



Child Protection Policy and Procedures

“Effective child protection depends not only on reliable and accepted systems of co-operation, but also on skills, knowledge and judgement of all staff working with children in relation to child protection matters. It is important therefore that people in direct contact with children receive training to raise awareness”

Working Together Under the Children Act 1989 - A guide to arrangements for inter-agency co-operation for the protection of children from abuse. HMSO

A statement to Parents

At Driffield School, we recognise that your child is our responsibility and concern. We want to work in partnership with you, and discuss with you, any concerns we may have or that you may have. It is a priority to inform and involve you at every stage in your child's time at the school.

Since the first priority is your child's welfare, there may be rare occasions when our concern about your child means that we have to consult other agencies even before we contact you. The ER Safeguarding Children Board has laid down the procedures we follow, and the school has adopted a Child Protection Policy in line with this for the safety of all.

If you want to know about our procedures or the policy, please speak to Mrs. D. Dalton (Assistant Headteacher) or Miss. Durrant/Mrs. M. Mallory (Governors with responsibility for the Safeguarding of Young People).

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Child Protection – Designated people contact list

School Child Protection Coordinator	Debbie Dalton	01377 253631 Ex 263 ddalton@driffield.e-riding.sch.uk
Deputy Child Protection Coordinator	Linda Towse Jean Gilroy	01377 253631 01377 253631
Child Protection Governors	Mrs. Mallory Miss. Durrant	contactable via Headteacher's PA or the Finance office during school closure periods
Chair of Governors	Mr. G. Storey	contactable via Headteacher's PA or the Finance office during school closure periods
ER Child Protection Officer (Schools)	Tony Marsh	01482-392139 fax 01482-392104 tony.marsh@eastriding.gov.uk Room FF20 County Hall
Local ER Child Care Team	Bridlington West & Driffield	01262 602612
Emergency Duty Team		01482- 880826
ER Customer Service Centre	Golden Number	01482-395500 Fax 01482 395530 Childrens.socialcare@eastriding.gcsc.gov.uk
Humberside Police ER Family protection Unit		01430- 808406

For the purpose of this policy:

- The term '**staff**' or '**member of staff**' refers to all adults paid or unpaid, working in any capacity in the school or in activities organised by the school, which brings them into contact with the children of the school.
- '**Parent/s**' refers to adults with parental responsibility for a particular child
- **CPC** - school Child Protection Coordinator
- **CPO** - LA Child Protection officer (Schools)
- **CPG** - Child Protection Governor
- **ERSCB** – East Riding Safeguarding Children Board

1. Introduction

As adults working with young people all staff have a responsibility to ensure all children in our care have every opportunity to meet the five Every Child Matters outcomes:

- Stay Safe
- Be Healthy
- Enjoy and achieve
- Make a positive Contribution
- Achieve Economic Well-being

As part of this responsibility we have a legal duty to work with other agencies to safeguard and promote the welfare of children.

'A shared responsibility and the need for effective joint working between agencies and professionals that have different roles and expertise are required if children are to be protected from harm and their welfare promoted.

In order to achieve this joint working there have to be constructive relationships between individual practitioners, promoted and supported by: commitment of senior managers to safeguard and promote the welfare of children; and clear lines of accountability.'

*Working Together to Safeguard Children
-A Guide to Inter-agency working to safeguard and promote the welfare of children –
HM Government 2006*

Driffield School recognises that multi-agency working is essential if children are to receive effective targeted support as early as possible. In this way we hope to ensure that barriers to learning and social inclusion are minimised for vulnerable children.

We are therefore committed to initiating and supporting multi-agency work such as the;

- Common Assessment Framework
- CP Case Conferences, core groups and other multi-agency meetings
- Joint working with the school EWO
- Family Support Services

The policy is consistent with the following legislation & guidance

- 1) Working Together to Safeguard Children (2006 – HMSO)
- 2) Safeguarding Children & Safer Recruitment in Education (2007- DCSF /DfES)
- 3) ER Safer Recruitment & Managing Allegations Toolkits (2008-ERSCB)
- 4) 'What to do if you are worried a child is being abused' (2006 -DCSF /DfES)
- 5) Care & Control Guidelines (2006 -ER CFAS)
- 6) The Use of Force to control or restrain pupils (2007-DCSF)
- 7) Safeguarding Children -Guidance & Procedures (2006 -ERSCB)
- 8) Safer working Practice for Adults who work with Children & Young People (2007-DCSF)
- 9) ER CFAS / EWS Children missing from Education Policy & Guidance (2008)

2. Aim of the Policy

To provide a framework within which colleagues can deal confidently and effectively with issues relating to the Guidelines and Procedures governing Child Protection.

There are four main elements to our Child Protection Policy:

- **Prevention** (e.g. positive school atmosphere, pastoral support to pupils and safe and appropriate working practice by staff)
- **Protection** (by following agreed procedures, ensuring staff are trained and supported to respond appropriately and sensitively to Child Protection concerns)
- **Support** (to pupils and school staff and to children who may have been abused);
- **Collaboration** with children & Young People, parents and other agencies to promote Safeguarding & Wellbeing for all of our children and Young People.

This policy applies to all staff, governors and visitors to the school. We recognise that child protection is the responsibility of all staff within our school. We will ensure that all parents and other working partners are made aware of our child protection policy and procedures. All staff new to the school will be made aware of the school safeguarding procedures.

