



**Safeguarding
Children Board**



CHILD PROTECTION PROCEDURES **HANDBOOK FOR SCHOOL STAFF**

January 2014

School Name:

Troon Community Primary School

**Name and role of person to whom this document has
been provided:**

.....

Date Received:

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Child Protection Procedures

1) Scope and purpose of these procedures

1.1 The purpose of this handbook is to provide workers with an overview of child protection definitions, responsibilities and procedures.

These procedures apply to all maintained, academy, independent, short stay, free schools and FE Colleges. Throughout the document all such establishments are referred to as 'schools'. The procedures should be read in conjunction with the school's Child Protection and Safeguarding Policy. They apply to the Headteacher/Principal, all staff (including supply, agency and peripatetic workers), volunteers and anyone working on behalf of Troon Community Primary School and explain what action should be taken if there are concerns that a child is, or might be, suffering harm. A child is a person under 18 years but the principles of these procedures apply also to vulnerable young adults over 18 years.

Please refer to the South West Child Protection Procedures (SWCPP) <http://www.online-procedures.co.uk/swcpp/> and the Cornwall and Isles of Scilly Safeguarding Children Board (CIoSSCB) <http://www.safechildren-cios.co.uk/default.aspx?page=0> for more extensive information and guidance.

2) What is Child Protection?

2.1 Child protection is one very important aspect of safeguarding. It refers to the activity which is undertaken to protect specific children who are suffering, or at risk of suffering, significant harm.

3) What is significant harm?

3.1 The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention by statutory agencies in family life in the best interests of children. There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes it might be a single traumatic event but more often it is a compilation of significant events which damage the child's physical and psychological development. Decisions about significant harm are complex and require discussion with the statutory agencies.

4) Responsibilities and roles

4.1 All those who come into contact with children and families in their work, including those who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of children.

4.2 Governing bodies/proprietors are accountable for ensuring their establishment has effective policies and procedures in place and for monitoring the school's compliance with them. The procedures should be reviewed annually and the governors/proprietors should provide information to the Safeguarding Children Standards' Unit (SCSU), through annual safeguarding returns (Section

175/157 Education Act 2002), about how their duties in relation to safeguarding have been discharged. Each governing body should nominate an individual member to take the lead in safeguarding. The nominated governor should work closely with the school's Designated Child Protection Officer (DCPO), who should be a senior member of school staff.

4.3 This school has a DCPO with responsibility for child protection who is Julie Lamb. This is the person with whom you should normally discuss any concerns or disclosures and s/he should be able to offer appropriate advice and refer to other agencies as necessary. The Deputy DCPO is currently being trained. Throughout this document please read 'DCPO' to relate to BOTH the DCPO and the Deputy DCPO.

Appendix 1 provides more comprehensive detail of the Role and Responsibilities of the DCPO.

4.4 The Children's Early Help, Psychology & Social Care Services and the SCSU can also offer advice and guidance on safeguarding and child protection matters. **Appendix 3** provides contact details for Children's Early Help, Psychology & Social Care Services and the SCSU.

4.5 All action should be taken in line with the following guidance:

- South West Child Protection Procedures
- <http://www.online-procedures.co.uk/swcpp/>
- 'Working Together to Safeguard Children 2013' - Department for Education <http://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children>
- 'Safeguarding Children and Safer Recruitment in Education' (2006) - <http://www.education.gov.uk/aboutdfe/statutory/g00213145/safeguarding-children-safer-recruitment>
- Cornwall and Isles of Scilly Safeguarding Children Board (CIoSSB) guidance - <http://www.safechildren-cios.co.uk/>
- 'What to do if you're worried a child is being abused' <https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused>
- 'Guidance for Safer working Practice for Adults working with Children and Young People in Education Settings' <http://www.childrenengland.org.uk/upload/Guidance%20.pdf>

5) What is child abuse?

5.1 The following definitions are taken from *Working Together to Safeguard Children 2013* (HM Government):

Abuse is 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.

i) 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.

ii) Emotional abuse - the persistent emotional ill-treatment 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 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 ill-treatment of a child, though it may occur alone.

iii) 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.

iv) 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.

5.2 It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children are subjected to more than one form of abuse at any one time. These four definitions do not minimise other forms of maltreatment.

