



THE VALLEY SCHOOL

POLICY – CHILD PROTECTION

NOVEMBER 2020 – SCHOOL IMPROVEMENT COMMITTEE

KEY PRINCIPLES

“Learn to Believe – Learn to Achieve”

“Different for Different”

The Valley School is a special school for children with moderate learning difficulties, autism and speech and language difficulties. We recognise that their conditions mean that many of the young people we serve may find it harder to recognise signs of abuse or exploitation. This places on us the responsibility to be particularly vigilant and to maintain our awareness of the risks that a young person may face. The safeguarding and protection of the young people in our care is our most important duty.

The school therefore has three trained leaders who perform the Designated Senior Person (DSP) role. We ensure that all staff receive regular training on child protection and safeguarding procedures. The Safeguarding Governor and the Headteacher liaise regularly to monitor the school's safeguarding and child protection work and reports are made to the Governors about these issues in the Headteacher's report to Governors' meetings.

This policy sits alongside and supplements the school's Safeguarding Policy.

Peer on Peer abuse is addressed within a range of policies (B4L, Valley Values, RSE, Curriculum), rather than in a dedicated policy, reflecting the nature of our pupils' needs and the distinct vulnerabilities that face our pupils.

KEY STATUTORY REGULATIONS AND SIGNIFICANT LINKS

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

KEY RESPONSIBILITIES

At The Valley School, we:

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/or 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 all children are supported appropriately. This could include referral to early help services or specialist services if they are a child in need or have been/are at risk of being abused and/or neglected.

Consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.

Advise staff members working with children to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members must always act in the interests of the child.

KEY PRACTICES

During term time the DSP or a deputy are always available (during school hours) for staff in the school to discuss any safeguarding concerns. Individual arrangements are made for out of hours activities. A DSP is available through the senior member of staff 'on duty'.

The DSPs for Child Protection in this school are:

Taney Howarth, Louise Casey, Emma Cole

The broad areas of responsibility for the DSP are to:

➤ **Manage referrals and cases**

- Refer all cases of suspected abuse or neglect to the Local Authority Children's Services (Safeguarding and Specialist Services), Police (cases where a crime may have been committed) and to the Channel Programme where there is a radicalisation concern.
- Liaise with the Headteacher.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
- Share information with appropriate staff in relation to a child's looked after (CLA) legal status (whether they are looked after under voluntary arrangements with consent of parents or on an Interim Care Order or Care Order) and contact arrangements with birth parents or those with parental responsibility.
- Ensure they have details of the CLA's social worker and the name of the virtual school Head Teacher in the authority that looks after the child.

Training

DSPs undergo formal training at least every two years. The DSP should also undertake PREVENT awareness training. In addition to this training, their knowledge and skills should be refreshed (for example via e-bulletins, meeting other DSPs, or taking time to read and digest safeguarding developments) at least annually to:

1. Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments.

2. Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
3. Ensure each member of staff has access to and understands the school's Safeguarding and Child Protection policy and procedures, especially new and inexperienced staff.
4. Be alert to the specific needs of children in need and young carers.
5. Understand and support the school with regards to the requirements of the PREVENT duty and be able to provide advice and support to staff on protecting children from the risk of radicalisation.
6. Keep detailed, accurate, secure written records of concerns and referrals.
7. Obtain access to resources and attend any relevant or refresher training courses.
8. Encourage a culture, amongst all staff, of listening to children and taking account of their wishes and feelings in any measures the school may put in place to protect them.

Raising Awareness

The DSP must:

- Ensure the school's policies are known, understood and used appropriately.
- Ensure the school's Safeguarding and Child Protection policies are reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with the Governing Board regarding this.
- Ensure the safeguarding and child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school or college in this.
- Link with the Local Safeguarding Children's Board (LSCB) to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Where children leave the school or college, ensure the file for safeguarding and any child protection information is sent to any new school /college as soon as possible, but transferred separately from the main pupil file.
- Ensure effective liaison and obtain proof that the new school/education setting has received the safeguarding file for any child transferring and then destroy any information held on the child in line with data protection guidelines.

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

The nominated governors for child protection are:

Helen Holford

The responsibilities placed on the Governing Board include:

- ensuring that an effective Safeguarding policy is in place, together with a staff Code of Conduct.

