**EMAIL:**	

2. REFERRER

NAME	
JOB TITLE	
ORGANISATION	

CONTACT DETAILS (Telephone and E-Mail Address)	

3. CHILD'S DETAILS

NAME		
D.O.B		
ADDRESS		
IS THE CHILD KNOWN TO CHILDREN'S SOCIAL CARE?	**Yes/No**	**Liquid Logic Number if known**
IS THE CHILD IN THE CARE OF THE LOCAL AUTHORITY?	**Yes/No**	

*****If there is more than one child directly involved please copy and paste the above so that all relevant children are identified.**

4. NATURE AND DETAILS OF ALLEGATION

PLEASE PROVIDE DETAILED INFORMATION ABOUT THE ALLEGATION AND ANY ACTIONS YOU HAVE ALREADY TAKEN. (Please do not refer to individuals by their initials)

OUTCOMES

For use by the Safeguarding and Quality Assurance Unit only

5. DISCUSSIONS AND ACTIONS

BRIEF RECORD OF DISCUSSION AND ACTIONS

6. DECISION

DOES THIS MATTER MEET THE CRITERIA FOR INVESTIGATION UNDER LADO PROCEDURES	**YES/NO**
PLEASE CLEARY RECORD FINAL OUTCOME AND RATIONALE	

LADO OR THEIR REPRESENTATIVE WHO HAD OVERVIEW OF THE ALLEGATION		**DATE:**	

Appendix 8 School Escalation Process

Introduction

This procedure has been developed by the Local Safeguarding Children Board (LSCB) to be used when resolving professional disagreements in relation to the safeguarding needs of children and young people because disagreements over the handling of concerns reported to Children's Social Care and other agencies can impact negatively on positive working relationships and consequently on the ability to safeguard and promote the welfare of children.

It is not designed to replace the statutory complaints processes established within individual partner agencies.

All agencies are responsible for ensuring that their staff are supported and know how to appropriately escalate and resolve interagency concerns and disagreements about a child or young person's well being and the response to safeguarding needs.

Context

Disagreements between practitioners and agencies can arise at any stage in the safeguarding process and between any of the agencies involved. For example:

- A referral is not considered to meet the eligibility criteria for assessment by Children's Social Care.
- There are differing views in respect of whether a referral is considered to meet eligibility criteria for Child in Need or Child Protection;
- Referring agencies are not responded to by Children's Social Care within the timescales set out in the LSCB procedures;
- There is difference of opinion with regard to the need or detail of child in need or child protection plan, or an assessment decision;
- The lead agency or professional cannot be agreed upon (this can be at step down or step up to/from children's social care intervention).

There will always be differences of professional opinion. However, practitioners and agencies have a responsibility to challenge when it is believed that other agencies are failing to recognise child maltreatment and/or their response leaves children at risk of significant harm. This policy is to ensure partner agencies have a quick and straightforward means of resolving professional differences in view of specific cases, in order to safeguard the welfare of children and young people.

Effective working together depends on resolving disagreements to the satisfaction of workers and agencies, and a belief in a genuine partnership and joint working to safeguard children. Problem resolution is an integral part of professional cooperation and joint working to safeguard children. Professional disagreement is only dysfunctional if not resolved in a constructive and timely fashion.
At no time must professional disagreement detract from ensuring a child is safeguarded. The child's welfare and safety must remain paramount throughout.

Attempts at problem resolution may leave one worker/agency believing that a child/children may be at risk of significant harm. If that is the case, this person/agency has responsibility for communicating such concerns through agreed child protection procedures on the same working day.

Where such disagreements arise between practitioners in the same agency, they should use that agency's own procedures for their resolution. The following process is intended for use only when disagreement arises between agencies.

Escalating and Resolving Disagreements
When there is recognition that there is a disagreement over a significant issue, which potentially impacts on the safety and welfare of a child, the respective workers must identify explicitly what the problem is and have absolute clarity about the nature of the disagreement and what the respective workers aim to achieve.

A clear record must be kept at all stages, by all parties, in particular this must include written confirmation between each of the parties about an agreed outcome of the disagreements and how any outstanding issues will be pursued.

Process

Stage 1

1.1 Upon disagreement in relation to the safeguarding needs of a child, in the first instance the professional from the other agency should raise the matter with the relevant practitioner verbally or in writing **within 2 working days** of the disagreement or receipt of a decision.

1.2 The agency should provide clear evidence based reasons for their disagreement. The receiving agency must read and review the particular case file and **must speak to the agency within 3 working days** and attempt to find a mutually agreeable way forward sought via discussion or a meeting. Where a resolution is reached the responsible worker will advise the agency of the outcome in writing (i.e. email) within a further **2 working days**.

Stage 2

2.1 If the receiving agency practitioner and the complainant practitioner are unable to resolve the disagreement following exploration of the facts, each practitioner should raise their concerns with their respective line/team manager or named lead for safeguarding, who should attempt to resolve the differences within **2 working days**.

2.2 If agreement is reached, the receiving agency will write to the complainant agency confirming the outcome within **48 hours**. If agreement cannot be reached following discussions between the above team managers the issue must be referred without delay to the relevant service/senior manager (i.e. CSC Senior Manager for the locality, detective inspector / or other designated professional **within 5 working days**).

2.3 The receiving service/senior manager will contact the complainant agency's manager/designated member of staff within **48 hours** and will convene a meeting within a **further 5 working days**. If resolution is reached, the complainant agency will be notified of the outcome in writing **within 48 hours**.

Where professional disagreements remain

If professional disagreements remain unresolved following discussions between respective senior managers, the matter must be referred to the LSCB board member for each agency involved for

resolution via Stage 3 below. The **CSC Safeguarding Unit Senior Manager** and **LSCB Business Manager** should both be copied into disagreements that have escalated to this level. LSCB Membership: http://www.cheshirewestlscb.org.uk/?page_id=26

Stage 3

3.1 Where resolution is still not agreed, the service/senior manager will raise the disagreement within a further **2 working days** at Director/Assistant Director level within their own agency (who will be expected to be an LSCB Board Member). The Director/Assistant Director will then write to the Director/Assistant Director of the complainant agency and meet within a further 5 working days.

3.2 The Director/Assistant Director of the receiving agency will write to the Director/Assistant Director of the agency raising the complaint, detailing the outcome and rationale, within a further **2 working days** of the meeting taking place.

3.3 Should the matter remain unresolved and the concerns of the complaining agency persist, the Director of this agency should write immediately and within no more than **2 working days**, to the LSCB Chair, via the LSCB Business Manager

3.4 The LSCB Chair will seek written representation initially and may request a meeting with those involved at all levels of service delivery to seek their views and solutions to the concerns raised. The LSCB Chair will make a final and binding decision on the most appropriate way to proceed and this will be communicated to all involved within 5 working days of the issue being brought to his/her attention.

Following the use of the Escalation Policy

It may be useful for individuals to debrief following some disputes in order to promote continuing good working relationships.

Appendix 9 Escalation Form

Personal Details of child / family (including case refs)
Name of involved key practitioners – plus any third party agencies
Brief history of family / intervention

Summary of the issue / dispute
Objective / Outcome sought from the resolution process
Date of submission of this form (and expected date of response in line with LSCB policy)
Next steps (next stage of escalation / resolution if concerns not resolved)