3. Other Relevant Policies

The school has a duty to ensure that safeguarding permeates all activities and functions. This policy therefore complements and supports a range of other policies, for instance:

- Positive Behaviour for Learning
- Anti-Bullying
- Physical Interventions/Restraint
- Safe & Appropriate Working Practice
- Special Educational Needs/Disability Equality
- Educational Visits
- First aid and the administration of medicines
- Health and Safety
- Sex Education
- ICT and access to the internet

The above list is not exclusive but when undertaking policy development the school will consider Child Protection and other safeguarding matters within each appropriate policy or guideline.

4. School commitment

The school adopts an open and accepting attitude towards children as part of its responsibility for pastoral care. Staff strive to ensure that children and parents will feel free to talk about any concerns and will see school as a safe place when there are difficulties. Children's worries and fears will be taken seriously and children are encouraged to seek help from, or confide in, members of staff.

Our school will therefore:

- Establish and maintain an ethos where children feel secure and are encouraged to talk, and are listened to.
- Ensure that children know that there are adults in the school whom they can approach if they are worried or are in difficulty.
- Include in the curriculum activities and opportunities for which equip children with the skills they need to stay safe from abuse and develop resilience.
- Ensure every effort is made to establish effective working relationships with parents and colleagues from other agencies.

- Operate safe recruitment procedures and make sure that all appropriate checks are carried out on new staff and volunteers who will work with children and on a 3 year rolling programme recheck existing staff.
- Ensure that staff are aware of how and when to act on concerns that they have and work in a safe and appropriate manner at all times.

5. Confidentiality

We recognise that all matters relating to child protection are highly confidential and the Headteacher or CPC will share that information on a 'need to know, what and when' basis.

These concerns should never be discussed elsewhere, inside or outside the school unless in confidential meetings organised for that purpose.

6. Strategies to raise and maintain Staff Awareness

Encouraging staff to become fully involved with Child Protection issues and become aware of these issues in relation to their work with young people by:

- Encouraging as many staff as possible to attend ERSCB Child Protection courses, in addition to 'In-house' provision and whole school awareness raising experiences. See **Appendix E**: Training schedule and information
- Ensure that all staff (teaching and support staff) have a copy of "Child Protection - what you can do" and 'What to do if you're worried a child is being abused – summary'. More detailed guidelines and procedures have been produced by the ERSCB. Copies of this information are located with the Child Protection Co-ordinators and DHT:Standards.
- Ensure that all members of the Pastoral Team have ready access to and understand the implications of the East Riding Safeguarding Children Board (ERSCB) Guidelines and Procedures.
- Ensure all members of staff have access to the document 'Driffield School Guidance for staff on safer working practices with children and young people' contained within the staff handbook. (This guidance should be read in conjunction with 'Guidance for Safer Working Practice for Adults who Work with Children and Young People' produced by the Department for Children, Schools and Family in November 2007.)
- Ensure all members of the Pastoral Team have access to training and guidance regarding the Common Assessment Framework (CAF), Lead Professional and Contact Point (see appendix D for more information regarding CAF).
- To ensure that all staff have the opportunity to discuss any concerns or issues arising from the booklet with the Child Protection Co-ordinator.
- To provide NQTs, other new staff and support staff with specific support and guidance as an essential part of their induction programme.

7. Procedures: How to handle disclosures.

- 1 Follow the guidance given in the staff handbook entitled "A Brief Note on Guidance to Staff on Child Protection". See also **Appendix A**: A quick guide for staff
- 2 If a young person takes a member of staff into their confidence and makes a disclosure of harm, please remember it is our **duty** to pass on such information. Explain this calmly and honestly to the young person and contact the Child Protection Co-ordinator as soon as possible.

- 3 Where there is an allegation of sexual harm by a child against a member of staff the Headteacher will contact the Local Authority Child Protection Co-ordinator (Schools) at the ERSCB before any further action is undertaken.
- 4 Initially the disclosure of harm should only be discussed with the School CP co-ordinator or deputy CP Co-ordinators. If they are all unavailable the DHT or Head Teacher could be contacted.
- 5 The School CP Co-ordinator will involve staff on a 'need to know' basis at the earliest opportunity.
- 6 THE **STRICTEST CONFIDENTIALITY** MUST BE OBSERVED.