- ensuring staff comply with recommendations regarding new and current legislation.
- ensuring that staff induction is in place with regards to child protection and safeguarding.
- appointing an appropriate senior member of staff to act as the Lead DSP.
- ensuring that DSPs, (including deputies) undergo formal child protection training every two years (in line with LCSB guidance) and receive regular (annual) safeguarding refreshers (for example via e-bulletins, meeting other DSPs, or taking time to read and digest safeguarding developments).
- prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns.
- ensuring that children are taught about safeguarding in an age-appropriate and needs appropriate way.
- ensuring appropriate filters and appropriate monitoring systems are in place to safeguard children from potentially harmful and inappropriate online material.
- having a nominated Governor to take leadership responsibility for the organisation's safeguarding arrangements.

All staff should be aware of the **early help process**, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment of a child's needs. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. This also includes staff monitoring the situation and feeding back to the DSP on any on-going/escalating concerns so that consideration can be given to a referral to Children's Services (Safeguarding and Specialist Services) if the child's situation does not appear to be improving.

Staff and volunteers working within the School should be alert to the potential need for early help for our students who are more vulnerable because of their identified special needs. Staff also need to be alert to the potential needs that arise from additional needs.

School staff members should be aware of the main categories of maltreatment: **physical abuse, emotional abuse, sexual abuse and neglect**. They should also be aware of the indicators of **maltreatment** and **specific safeguarding issues** so that they are able to identify cases of children who may be in need of help or protection.

See tables at the end of this policy for information on indicators of abuse and for specific safeguarding issues.

All of our children have special educational needs and some also have disabilities:

Additional barriers can exist when recognising abuse and neglect in our particularly vulnerable group of children.

These can include:

- ❖ Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's impairment without further exploration.
- ❖ Assumptions that children with SEN and disabilities can be disproportionately impacted by things like bullying - without outwardly showing any signs.
- ❖ Communication barriers and difficulties.
- ❖ Reluctance to challenge carers, (professionals may over empathise with carers because of the perceived stress of caring for a child with complex needs).
- ❖ Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased.
- ❖ A child's understanding of abuse may be less clear when they have learning difficulties or disabilities.
- ❖ Lack of choice/participation.
- ❖ Isolation.

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.
- Never promise a child that they will not tell anyone - as this may ultimately not be in the best interests of the child.
- 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 DSP without delay.

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 DSP.

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements staff should discuss with the DSP.

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

- Record as soon as possible after the conversation. Use the school safeguarding referral form wherever possible. (pro-forma available on the staff shared drive or from the school office).
 - Do 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.
 - Draw a diagram to indicate the position of any injuries.
 - Record statements and observations rather than interpretations or assumptions.

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

The DSP must ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

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

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

- All staff in the school, 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 tells 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. This is because secrecy may ultimately not be in the best interests of the child.
- 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.

If any member of staff is concerned about a child he or she must inform the DSP, who must decide whether the concerns should be referred to Children's Services: Safeguarding and Specialist Services. If it is decided to make a referral to Children's Services: Safeguarding and Specialist Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.

While it is the DSP's role to make referrals, any staff member can make a referral to Children's Services. If a child is in immediate danger or is at risk of harm (e.g. concern that a family might have plans to carry out Female Genital Mutilation FGM), a referral should be made to Children's Services and/or the Police immediately. Where referrals are not made by the DSP, the DSP should be informed as soon as possible.

If a **teacher**, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18 the **teacher** must

report this to the police. **This is a mandatory reporting duty.** See Appendix 1- Keeping Children Safe in Education (DfE 2019): Annex A for further details.

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. (Safeguarding Referral form is available on the staff shared drive, from the School Office or from the Hertfordshire Grid for Learning).

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

The Valley School ensure this Child Protection Policy is available publicly via the school website.

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

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

The school may also consider not informing parent(s) where it would place a member of staff at risk.

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

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.
- Committed a criminal offence against/related to a child.
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children.

This applies to any child the member of staff/volunteer has contact within their personal, professional or community life.

What school staff should do if they have concerns about safeguarding practices within the school or college

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or education setting's safeguarding arrangements.

Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, are in place for such concerns to be raised with the school's senior leadership team.

If staff members have concerns about another staff member then this should be referred to the Headteacher. Where there are concerns about the Headteacher, this should be referred to the Chair of Governors.

The Chair of Governors in this school is:

NAME:

Mrs Sally Edwards

CONTACT NUMBER:

01438 747274

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

NAME:

Dr Rona Tutt

CONTACT NUMBER:

01438 747274

In the event of allegations of abuse being made against the Head Teacher or where a staff member feels unable to raise an issue, or feels that their genuine concerns are not being addressed, allegations should be reported directly to the Local Authority Designated Officer (LADO). Staff may consider discussing any concerns with the DSP and, if appropriate, make any referral via them. (See Keeping Children Safe in Education: Part Four, DfE 2019, for further information).