6) Recognising child abuse – signs and symptoms

6.1 The South West Child Protection Procedures provide extensive information in relation to signs and symptoms to help recognise child abuse at <http://www.online-procedures.co.uk/swcpp/procedures/child-protection/signs-and-symptoms/>

6.2 Recognising child abuse is not easy, and it is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk. You do, however, have a responsibility to act if you have a concern about a child's welfare or safety.

6.3 The following information is not designed to turn you into an expert but it will help you to be more alert to the signs of possible abuse. The examples below do not form an exhaustive list. This information is as provided under the South West Child Protection Procedures.

i) Physical abuse

Physical abuse describes physical injuries to a child as a result of acts of commission or omission. This includes anything from a hand slap to death by suffocation. Injuries may be caused by blows, punches, kicks, shakes, bites, belts, scalds, burns, suffocation, drowning or poisoning.

The injuries may be:

- Soft tissue ie bruising, laceration, burns and scalds.
- Bony ie fracture
- Intra-cerebral (brain) injury
- Intra-abdominal and mouth injuries
- Intra-orbital.

Please note – illness fabricated or induced by carers is usually classified as physical abuse.

ii) Emotional abuse

Emotional abuse is part of all the other abuses but also occurs without them. A child witnessing family violence may be physically well cared for but emotionally distraught. Emotional abuse includes discouragement, ridicule, unfairness, hostility, threats and bullying.

Behaviours/symptoms suggestive of emotional abuse

- Continuous withholding of approval and affection by parent/carer
- Discipline severe and inappropriate, or non-existent, with few or no boundaries set
- Exploitation by parents/carer to fulfil their needs
- Continual self-deprecation
- Fear of new situations
- Impaired ability for play and enjoyment
- Lack of curiosity and natural exploration, air of detachment
- Inappropriate emotional responses to painful situations
- Delayed social and language skills
- Persistent head banging or rocking in a younger child
- Enuresis and encopresis (wetting and soiling)

- Compulsive stealing/scrounging
- Drug/solvent misuse
- Low self-esteem, feeling of worthlessness
- Social isolation (including from friends)
- Behavioural difficulties including aggression, disruptive behaviour
- Attention seeking
- Eating disturbances, poor growth
- Family history of domestic violence, mental illness of a carer or substance misuse
- Depression, withdrawal
- Frozen watchfulness
- Only happy at school or kept away
- Pseudo mature or explicit sexual behaviour
- Open masturbation or aggressive sex play with peers
- Stomach pains without medical explanation
- Self-harm, mutilation, overdose or attempted suicide

iii) Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (eg. rape or buggery) or non-penetrative acts. They may include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.

Contact may involve:

- Touching, oral contact of breasts, genitalia or anus, masturbation
- Inserting digits or objects into vulva and anus
- Rape with attempted/achieved penetration of vagina or anus
- Oral penetration.

Non-contact may include:

- Exhibitionism
- Pornography
- Erotic talk.

Physical injury may be part of sexual abuse, eg bites on the breasts or sadistic burns.

iv) Neglect

Neglect can be a difficult form of abuse to recognise, yet has some of the most lasting and damaging effects on children.

Failure to provide food, clothing, shelter, safekeeping, nurture and teaching may constitute neglect. In addition, a neglected child:

- May fail to grow and develop to his full potential
- Is at risk of long-term disability following accidents, respiratory disease
- Is at risk of poor mental health
- Is more likely to have inter-current infection especially chest infections, ear infections
- May have incomplete immunisations.

Signs of possible neglect may include:

- Hunger; stealing food from other children
- Clothing which is dirty or inappropriate for the conditions
- Dirty body; smells; nails thick, yellow, dirty
- Hair thin, wispy
- Height, weight, mid-upper arm or head circumference demonstrate poor growth.
- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being left alone or unsupervised

6.4 Many children and young people will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour, such as a death or the birth of a new baby in the family, relationship problems between parents/carers, undiagnosed medical conditions etc.

7) Responding to a child who makes a disclosure or allegation

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 the Children's Early Help, Psychology & Social Care Services and the Police following a referral to them of concern about a child. The role of the person to whom a child makes a disclosure or allegation is to act promptly on the information they have received. The Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information is shared appropriately.