8. Record Keeping

- 1 Well-kept records are essential to good child protection practice. All staff are made clear about the need to record and report concerns about a child or children within our school. CPC is responsible for such records and for deciding at what point these records should be shared with, or transferred to other agencies or schools, in consultation with the headteacher.
- 2 Details of the disclosure or concern must be recorded in **writing (Appendix C Record of concern or disclosure)** by the member of staff following the guidelines already suggested. These must be passed quickly to the school CP Co-ordinator. It is most important that staff note carefully what they have observed and also preferably **quote the words actually used.**
- 3 Further information or action taken to be recorded and transferred to Child Protection file via the school CP Co-ordinator. Each file will contain a 'Chronology Sheet' (**Appendix D**), which will detail and reference any concerns, contact with parents and other agencies, information shared, case conferences and other events. The file will also contain all other relevant information but be separate from the child's school records.
- 4 Files to be kept in the school CP Co-ordinator's office. Access restricted to CP Co-ordinator, Headteacher and Deputy Headteacher.
- 5 HOH to indicate on cover of pupil's normal files by means of a red CP that there is a separate file held in the school CP Co-ordinator's office.
- 6 Close liaison with schools in the Driffield partnership is essential to ensure transfer of relevant files.
- 7 If students are transferring from the school the school CP Co-ordinator should ensure transfer of file to CP Co-ordinator at receiving school. Direct contact to be made with new Child Care Team and CP Co-ordinator wherever possible.
- 8 The information in these files may be accessed and used as evidence by other agencies.
- 9 Parents/guardians may also request to read them. Only factual information is recorded as such. If unsubstantiated information is recorded it is indicated as such.
- 10 The CPC and Headteacher decide what information needs to be shared with whom and when on a case by case basis. Confidentiality is essential but staff working with children can only provide effective support and monitor concerns if they are made aware of concerns.
- 11 Child protection records are reviewed regularly to check whether any action, advice or updating is needed

9. Roles and responsibilities

All adults working with or on behalf of children have a responsibility to safeguard and promote the welfare of children. This includes a responsibility to be alert to possible abuse and to record and report concerns to staff identified with child protection responsibilities within the school.

It is unacceptable for any member of staff to keep such concerns to themselves, including concerns about the conduct of another member of staff.

There are **key people** within the school and the Local Authority who have specific responsibilities. The names of those carrying these responsibilities for the current year are listed at the start of this document.

- **The School Child Protection Coordinator (CPC)** is designated to take the lead responsibility for Child protection. This includes providing advice and support and information to staff as appropriate, liaising with the LA and other agencies, maintaining CP records for individual children, arranging appropriate training for all staff and liaising with the headteacher and Child Protection Governor.
- **The Deputy CPC** is available to give advice and support if the CPC is unavailable.
- **The Headteacher** ensures that the time, resources and training are adequate to ensure that the CP / Safeguarding responsibilities of the school, as outlined in Safeguarding Children & Safer Recruitment in Education, are carried out.
- Any allegations of abusive or inappropriate behaviour against a member of staff should be passed immediately to the headteacher. If the allegation is against the headteacher it should be referred to the Chair Of Governors, the deputy headteacher or the LA Child Protection Officer (schools)
- **The CP Governor** acts as a 'Champion' of the safeguarding role of the school and liaises with the Headteacher & CPC in order to report to and advise the full Governing Body.
- **The Governing Body**, in particular the Chair, has the responsibility to monitor and ensure that all CP procedures, policies and training are in place and appropriate.

10. Further action

Considerations

The CPC/headteacher should decide, taking advice from the CPO or Social Care if needed, which of the following actions is appropriate:

- If it is considered that a pupil has suffered or is at risk of significant harm, or that the concern might constitute a criminal offence, an immediate CP referral should be made
- If a child is considered to be in need of help consent for a Common Assessment should be sought and used to inform a Child in Need referral to Social Care if appropriate
- If the CPC decides that no further action should be taken at that time s/he must make a record of the reasons for that decision.

The CPC should keep a record of all information collected and any subsequent decisions and action taken, including details of other persons involved in the decision-making.

Consulting Parents

If possible any concerns about a child's welfare should be discussed with parents/guardians provided that this will not:

- possibly place the child at increased risk
- possibly place staff at risk
- be against the wishes of the young person if they are thought to be sufficiently mature to make an informed judgement
- cause a delay in referring if contact cannot be made

If there are doubts or reservations about involving the parents the CPC should seek advice from Social Care. Personal details need not be discussed unless the advice confirms a referral and who will inform parents and when.

CP Referrals

If the school makes a CP referral the ER Safeguarding Children Board Procedure will be followed by the CPC.

After a telephone referral the CPC will send a written 'Confirmation of Referral' (Appendix J) to the Child Care Team and a copy to the CPO both within 48 hours. (Ideally on the same day).

Feedback

Within 24 hours the Child Care Team should report back to the CPC and indicate their decision on future action.

Whatever the outcome of reported concerns the CPC will report back to the member of staff involved and appraise them of the situation as appropriate, under the 'Need to Know' policy.

11. Vulnerable children - supporting pupils at risk

1. Children may be vulnerable because, for example, they have additional or Special Educational Needs (**See appendix H**), are Looked After, have experienced or are experiencing some form of neglect or other abuse. We will seek to provide such children with the necessary support and to build their self-esteem and confidence.
2. Staff in contact with such children will be made appropriately aware of the child's needs and circumstances in order to maximise the effectiveness of support.
3. CP implications will be considered when individual support plans are reviewed in the case of children who require, for example, medication, some form of intimate care, help with changing or physical support or physical intervention.
4. If a child, who is the subject of a Child Support Plan, is missing from school for 2 days without a verified valid reason the CPC will contact the assigned social worker.
5. In the same way if a child that the school has serious concerns about, is missing the school will consider making a CP referral.
6. The school **Education Welfare Officer** should be informed in such circumstances.

12. Case Conferences and Core Group Meetings

1. The CPC & Headteacher will ensure that the appropriate member(s) of staff will attend initial and review Case Conferences and core groups and provide written reports for these.
2. Reports will be compiled after discussion with relevant staff such as classteachers/form tutors, pastoral or year heads SENCOs etc.
3. Feedback will be given to staff under the 'Need to know' principle on a case-by-case basis.

