Littlegreen School
Supporting and developing the whole child

ALLEGATIONS AGAINST STAFF

Review Date: November 2020

ALLEGATIONS AGAINST STAFF POLICY

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Introduction

It is essential that any allegation of abuse made against a teacher or other member of staff or volunteer is dealt with fairly, quickly and consistently, in a way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.

These procedures are designed to ensure that all staff are constantly vigilant and aware of the activities of staff or volunteers, contractors etc. that might indicate inappropriate behaviour towards children and how combinations and patterns of behaviour might constitute or be suggestive of potential grooming.

This guidance should be used in respect of all cases in which it is alleged that a teacher or a member of staff (or a volunteer, contractor or hirer of school premises) has;

- behaved in a way that has, 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/she may be unsuitable to work with children

The Local Authority Designated Officer (LADO) for West Sussex is the first point of contact for schools in relations to all child protection allegations against, or concerns about, staff in schools. He/she will be involved in the management and oversight of individual cases, and will provide advice and guidance to schools, in liaison with key experts in Education Welfare and Education Personnel, the Police and Social Care. He/she will monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

The Headteacher is responsible for maintaining awareness of all staff in the school of issues of child protection and ensuring that policies and best practice are in place so that any allegation or concern about a member of staff, volunteer, etc. is properly recorded and addressed, in conjunction with the Designated Officers.

The Chair of the Governing Body is responsible through the governing body for ensuring that policies are in place to protect children. He/she is also responsible for being the first point of contact and fulfilling the role of the Headteacher in these

guidelines where allegations or concerns of a child protection nature are raised about the Headteacher.

The Designated Safeguarding Lead (DSL) is the senior designated person within the school for dealing with child protection standards and maintaining staff awareness of child protection issues in the school. The DCPO must be a senior person within the school, and may be the Headteacher.

Social Care is part of the Children's Services' Department and have responsibility, on behalf of the Local Authority, to ensure that children are protected from significant harm. They are a key party to all strategy discussions on child protection cases and work with schools and the Police in responding to concerns and allegations against staff. Social Care's main role in these situations is to focus on the safety and welfare of the child.

Police have a duty and responsibility to investigate all criminal offences and have a range of powers of arrest, search, seizure, entry to premises and other emergency powers to enable them to perform their duty. When allegations of criminal offences are made against persons working with children, Police Officers from the Child Abuse Investigation Unit will work jointly with the Allegations Officer, Headteacher, and Social Care to investigate any criminal offences. Police will gather evidence by various means including interviewing victims, witnesses and suspects. At the conclusion of the investigation the evidence will be submitted to the Crown Prosecution Service to independently consider if any person should be charged. Wherever possible Police will share with the school, for disciplinary purposes, any information gathered during the criminal investigation.

Responding to an Allegation

There may be up to three strands to the process of considering an allegation or concern about a member of staff or a volunteer.

- A police investigation of a possible criminal offence
- Enquiries and assessment by Social Care about whether a child is in need of protection and/or support.

- Consideration by the school of internal action (including disciplinary action) against the employee.

General Rules

All schools must have procedures for dealing with allegations or concerns, and all staff and volunteers should understand what to do if they receive an allegation against another member of staff or they themselves have concerns about the behaviour of another member of staff. School procedure should make it clear that if a member of staff or volunteer is alleged to be involved or suspected to be involved in abuse or inappropriate behaviour the matter must be referred immediately to the Headteacher rather than the school's (DSL). Where the Headteacher is not the DCPO, the Headteacher may want to seek advice from the DSL. In the absence of the Headteacher, reports should be made to the member of staff deputising for the Head in his/her absence. In the case of a supply teacher, the same processes will be followed except that the process must be conducted in conjunction with the supply agency or employer of the supply teacher and the defined internal disciplinary processes for supply teachers will apply. In case of allegations against the head teacher, they should be reported immediately to the chair of governors.

Child protection procedures will have priority over other procedures. Where the matter is clearly an allegation of child abuse, it rests with Social Care and Police to determine the way forward. Even in the case of a serious allegation, where it is predicted that suspension will be necessary pending the outcome of a Police investigation, the Police may wish to make the first approach to the staff member.

Procedures

If you receive or are aware of an allegation that a member of staff or volunteer has taken any action or actions that might be interpreted as child abuse or neglect, or is alleged to have had a sexual relationship with a pupil, the Headteacher must follow the steps below.