If a child makes a disclosure or allegation you should:

- Stay calm and listen carefully to what is said. You do not need a 'witness'.
- Carefully explain that it is likely that the information will need to be shared with others - do not promise to keep secrets
- Allow the child to continue at her/his own pace and do not interrupt if they are freely recalling events
- Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer. Questions should be framed in an open manner and not 'lead' the child in any way. For example say, "Tell me what has happened", rather than, "Did s/he do..."
- Reassure the child that s/he has done the right thing in telling you. Explain what you will do next and with whom the information will be shared
- Do not ask the child to repeat the disclosure to anyone else in school or ask him/her to write a 'statement'
- Contact your DCPO as soon as you can or, where such contact is not possible, ensure a referral is made without delay to the MARU
- Record in writing what was said, including the child's own words, as soon as possible – note the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated
- Do not discuss with parents/carers.

Guidance on Information Sharing is available at the following links:

- The South West Child Protection Procedures - <http://www.online-procedures.co.uk/swcpp/procedures/allegations-against-staff/record-keeping/information-sharing-confidentiality/>
- 'Information Sharing: Guidance for practitioners and managers'. It is available from: <https://www.education.gov.uk/publications/standard/publicationDetail/Pag e1/DCSF-00807-2008>

8) Responding to concerns or suspicions of abuse

8.1 Any suspicion or concern that a child or young person may be suffering or at risk of suffering significant harm, **MUST** be acted on and discussed without delay with the DCPO. Doing nothing is **not** an option. If the child/young person is felt to be in immediate danger, the Police should be called.

8.2 A careful and, as far as possible, verbatim 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. 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.

8.3 Referrals/concerns should be made to the DCPO using the **Referral/Concern Report Form** provided at **Appendix 2**.

8.4 If the DCPO is not available you should discuss your concerns with either

- another senior member of staff or
- the Multi Agency Referral Unit (MARU) or
- LADO

8.5 The DCPO must telephone the referral to the MARU without delay. The decision to notify the parents that a referral is being made will depend on the details of individual cases and will be made by the DCPO. The DCPO should keep a record of the conversation with the MARU, noting what actions have been/will be taken and by whom, giving the date and time of the referral. The referral should be confirmed in writing on the multi-agency referral form as soon as possible and within 48 hours.

8.6 Do not share information with your colleagues or investigate any further.

Appendix 3 provides the contact details of relevant services.

9) Responding to allegations or concerns about staff or volunteers

9.1 Employers have a duty of care to their employees and should ensure they provide effective support for anyone facing an allegation.

9.2 Rigorous recruitment and selection along with robust safeguarding procedures and adherence to safer practice guidance should help to protect both staff and students.

9.3 In all cases of allegations against staff or volunteers, the Headteacher/ Principal/ Chair of Governors, must follow the procedure as determined by the DfE in 'Dealing with Allegations of abuse against teachers and other staff', October 2012. This information can be located at <http://www.education.gov.uk/aboutdfe/statutory/g0076914/dealing-with-allegations-of-abuse/dealing-with-allegations-of-abuse-against-teachers-and-other-staff>

and as outlined in the school's safeguarding and child protection policies.

9.4 The guidance relates to managing cases of allegations that might indicate a person would pose a risk of harm if they continue to work in regular or close contact with children in their present position, or in any capacity. It should be used in respect of all cases in which it is alleged that a teacher or member of staff (including volunteers) has:

- 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
- Behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children

9.5 If you have reason to believe that a member of staff or volunteer has acted inappropriately or abused a child or young person, you must take action by discussing your belief or concern with the named senior officer in the school. The named senior officer is Julie Lamb. Whilst it may be difficult to consider that a colleague may be unsuitable to work with children, the risk is far too serious for any member of staff to dismiss such a suspicion without taking action.

9.6 If the concern is about the Headteacher/Principal, it should be discussed with the Chair of Governors (Mr Terry Carter) or the LADO at the SCSU (01872 254549).

Appendix 4 provides further information in regard to Managing Allegations against a Professional.

10) What happens after a referral is made to the Children's Early Help, Psychology & Social Care Services (process as outlined in Working Together 2013)

10.1 Referral

Once a referral is received by the MARU, a Manager will decide within one working day on the next course of action.

10.2 Initial Assessment

An Initial Assessment must be completed within at least 45 working days of receiving the referral, and will determine what should happen next.

10.3 Strategy Discussion

If there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there should be a strategy discussion involving Children's Early Help, Psychology & Social Care Services, the police, health and other bodies such as the referring agency. This might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary. A strategy discussion can take place following a referral at any other time, including during the assessment process.