13. Information sharing

Information will be shared in line with the key principles outlined in 'What to do if you are worried a child is being abused'. In cases involving possible child abuse the school has a duty to share information.

The CPC/headteacher will ensure that:

- factual information only is shared
- the information is shared appropriately and confidentially
- with the appropriate professionals
- that this is logged on the child's CP file

14. Children's Concerns

1. The School recognises that listening to children/young people is an important and essential part of safeguarding them against abuse and neglect. To this end any expression of dissatisfaction or disquiet in relation to an individual child/young person will be listened to and acted upon to in order to safeguard his/her welfare. We will seek to develop resilience in the children and ensure that they are aware that they can seek help and support.
2. Children will be made aware of the opportunities available to them to seek advice and support within the formal and informal curriculum.
3. Safe school procedures including Child Protection matters will be discussed by the School Council to gather children's opinions about the support systems in place.

15. Recruitment and selection of staff

1. The school complies fully with DCSF Guidance (Safeguarding Children and Safer Recruitment in Education) and the ERLA safer recruitment supporting guidance and vetting and CRB checking procedures.
2. The school ensures that CRB checks on all staff, people working in school and appropriate volunteers are carried out as required and a central school file is maintained.
3. The Head, SLT and appropriate Governors have completed the appropriate online safer recruitment training or equivalent and ensure that their expertise is updated as required.

16. Induction

When new long term staff or volunteers start at the school they are briefed on the school CP and Safe Working procedures and given a copy of

- This policy
- 'What to Do if You Are Worried A Child is being Abused'
- The school's Safe Working policy

Other temporary or visiting staff are made aware of the CP reporting procedures in the school and given a written statement including the contact details of the CPC (**Appendix B**).

17. Training

See appendix E

18. Physical intervention

1. Staff will ensure that the school policy on physical intervention is followed and that any incidents requiring such action will be logged with the headteacher or appropriate senior manager, and parents informed on the same day.

2. Only adults designated by the headteacher in the school policy should use physical intervention as a last resort to protect the safety of children or adults.

19. Safe working

1. All staff should ensure that they do not behave in a way that will result in founded or unfounded allegations of inappropriate, abusive or dangerous behaviour.
2. The School 'Safe working' policy is published in the Staff Handbook .
3. At the start of each year or at induction, all staff will be reminded of the principles of 'Safe Working' in line with DCSF guidance (2007) and the school guidelines.
4. All staff working with KS4&5 pupils are made fully aware of the law relating to 'Abuse of Trust'.

20. Allegations against staff

1. If a member of staff receives an allegation of inappropriate or abusive behaviour by a colleague, or feels required to make such an allegation, they should pass the information, without delay, to the Headteacher.
2. If the allegation is against the Headteacher it should be referred to the Chair of governors.
3. Any such matters will be dealt with in the strictest confidence.
4. The head teacher will, on the same day, contact the LA Designated Officer and follow the statutory guidance contained in 'Safeguarding Children and Safer Recruitment in Education' and ER LA detailed procedures.

21. Reporting concerns about other members of staff

It is unacceptable for any member of staff to keep such concerns to themselves.

If in this situation the member of staff feels unable to discuss the issue with the Headteacher s/he should contact, another senior member of staff or the LADO/CPO.

22. Parents

1. We believe that our Safeguarding and Child Protection work will be more effective if it is carried out in partnership with parents and carers and that preventative and supportive strategies such as the Common Assessment Framework should be used when ever possible.
2. However we ensure that parents are aware that we may need to make CP referrals without their consent or knowledge.
3. A statement in the school's prospectus and web site will inform parents about the school's duties and responsibilities for safeguarding and Child protection.
4. Parents are also made aware that the CP policy is available from the school and the name of the CP governor if they wish to raise any suggestions or queries about the policy or specific issues. Any such concerns will be taken into account when the policy is reviewed and responded to by the CP Governor, CPC or Headteacher.

23. Emergency Procedure during school holidays

During the school holidays anyone of the following can be contacted via the school finance office (01377 253631 extension 235) for advice if an emergency arises:

Debbie Dalton, Linda Towse, Jean Gilroy.

If none of the above are available the finance office will try to contact Janine Harris or Simon Jones.

If initial guidance is still not available to you from any of the above colleagues, you should judge the seriousness and urgency of the matter and consider contacting the Duty Child Care Team yourself.

24. Policy review

1. The staff and governing body will review this policy each year. The views of the children, parents, lunchtime staff and other support staff will be sought and taken into account in this review.
2. If at any time any deficiencies or weaknesses in the Child Protection policy and procedures are identified they will be addressed by the governing body and staff immediately and remedied.

The policy will next be reviewed in the Spring Term 2012 by staff and the full Governing Body.