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Step 1 Make an immediate and accurate record of the details initially provided including dates, times, location(s), incident(s) and people allegedly involved, including a record of who said what to whom.
Step 2 Ensure that the person who spoke to the child or the originator of the concern has fully recorded the details provided. The child should NOT be asked to write a statement.
Step 3 Ascertain any relevant background information about the child's circumstances, any known concerns about the member of staff/volunteer, whether that person was or could have been at that place at that time etc. NB. This stage is not an investigation of the allegation, but a brief double-check of the known circumstances of the case. Becoming over-involved at this stage can adversely affect a child protection investigation. Investigations of child protection issues are the responsibility of the specialised Social Care and Police teams. They are NOT the responsibility of Headteachers, although Heads will, of course, be included closely in that process. These basic initial enquiries must not cause a delay in referring the matter on as set out below. At this preliminary stage, DO NOT interview the children, inform or interview the member of staff or contact the parents or carers.
Step 4 Contact the LADO on the same day of hearing the allegation. The Designated Officer will enlist the support and advice of personnel services and other relevant parties including Social Care and Police as appropriate. NB Do not contact the parents or carers immediately. Parents/carers should be told as soon as possible but take urgent advice from the LADO to ensure that nothing is done that could be in conflict with a potential child protection investigation. In cases where a child has been injured at school and requires medical treatment, the parents/carers must be notified immediately.
Step 5 In liaison with the Designated Officer, determine whether the allegation: Is to be dealt with as a child protection investigation (this may be determined after the Designated Officer has consulted with Social Care). Subsequent action will be

progressed by the LADO who will liaise with Social Care and/or the police and arrange a strategy meeting or discussion. Where a referral to Social Care is agreed, the interagency referral form must be completed by the Headteacher and forwarded to Social Care, with a copy for the Designated Officer. Subsequent action and risk management will be discussed at a strategy discussion/meeting, in collaboration with Social Care and/or the Police. A review meeting will also be arranged at the initial strategy meeting. The Headteacher, West Sussex LADO and a representative from EPS will be expected to attend the strategy meeting along with lead officers from Social Care and the Police. Details will be confirmed in writing to Social Care by the Designated Officer within 48 hours. In case of any delay in convening a strategy meeting or conducting an initial evaluation with the Police/Social Care, the Headteacher must ensure, in liaison with the Designated Officer, that a risk assessment is carried out and a risk strategy agreed where necessary. Where a strategy meeting is not appropriate because the threshold of significant harm is not reached, but a police investigation might be needed, the Police will be involved to determine how the allegation or concerns should be dealt with:

- requires further investigation
- should be dealt with as disciplinary investigation (if so, act in consultation with the Designated Officer and personnel)
- constitutes inappropriate conduct which does not yet necessitate further formal investigation, but yet warrants managerial action
- is unfounded (if so, act in consultation with EPS and Social Care)

NB: There may be situations in which, where there is a Police investigation or criminal action pending, aspects of the case can still be taken forward under a disciplinary process in parallel with Police action. In other cases such action may have to await the completion of Police investigations.

Step 6

Report to Ofsted any allegation about a member of staff in a registered child care setting (eg playgroups, nurseries) which has been referred to Social Care and is dealt with as a Child Protection investigation. OfSTED helpline: 0845 6014771.

Concerns

The above process sets out the correct response to specific allegations against a member of staff or a volunteer. However, concerns may arise about an individual as a result of a combination of apparently minor incidents, or from patterns of behaviour that raise concerns that an individual may be involved in some abuse of children or may be grooming one or more children or young people towards some future act of abuse. Concerns may arise anonymously or from observations by senior managers, reports from other staff, from parents or others outside of the school. All such concerns must be investigated and addressed in collaboration with advice from the Designated Officer and personnel.

In such situations, the Headteacher must:

1. Carry out a preliminary investigation as in Steps 1-3 above
2. Take advice as required from the LADO as in Step 4 above
3. Address minor concerns with the individual and provide advice on future conduct to ensure there is no doubt about the expectations on the individual. The individual should also be notified that any further concerns will be taken very seriously and may result in a child protection referral or internal disciplinary action.
4. Keep on-going records of any activities or conduct that create concern or suspicion of this type and the managerial action taken. The employee must be made aware of the existence of such records. These records need to be available should a subsequent referral to Social Care be made or where disciplinary action may be required at a later stage.