10.4 S47 Enquiries

Local authority social workers have a statutory duty to lead assessments under section 47 of the Children Act 1989. A Section 47 enquiry is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected or, or likely to be, suffering significant harm.

10.5 Outcome of S47 enquiries

Local authority social workers are responsible for deciding what action to take and how to proceed following S47 enquiries. Where concerns of significant harm are not substantiated social workers and managers should discuss the case with the child, parents and other professionals to determine what support from services may be helpful and to consider regular re-assessment as agreed against specific objectives.

Where concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm a Child Protection Conference should be convened.

10.6 Initial Child Protection Conference (ICPC)

If, following the S47 enquiries, the concerns are substantiated and the child is judged to be likely to suffer significant harm, an Initial Child Protection Conference (ICPC) will be convened. The timing of the ICPC will depend on the urgency of the case and must be held within 15 working days of the last Strategy Discussion. Professionals are invited to attend including school staff (normally the Headteacher/Principal or DCPO). Professionals are required to produce a report prior to the conference and take an active part in the conference to work together to safeguard the child from harm in the future.

10.7 Child Protection Plan

A Child Protection Plan will be developed and a core group of professionals agreed. The core group will meet within 10 working days of the ICPC.

10.8 Review Child Protection Conferences (RCPC)

A Review Child Protection Conference will be held within 3 months of the initial conference and further reviews will be held at intervals of no more than 6 months for as long as the child remains subject of a child protection plan.

11) Children with disabilities

11.1 There are no different or separate procedures for children who are disabled. Children with disabilities are especially vulnerable to abuse, and adults who work with them need to take extra care when interpreting apparent signs of abuse or neglect.

11.2 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) Safer Working Practice

All adults who come into contact with children at this school should 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 can be found in Troon CP School's Code of Conduct. Each member of staff will be issued with a copy of Guidance for Safe Working Practice for Adults Working in Education Settings, DCSF May 2009 – available on the Cornwall and Isles of Scilly Safeguarding Children Board website at <http://www.safechildren-cios.co.uk/default.aspx?page=5>

13) Training

13.1 Child protection must be an integral part of induction for all workers and volunteers who are new to the school.

13.2 This should be followed up by single-agency child protection training that equips individuals to recognise and respond appropriately to 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. Single-agency child protection training must be arranged and delivered within the school setting.

13.3 Staff who do not have designated responsibility for child protection, including the Headteacher/Principal and qualified teachers, should undertake single-agency child protection refresher training every 3 years.

13.4 When a member of staff assumes a role with designated responsibility for child protection they must receive multi-agency child protection training. This must be updated at 2 yearly intervals. Multi-agency child protection training should be arranged through Reconstruct, the CIOSSCB preferred provider, via the following link <http://www.safechildren-cios.co.uk/default.aspx?page=114>

Last reviewed January 2014

APPENDIX 1

THE ROLE AND RESPONSIBILITIES OF THE DESIGNATED CHILD PROTECTION OFFICER (DCPO)

'Working Together to Safeguarding Children, 2013' outlines the roles and responsibilities of agencies and the designated lead in agencies, including educational settings as being 'to support other professionals to recognise the needs of children, including rescue from possible abuse or neglect....'

(Working Together to Safeguard Children, 2013 Ch2, para4)

'Safeguarding Children and Safer Recruitment in Education', 2006 outlines the role and responsibilities of the DCPO as below:

Referrals

- Refer cases of suspected abuse or allegations to the relevant investigating agencies.
- Act as a source of support, advice and expertise within the school when deciding whether to make a referral by liaising with relevant agencies.
- Liaise with Headteacher or Principal (where role not carried out by the Headteacher) to inform him or her of any issues and ongoing investigations.

Training

- Obtain access to resources and attend any relevant or refresher training courses at least every two years.
- To recognise how to identify signs of abuse and when it is appropriate to make a referral.
- Have a working knowledge of how LSCBs operate, the conduct of a child protection case conference and be able to attend and contribute to these effectively when required to do so.
- Ensure each member of staff has access to and understands the school's child protection policy - especially new or part time staff who may work with different schools
- Ensure all staff have induction training covering child protection and are able to recognise and report any concerns immediately they arise.
- Be able to keep detailed accurate secure written records of referrals and or concerns.

Raising Awareness

- With the governing body or proprietor, to ensure the school's child protection policy is updated and reviewed annually
- Ensure parents see copies of the child protection policy which alerts them to the fact that referrals may be made and the role of the school in this.
- When a child leaves the school, to ensure their child protection file is transferred securely to the new establishment within five working days.