Appendix A - Quick Summary of Procedures for staff (See also brief guide in Staff handbook):

- Where a young person makes a disclosure to a member staff or a member of staff has reason to be concerned regarding the health and welfare of a child a referral to the child protection co-ordinator should be made. The referral may be verbal initially, **but must be followed in writing**. If the referral follows a disclosure the written record must include the timing and setting, persons present and where possible a true account of what the child said.
- If the child is at risk of significant harm the Child Protection Co-ordinator makes referral to social services. This is made by telephone to the Golden Number 01482 395500 and outside hours to the ER Emergency Duty Team on 01482 880826. The referral should then be confirmed by completion of an ERSCB 'Confirmation of Referral' form (appendix F)
- Where possible the parents/carers should be informed but where this is not possible it should be established when and by whom they will be informed and if there are other actions the school needs to take.
- Following a referral, a member of the Child Care Team should report back within 24hrs of written confirmation about the next course of action or that no further action will be taken. This decision should be recorded in the file. If the team do not contact the school, the school should seek further information.
- Where there is an allegation of sexual harm by a child against a member of staff the Headteacher will contact the Local Authority Child Protection Officer - Schools (Tony Marsh) before any further action is undertaken.
- Initially the disclosure of harm should only be discussed with the CP co-ordinators or deputy CP Co-ordinators. If they are all unavailable the DHT:Standards or Head Teacher could be contacted.

THE FIVE PRINCIPLES TO REMEMBER IF A CHILD MAKES A DISCLOSURE OF HARM

- Listen to what the child has to say with an open mind
- Do not ask probing or leading questions designed to get the child to reveal more
- Never stop a child who is freely recalling significant events
- Make a note of the discussion, taking care to record the timing, setting and people present as well as what was said
- Never promise the child that what they have told you can be kept secret. Explain that you have a responsibility to report what the child has said to someone else

Remember: Do the simple things well!

Appendix B

Safeguarding Children at Driffield School

Information for visitors, supply staff and volunteers

This school is committed to safeguarding and promoting the welfare of children and expects all staff and volunteers to share this commitment. This means that we have a Child Protection Policy and procedures in place.

All people in the school community have a responsibility to act on any concerns that they have about a child's wellbeing.

If you are concerned about a child's welfare, please record your concerns, and any observations or conversation heard, and report this as soon as possible the same day.

'Record of Concern' forms are available from HOH or building offices.

If possible please complete this form and pass it to Debbie Dalton (West Building), who is the school Child Protection Coordinator or to Linda Towse /Jean Gilroy (Deputy CP Co-ordinators).

If the form is not available ensure that the full details are recorded including date, time, child's name, your name and a factual account of what was said or observed.

Do NOT conduct your own investigation. Keep all concerns or information confidential.

You might be concerned if:

- You see an injury
- Another person may express concerns
- Something else raises concerns or worries.
- A pupil tells you something

If a pupil tells you something that needs to be passed on:

- Promise confidentiality not secrecy
- Reassure the child that they have done the right thing
- Listen but do not ask leading questions
- Record and pass on your concerns

Your help in supporting our safeguarding work is appreciated by the school and most importantly by the children and young people.

Appendix C



Driffield School

Child Protection Record of Concern or Disclosure

Complete and pass to CP Coordinator as soon as possible on the same day.
If not available pass to deputy CPC or Headteacher.

Pupils Name:	Year and form:			
	DoB:			
Concern identified by:	Date:		Time:	
Nature of Concern / details of disclosure / other relevant information.				
Continue on reverse if needed				
Passed to:	Received by:			
	Date:			
Action taken by CPC (or person receiving this form)				
This form to be filed in pupils CP file and noted on CP chronology				

Appendix E - Training Schedule and Information.

All staff issued with copy of the Practical Guide for those working in Educational Establishments entitled "What you can do" and the Government publication 'What to do if you're worried a child is being abused – summary'.

All staff will have in their handbook sheet entitled "A Brief Note on Guidance to Staff on Child Protection". Also enclosed within the handbook is the guidance on safer working practice.

A refresher regarding the Policy and Procedure is given to all staff on the first training day in September. This also highlights any changes to policy or procedure.

All new staff (teaching and support) and ITT receive training as a matter of priority. Timings are arranged by the AHT:CPD or HR Manager. This training provides advice on how to spot and deal with child protection issues, as well as advice for staff on protecting themselves and appropriate conduct.

All senior leaders and staff participate in recruitment receive training and guidance regarding a safer recruitment process. This process is led by the Child Protection Co-ordinator and HR Manager.

Members of the SLT, Pastoral Team, Inclusion Team and PE team complete the ER on-line Child Protection Training. Other members of staff are invited to complete the training.

All staff (teaching and support) receive training every two years.

- Jan 04 – focus physical contact and self harm
- Jan 06 – focus child protection and every child matters
- April 08 – focus changes to procedures and emphasis – Safer working practice (Tony Marsh – CP Co-ordinator schools)
- Jan 10 – focus on e-safety

The Child Protection Co-ordinator attends training provide by the ERSCB at least every 3 years and is trained to at least foundation level.

Definition of Safeguarding and Promoting Welfare

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development

And

- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;

And undertaking that role so as to enable those children to have optimum life chances and enter adulthood successfully

Definition of Significant Harm

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of the child. There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of the ill-treatment may include the degree and extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, the presence of degree of threat and/or coercion, sadism and bizarre or unusual elements in child sexual abuse. Sometimes a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning.

Definition of Abuse and Neglect

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 misuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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.

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

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 be 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 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 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.

The Recognition of Harm

The harm or possible harm of a child may come to your attention in a number of different ways.