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

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

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/Chair of Governors 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:

Children's Services – 03001234043

SOOHS (Out of Hours Service-Children's Services) – 03001234043

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 section 4.1 of the Hertfordshire Safeguarding 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.

Where a staff member feels unable to raise an issue with their employer through the whistleblowing procedure or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:

- Children's Services 0300 123 4043
- NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk

Types and key indicators of abuse – this is not an exhaustive list. Training provided by the Headteacher, on an annual basis in addition to statutory training, will explore these indicators and ensure that all staff know what to look for. Our secure and detailed knowledge of each pupil must be amplified within our practices and Individual Learning Portraits so that nothing goes unnoticed.

<ul style="list-style-type: none"> • Physical abuse • <i>Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.</i> • <i>Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces the illness of a child.</i> 	
Child	
Bruises – shape, grouping, site, repeat or multiple	Withdrawal from physical contact
Bite-marks – site and size Burns and Scalds – shape, definition, size, depth, scars	Aggression towards others, emotional and behaviour problems
Improbable, conflicting explanations for injuries or unexplained injuries	Frequently absent from school
Untreated injuries	Admission of punishment which appears excessive
Injuries on parts of body where accidental injury is unlikely	Fractures
Repeated or multiple injury	Fabricated or induced illness
Parent	Family/environment
Parent with injuries	History of mental health, alcohol or drug misuse or domestic violence.
Evasive or aggressive towards child or others	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Explanation inconsistent with injury	Marginalised or isolated by the community.
Fear of medical help / parents not seeking medical help	Physical or sexual assault or a culture of physical chastisement.
Over chastisement of child	

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, not giving the child opportunities to express their views, 'making fun' of what they say or how they communicate - hearing the ill-treatment of another and serious bullying (including cyber bullying).

Child	
Self-harm	Over-reaction to mistakes / Inappropriate emotional responses
Chronic running away	Abnormal or indiscriminate attachment
Drug/solvent abuse	Low self-esteem
Compulsive stealing	Extremes of passivity or aggression
Makes a disclosure	Social isolation – withdrawn, a 'loner' Frozen watchfulness particularly pre school
Developmental delay	Depression
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)	Desperate attention-seeking behaviour
Parent	Family/environment
Observed to be aggressive towards child or others	Marginalised or isolated by the community.
Intensely involved with their children, never allowing anyone else to undertake their child's care.	History of mental health, alcohol or drug misuse or domestic violence.
Previous domestic violence	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
History of abuse or mental health problems	Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Mental health, drug or alcohol difficulties	Wider parenting difficulties
Cold and unresponsive to the child's emotional needs	Physical or sexual assault or a culture of physical chastisement.
Overly critical of the child	Lack of support from family or social network.

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.	
Child	
Failure to thrive - underweight, small stature	Low self-esteem
Dirty and unkempt condition	Inadequate social skills and poor socialisation
Inadequately clothed	Frequent lateness or non-attendance at school
Dry sparse hair	Abnormal voracious appetite at school or nursery

Untreated medical problems	Self-harming behaviour
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold	Constant tiredness
Swollen limbs with sores that are slow to heal, usually associated with cold injury	Disturbed peer relationships
Parent	Family/environment
Failure to meet the child's basic essential needs including health needs	Marginalised or isolated by the community.
Leaving a child alone	History of mental health, alcohol or drug misuse or domestic violence.
Failure to provide adequate caretakers	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Keeping an unhygienic dangerous or hazardous home environment	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Unkempt presentation	Lack of opportunities for child to play and learn
Unable to meet child's emotional needs	Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Mental health, alcohol or drug difficulties	

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 or non-contact activities, such as involving children in looking at sexual images or being groomed on-line/child exploitation.

Child

Self-harm - eating disorders, self-mutilation and suicide attempts	Poor self-image, self-harm, self-hatred
Running away from home	Inappropriate sexualised conduct
Reluctant to undress for PE	Withdrawal, isolation or excessive worrying
Pregnancy	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	Poor attention / concentration (world of their own)
Pain, bleeding, bruising or itching in genital and /or anal area	Sudden changes in school work habits, become truant

Sexually exploited or indiscriminate choice of sexual partners	
Parent	Family/environment
History of sexual abuse	Marginalised or isolated by the community.
Excessively interested in the child.	History of mental health, alcohol or drug misuse or domestic violence.
Parent displays inappropriate behaviour towards the child or other children	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Conviction for sexual offences	Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Comments made by the parent/carer about the child.	Grooming behaviour
Lack of sexual boundaries	Physical or sexual assault or a culture of physical chastisement.