APPENDIX 2

REFERRAL/CONCERN REPORT FORM

**To be completed by ALL workers logging a Concern/Disclosure
about a Child's Safety and Welfare.**

Child's Name:		Date of Birth:	
Date:		Time:	
Printed name 	Signature 		
Position/role:			
Note the reason(s) for recording the incident/concern. 			
Record the following factually:	Who?		
	What?		
	Where?		
	When?		
Offer an opinion where relevant (how and why might this have happened?) Please ensure that you substantiate your opinion. 			
Note action taken, including names of anyone to whom your information was passed. 			

**THIS FORM MUST BE PASSED IMMEDIATELY TO THE DESIGNATED
CHILD PROTECTION OFFICER (OR DEPUTY IN THE ABSENCE OF
THE DCPO)**

APPENDIX 3

CONTACTS

Out of Hours Emergency Service: 01208 251300

Multi Agency Referral Unit

Fistral House
Plot 8a Truro Business Park
Threemilestone
TR4 9NH
Tel: 0300 123 1116
Fax: 01872 323653

Isles of Scilly Children's Social Work Services

Carn Thomas Children's Centre
St Mary's
Isles of Scilly
TR21 0PT
Tel: 01720 424040 or 01720 424039

LADO (Local Area Designated Officer) and Safeguarding Children Standards Unit

Pendragon House
Gloweth
Truro
TR1 3XQ
Tel: 01872 254549

Children, Schools and Families Directorate

New County Hall
TRURO
TR1 3AY
Tel: 0300 1234 101

APPENDIX 4

WHAT TO DO IF YOU HAVE A CONCERN OR AN ALLEGATION IS MADE AGAINST A MEMBER OF STAFF

(Source: South West Child Protection Procedures)

When a report is made to the DCPO it will be clear in some cases that an immediate referral must be made to the MARU or the police for investigation, as a child appears to have been harmed or is at risk of significant harm or a criminal act appears to have been committed.

The LADO must be informed of all allegations and will provide advice and guidance and be involved in the management and oversight of all allegations cases as well as liaising with you, all other parties and monitoring the progress of all cases.

The DCPO should:

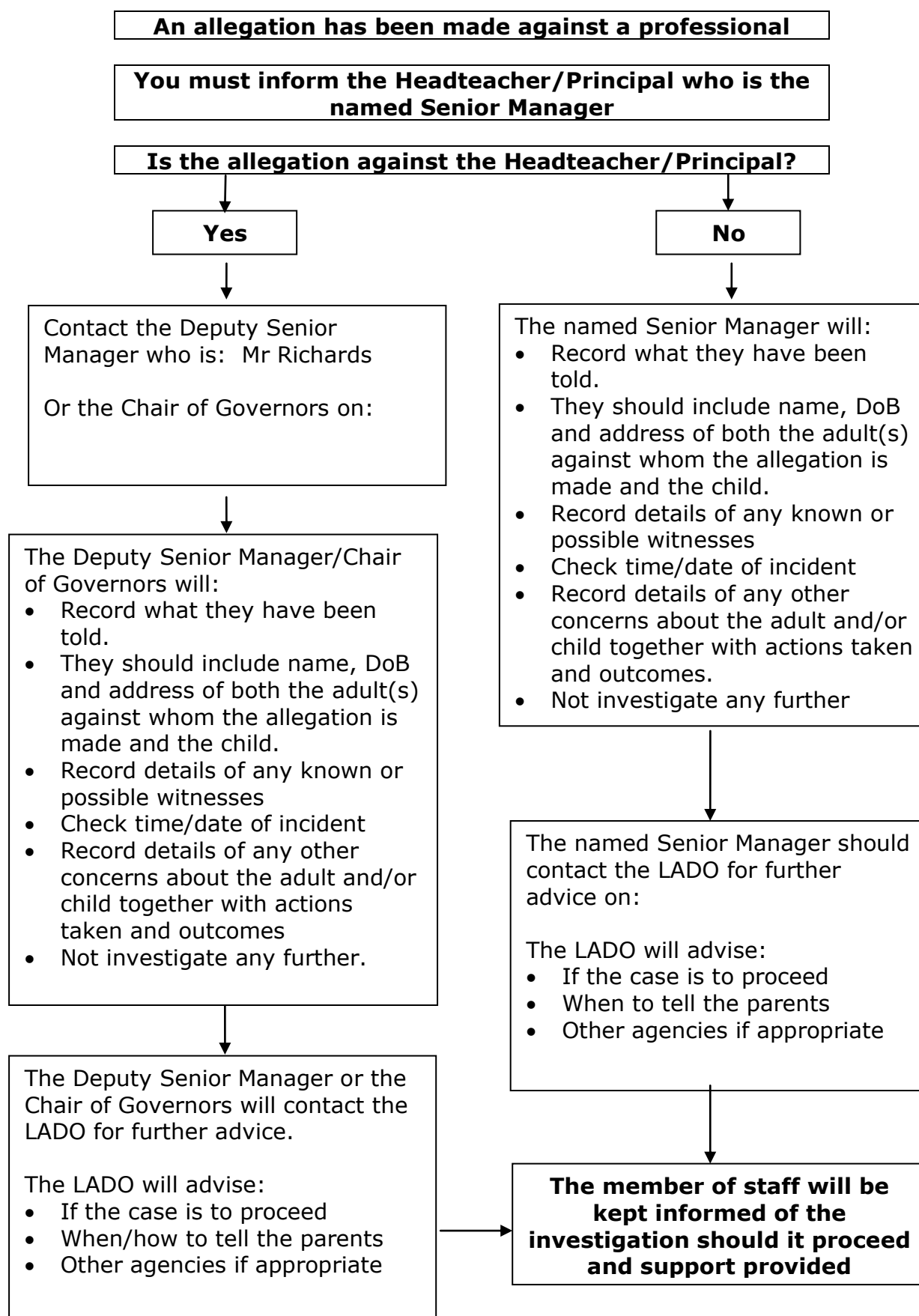
- obtain written details of the allegation or concern, signed and dated by the person reporting. Countersign and date this record. (If no written report is provided, the DCPO should make a written record of their conversation with the referrer and sign and date it);
- inform the Chair of Governors if the allegation relates to the Headteacher
- collate and record information about ;
 - (i) the child/ren, parents/carers, siblings;
 - (ii) the person against whom the allegation has been made; and
 - (iii) details of any known/possible witnesses, including checking and recording times/dates etc of any other incidents or concerns about the child/ren or the member of staff/volunteer concerned along with actions taken and outcomes. Be alert for patterns which might suggest the abuse goes further afield and involves other children and adults;
- contact the LADO **WITHIN 1 WORKING DAY** of receiving the report of an allegation.
- inform the person reporting the allegation or concern what action will be taken, in accordance with local procedures and with regard to information sharing protocols
- inform the alleged perpetrator or person about whom there is a concern as soon as possible, **but only after** consultation with the LADO and in accordance with any restrictions on information sharing that may be imposed by the police or the Children's Early Help, Psychology & Social Care Services.
- help all parties understand the process throughout.

The DCPO should not:

- take any action that might undermine any future investigation or disciplinary procedure, such as interviewing the alleged victim or potential witnesses, or informing or interviewing the alleged perpetrator, prior to contacting the LADO, (or without the go-ahead from police or the Children's Early Help, Psychology & Social Care Services if a direct referral has been made). The LADO will liaise with the police and/or the Children's Early Help, Psychology & Social Care Services as necessary, as they may want to place restrictions on the information that can be shared.
- automatically suspend or dismiss the member of staff without seeking further advice.
- inform parents/carers of the child/ren until advised to do so by the LADO other than in an emergency situation, such as when a child has been injured and needs medical attention.

The LADO will advise on how and by whom parents/carers should be informed and will liaise with police or the Children's Early Help, Psychology & Social Care Services.

MANAGING AN ALLEGATION AGAINST A MEMBER OF STAFF



APPENDIX 5

GLOSSARY OF TERMS AND ABBREVIATIONS

CIoSSCB	Cornwall and Isles of Scilly Safeguarding Children Board
DCPO	Designated Child Protection Officer
Deputy DCPO	Deputy Designated Child Protection Officer
DfE	Department for Education
FE	Further Education
ICPC	Initial Child Protection Conference
LADO	Local Area Designated Officer
LSCB	Local Safeguarding Children Board
MARU	Multi Agency Referral Unit
SCSU	Safeguarding Children Standards Unit
SWCPP	South West Child Protection Procedures