This may be by:-

- 1 Information given by the child, his/her friends, a family member or close associate
- 2 The child's behaviour
 - it has become significantly different from the child's usual behaviour
 - it is significantly different from the behaviour of their peers
 - it is bizarre or unusual
 - it involves the child "acting out" a harmful situation in their play
- 3 An injury which arouses suspicion because:-
 - the injury does not make sense when compared to the explanation given and/or
 - the explanations differ depending on who is giving them and/or
 - when the child appears anxious and evasive when asked about the injury
- 4 Suspicion being raised
 - When a number of factors occur over time, for example the child fails to progress and thrive in contrast to his/her peers without explanation
- 5 Contact with a known Schedule 1 Offender
 - Schedule 1 Offenders are those people convicted of an offence listed in Schedule 1 of the Children and Young Persons Act 1933. Once convicted, the individual always remains a Schedule 1 Offender.
- 6 Substance abuse
 - The potential for a child to be harmed as a result of the excessive use of alcohol, illegal and controlled drugs, solvents or related substances may occur at any time during a young person's life. The use of drugs or other substances by parents or carers does not in itself indicate child neglect or abuse, and there is no assumption that a child living in such circumstances will automatically be considered under the child protection procedures.

What to look for in the age group 11-16 years

Physical Harm

At this age physical harm is less common, bruises from self defence are more common

Physical Neglect

Growth remains important and should be monitored carefully, particularly if there has been previous problems

Poor hygiene and clothing may be evident

Apparent hunger may be associated with stealing food

Emotional Harm

Increasing behaviour disorders including disruption and aggression

Truancy from school may be increasing problem

Premature adult responsibilities

Depression/anxiety may be shown by overdoses or by self injury

Sexual Harm

Physical signs – if present these are similar to those in other age groups and may include pregnancy

The child may move out of the family during these years

Disclosure may be common e.g. when a girl assumes a relationship with a boyfriend

Involvement with pornography and paedophilia may occur

Taking overdoses and self injury could be significant

Sources of Stress for Children and Families

1. Social Exclusion

Many of the families who seek help for their children, or about whom others raise concerns about a child's welfare, are multiply disadvantaged. Many lack a wage earner. Poverty may mean that children live in crowded or unsuitable accommodation, have poor diets, health problems or disability, be vulnerable to accidents, and lack ready access to good educational and leisure opportunities. Racism and racial harassment is an additional source of stress for some families and children.

2. Domestic Violence

Prolonged and/or regular exposure to domestic violence can have a serious impact on a child's development and emotional well being, despite the best efforts of the victim parent to protect the child. Domestic violence has an impact in a number of ways. It can pose a threat to an unborn child, because assaults on pregnant women frequently involve punches or kicks directly to the abdomen, risking injury to both mother and foetus. Older children may also suffer blows during episodes of violence. Children may be greatly distressed by witnessing the physical and emotional suffering of a parent. Both the physical assaults and psychological abuse suffered by adult victims who experience domestic violence can have a negative impact on their ability to look after their children. The negative impact of domestic violence is exacerbated when the violence is combined with drink or drug misuse; children witness the violence; children are drawn into the violence or are pressurised into concealing the assaults. Children's

exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress among children, particularly when it is routed through children.

3. The Mental Illness of a Parent or Carer

Mental illness in a parent or carer does not necessarily have an adverse impact on a child, but it is essential always to assess its implications for any children involved in the family. Parental illness may markedly restrict children's social and recreational activities. With both mental and physical illness in a parent, children may have caring responsibilities placed upon them inappropriate to their years, leading them to be worried and anxious. If they are depressed, parents may neglect their own and their children's physical and emotional needs. In some circumstances, some forms of mental illness may blunt parents' emotions and feelings, or cause them to behave towards their children in bizarre or violent ways. Unusually, but at the extreme, a child may be at risk of severe injury, profound neglect, or even death. A study of 100 reviews of child deaths where abuse and neglect has been a factor in the death, showed clear evidence of parental mental illness in one-third of cases. In addition, postnatal depression can also be linked to both behavioural and physiological problems in the infants of such mothers. The adverse effects on children of parental mental illness are less likely when parental problems are mild, last only a short time, are not associated with family disharmony, and do not result in the family breaking up. Children may also be protected when the other parent or a family member can help to respond to the child's needs. Children most at risk of significant harm are those who feature within parental delusions, and children who become targets for parental aggression or rejection, or who are neglected as a result of parental mental illness.

4. Drug and Alcohol Misuse

As with mental illness in a parent, it is important not to generalise, or to make assumptions about the impact on a child of parental drug and alcohol misuse. It is, however, important that the implications for the child are properly assessed. Maternal substance misuse in pregnancy may impair the development of an unborn child. A parent's practical caring skills may be diminished by misuse of drugs and/or alcohol. Some substance misuse may give rise to mental states or behaviour that put children at risk of injury, psychological distress or neglect. Children are particularly vulnerable when parents are withdrawing from drugs. The risk will be greater when the adult's substance misuse is chaotic or otherwise out of control. Some substance-misusing parents may find it difficult to give priority to the needs of their children, and finding money for drugs and/or alcohol may reduce the money available to the household to meet basic needs, or may draw families into criminal activities. Children may be at risk of physical harm if drugs and paraphernalia (e.g. needles) are not kept safely out of reach. Some children have been killed through inadvertent access to drugs (e.g. methadone stored in a fridge). In addition, children may be in danger if they are a passenger in a car whilst a drug/alcohol misusing carer is driving.