Learning Lessons

At the conclusion of a case in which an allegation is substantiated the LADO should review the circumstances of the case with the headteacher or the chair of governors to determine whether there are any improvements to be made to the school's procedures or practice to help prevent similar events in the future. This should include issues arising from the decision to suspend the member of staff, the duration of the suspension and whether or not suspension was justified.

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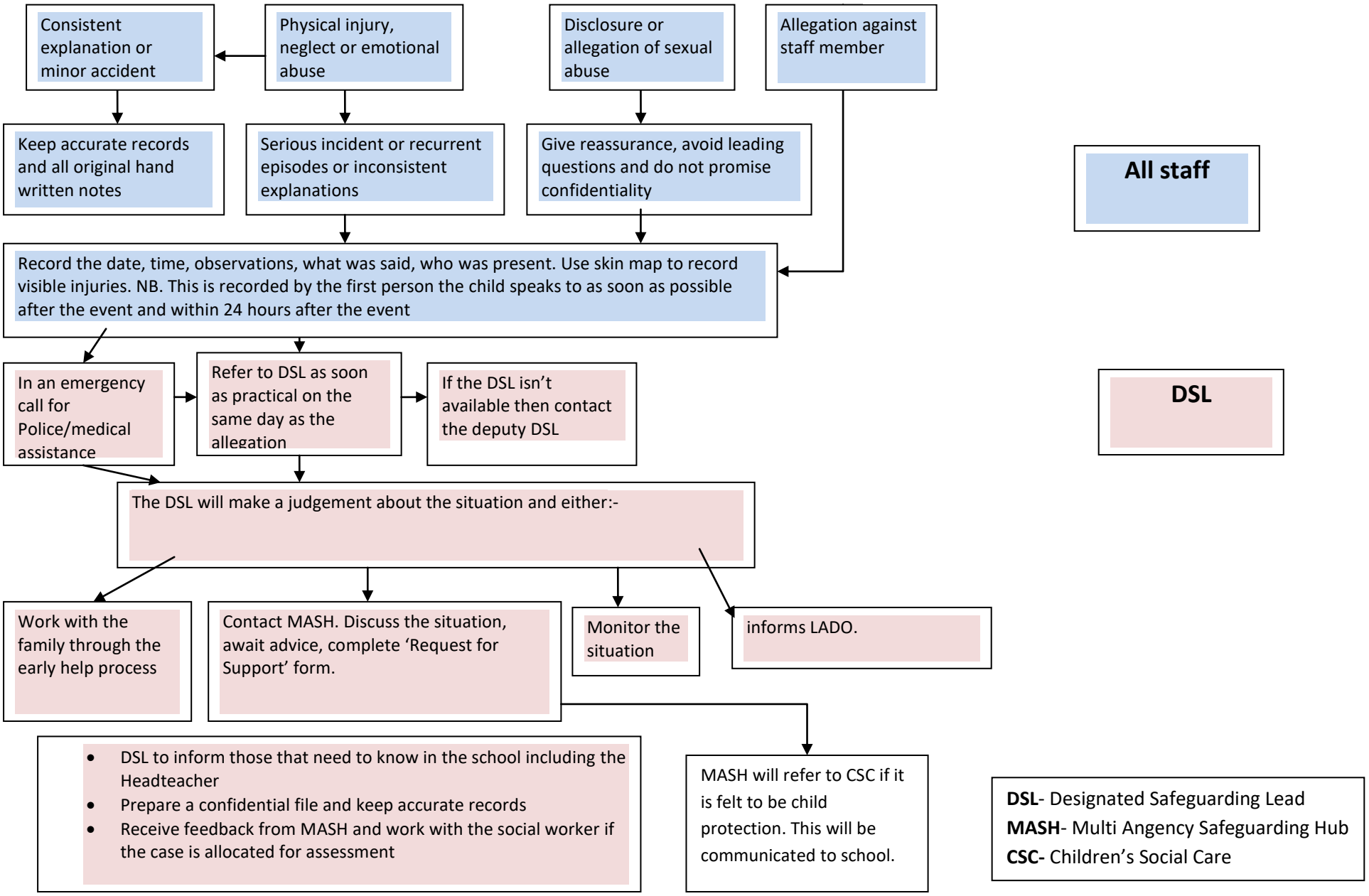
MASH REFERRAL FLOWCHART



CHILD ABUSE AND INDICATORS OF HARM

Appendix 6

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 out and there will be splash marks

Scars

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

Emotional / 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

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

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 behaviour

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