Appendix G - Guidelines for Responding to Concerns about Children

A SAFE SCHOOL:

- Whole School policies and guidelines for safer recruitment, safer working practices, managing allegations and Child Protection procedures.
- Has staff trained to deal with child protection issues
- Has clear procedures for child protection including communication and record-keeping
- Displays mutual respect
- Has an “open door” for parents, the community and children. This is explicit
- Provides opportunities for the children to speak to staff and opportunities for staff to listen
- Has staff who are good role models in terms of respect, equal opportunity and non-oppressive behaviour
- Builds up good networking practices with other agencies
- Gives clear expectations on all staff with regard to staff behaviour/supervision
- Provides clear policies on behaviour, bullying
- Does not practice oppressive or discriminatory behaviour
- Provides opportunities for staff to work as a team
- Ensures all staff feel valued
- Has a governing body which is supportive and non-insular
- Values reflective staff (Management Plan to evaluate resources, practice etc)
- The curriculum provides opportunities for personal and social development
- Where achievement, social, personal as well as academic is recognised
- Promotes self-esteem as a central part of its ethos
- Provides a classroom environment conducive to good relationships (methodology, circle time)

Qualities useful when dealing with sensitive issues

- A commitment to child protection
- Respect for children and adults
- Awareness and knowledge of abuse/child protection procedures
- Ability to listen to parents and children
- Ability to know when to get help and have knowledge of other agencies
- Communication skills
- A belief in empowering children, helping to build children's self esteem
- Respect for the individuality of the child
- Listen and respond to what children say with empathy
- Open-minded and flexible
- Sense of humour
- Advocacy skills

Support for Young People

All children deserve the opportunity to achieve their full potential. They should be enabled to:

- be as physically and mentally healthy as possible;
- gain the maximum benefit possible from good quality educational opportunities;
- live in a safe environment and be protected from harm;
- experience emotional well-being;
- feel loved and valued, and be supported by a network of reliable and affectionate relationships;
- become competent in looking after themselves and coping with everyday living;
- have a positive image of themselves and a secure sense of identity including cultural and racial identity;
- develop good inter-personal skills and confidence in social situations.

If denied the opportunity to achieve their potential in this way, children are at risk not only of an impoverished childhood, but they are also more likely to experience disadvantage and social exclusion in adulthood.

Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children.

Department of Health, Home Office, Department for Education and Employment 1999.

Support for Families

1. Patterns of Family Life

Patterns of family life vary and there is no one perfect way to bring up children. Good parenting involves:

- caring for children's basic needs

- showing children warmth and love
- providing the stimulation needed for their development
- maintaining a stable environment where children can experience consistent guidance and boundaries

2. Parenting is Challenging

Parenting often means juggling with competing priorities to balance work and home life, as well as trying to understand how best to meet children's needs at all stages of development.

3. Parental Support

Parents require and deserve support in order to ensure that their children meet the 5 Every Child Matters outcomes:

- Being Healthy
- Staying Safe
- Enjoying and Achieving
- Making a Positive Contribution
- Economic Wellbeing

Parents may need the support of:

- friends
- family
- the wider community
- statutory and voluntary services

“Asking for help should be seen as a sign of responsibility rather than as a parenting failure.”

4. Type of support

A wide range of services and professionals provide support to families in bringing up children. Both statutory and voluntary services can support families: by helping all children to develop their full potential – for example, through universal education and health services. In addition, professionals can provide vital support at times of adversity or crisis. Many families who become the subject of child protection concerns suffer from multiple disadvantages.

Providing services and support to children and families under stress can help to strengthen the capacity of parents to respond to the needs of the children before problems develop into abuse.

5. The Common Assessment Framework (CAF)

The CAF provides a common process for an early holistic approach to identify more accurately and speedily a child/young person's additional needs. It will be used by all those working with children, young people and families and will enable them to;

- Develop a common language
- Develop a common understanding of thresholds of need and interventions
- Share information appropriately and effectively
- Identify who (agency/organisation/professional and family member) is best placed to respond to any identified additional need
- Improve the quality of referrals between agencies
- Prevent duplication for children/families and professionals where further assessment is required

Where a child or young person has additional needs, a lead professional/worker will be identified who will:

- Provide a key point of contact for the child, family and those working to support them
- Ensure a co-ordinated response to meet identified needs
- Plan, monitor and review the support and services offered.

If at any time, during the CAF process, concerns arise that a child/young person is at risk of significant harm, a referral will need to be made to Children's Social Care.

6. Shared Responsibility

Promoting children's well-being and safeguarding them from significant harm depends crucially upon effective information sharing, collaboration and understanding between agencies and professionals. Individual children, especially some of the most vulnerable children and those at greater risk of social exclusion, need coordinated help from :

Health - school nurse, health visitor, GP, CAMHS

Education - teachers, Education Welfare Officers (EWO), youth workers

Children's Services - social workers, family support workers

Voluntary Sector – counsellors, advocates

Youth Justice Services

Appendix H – Responding to the needs of Vulnerable Groups

Abuse of Disabled Children

Where there are concerns about the welfare of a disabled child, they should be acted upon in the same way as with any other child. Expertise in both safeguarding and promoting the welfare of child and disability has to be brought together to ensure that disabled children receive the same levels of protection from harm as other children.

Nevertheless available UK evidence on the extent of abuse among disabled children suggests that disabled children are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect.

Disabled children may be especially vulnerable to abuse for a number of reasons because they may;

- Have fewer outside contacts than other children
- Receive intimate personal care, possibly from a number of carers, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries
- Have an impaired capacity to resist or avoid abuse
- Have communication difficulties which may make it difficult to tell others what is happening
- Be inhibited about complaining because of fear of losing services
- Be especially vulnerable to bullying and intimidation and/or
- Be more vulnerable than other children to abuse by their peers

Where a disabled child has communication impairments or learning disabilities, special attention should be paid to communication needs and to ascertain the child's perception of events and his or her wishes and feelings.

General Safeguarding Principles for Disabled Children

Safeguards for disabled children are essentially the same as for non-disabled children. Particular attention should be paid to promoting a high level of awareness of the risks of harm and high standards of practice, and strengthening the capacity of children and families to help themselves. Measures should include:

- Making it common practice to help disabled children make their wishes and feelings known in respect of their care and treatment
- Ensuring that disabled children receive appropriate personal, health and social education (including sex education)
- Making sure that all disabled children know how to raise concerns, and giving them access to a range of adults with whom they can communicate. Those disabled children with communication impairments should have available to them at all times a means of being heard
- An explicit commitment to, and understanding of disabled children's safety and welfare among providers of services used by disabled children
- Close contact with families and a culture of openness on the part of services
- Guidelines and training for staff on good practice in intimate care, working with children of the opposite sex, handling difficult behaviour, consent to treatment, anti-bullying strategies and sexuality and sexual behaviour among young people, especially those living away from home.

For more information: Safeguarding Disabled Children – www.everychildmatters.gov.uk/safeguarding

Appendix J



CONFIDENTIAL

CONFIRMATION OF A REFERRAL -SCT22
(To be sent to the appropriate Social Services Department within 48 hours of verbal referral)

Is this a new referral? Yes No **OR** Confirmation of a verbal referral? Yes No

If so, when was the verbal referral made? _____
and to which Customer Service Centre: _____
Family Resource Centre: _____

Child / Young Person's name and address

Family Name: _____ Forenames: _____ DOB: _____ Gender: _____
M/F
Address: _____
Postcode: _____ Telephone Number: _____
Current Address (if different from above): _____
Postcode: _____ Telephone Number: _____

Child / Young Person's principal carers

Name	D.O.B. <small>(known)</small>	Relationship to child / young person	Parental Responsibility	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Referred by: _____ Agency / School: _____
Address: _____ Designation: _____
Postcode: _____ Telephone Number: _____

Has consent been obtained? Yes No If not, why not? _____
If yes, from whom? _____ Do they have parental responsibility? _____

Reason for Referral / Request for services:

Other household members (including non-family members)

Surname	Forename	DOB	Relationship to Child	School <small>(if appropriate)</small>

Significant family members who are not members of child's household

Name:	DOB (if known)	Name:	DOB (if known)
Relationship:		Relationship:	
Address:		Address:	
Tel:		Tel:	

Other Agencies known to be involved with child and family

GP	<input type="checkbox"/> Name: _____ Tel: _____	Community Mental Health	<input type="checkbox"/> Name: _____ Tel: _____
Nursery	<input type="checkbox"/> Name: _____ Tel: _____	School Nurse	<input type="checkbox"/> Name: _____ Tel: _____
School	<input type="checkbox"/> Name: _____ Tel: _____	Health Visitor	<input type="checkbox"/> Name: _____ Tel: _____
Y.O.T.	<input type="checkbox"/> Name: _____ Tel: _____	E.W.O.	<input type="checkbox"/> Name: _____ Tel: _____
Police	<input type="checkbox"/> Name: _____ Tel: _____	Community Paediatrician	<input type="checkbox"/> Name: _____ Tel: _____
Dentist	<input type="checkbox"/> Name: _____ Tel: _____	Other e.g. Surestart, Women's Centre, Drugs worker	<input type="checkbox"/> Name: _____ Tel: _____

Child / young person's religion

Child / young persons ethnicity

<input type="checkbox"/> Black/British - Caribbean	<input type="checkbox"/> White British	<input type="checkbox"/> Mixed-White/Black Caribbean	<input type="checkbox"/> Asian/British-Other Asian	<input type="checkbox"/> Declined to say
<input type="checkbox"/> Black/British - African	<input type="checkbox"/> White Irish	<input type="checkbox"/> Mixed-White/Black African	<input type="checkbox"/> Black/British - Other Black	
<input type="checkbox"/> Asian/British - Indian	<input type="checkbox"/> White - Other	<input type="checkbox"/> Mixed-White/Asian	<input type="checkbox"/> Asian/British - Pakistani	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian/British - Bangladeshi	<input type="checkbox"/> Mixed-Other	<input type="checkbox"/> Other Ethnic Group	

If other, please specify: _____

Child's first language: _____

Parent(s) first language: _____

Is an interpreter or signer required ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the child / young person have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If yes, do they have any specific requirements ? <input type="text"/>

Name(please print): _____

Signature: _____

Date: _____

Please forward this form to: _____