

Norton Free Church of England Primary School Safeguarding Policy 2013-14

The protection of the children in our care is of prime importance - their safety and well being is paramount.

Everyone in the education service shares an objective to help keep children and young people safe by contributing to:-

- Providing a safe environment for children and young people to learn in educational settings
- Identifying children or young people who are suffering or likely to suffer significant harm, and taking appropriate action with the aim of making sure they are kept safe both at home and at school

Definitions of abuse:

An abused child is someone under the age of 18 years who has suffered physical abuse, physical neglect, non-organic failure to thrive, emotional or sexual abuse which the person or persons who had custody, charge or care of the child either caused (acts of commission) or knowingly failed to prevent (acts of omission). Children may be abused in a family or in an institution or community setting; by those known to them or, more rarely, by a stranger.

The definition of harm has recently been expanded to include 'impairment suffered from seeing or hearing the ill treatment of another.'

Some children will be deemed to be at particular risk where another child in the household had been harmed or the household contains, or is regularly visited, by a known abuser. (Schedule 1 offender.)

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 feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as factitious illness by proxy or Munchausen's Syndrome by proxy.

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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, 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.

Emotional abuse:

Emotional abuse is 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 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. It may involve 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.

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 penetration 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.

What to do if you suspect abuse:

If you suspect a child is being abused or is at risk of abuse in any way, you **MUST** inform the Child Protection Liaison Teacher immediately. If they are not available, you must inform the Deputy Child Protection Officer. If neither is available, you must take action yourself.

Child Protection Liaison teacher: Helena Button

Deputy Child Protection Officer: Analisa Smith

Your suspicions may be aroused by a disclosure by a child, an injury you notice or the child's behaviour. If a child makes a disclosure you must not promise to keep it to yourself, but do re-assure them that they will not suffer as a result of their disclosure.

If both of the Child Protection officers are unavailable, you can gain advice by calling:

Sheffield Safeguarding Children's Service: 2053535

Access and Assessment 2734855

Escafeld House 2570342 or Police Central Referral Unit 01709 832793

For advice on CAF, phone Flora Bandele or Bea Kay on 2053714 or 2735655

If there is an answer phone, please leave a message as they **WILL** get back to you.

Procedures:

The following procedures must be followed in the event of a concern:

If there is any incident or observation that causes you minor concern, a Pre-Assessment Checklist form should be completed and handed to the CPLT, who will then monitor any concerns and refer as required. All staff have copies of the Pre-Assessment checklist but the original is kept in the "Working together for children and families in Sheffield" folder which is kept in the Head's office.

Incidents which require investigation will be reported to the CPLT who will make a record of the date and the concern. If appropriate, they will complete a Multi-Agency Support (MAST) form (copy in the Working together for children and families in Sheffield" folder which is kept in the Head's office.) This is to request appropriate support from other agencies.

However, if a request for support from Social Services is needed, then a CAF needs to be completed. This referral normally requires the signature of the parents as it is more successful when agencies work together. However, if you are concerned that the child is in imminent danger or is being sexually abused by a member of the family, do not complete the form but make an immediate phone call to Social Services, Safeguarding Children's Services or Escafeld House and ask for advice.

If you have any concerns or suspicions that a child may be suffering, or likely to suffer harm, it is important that you discuss these concerns with the Child Protection Liaison Teacher or the Deputy Child Protection Officer who can offer advice, guidance and access to other agencies already mentioned who may need to become involved.

Suspicion:

Share your concerns with the CPLT or Deputy CPO. Either member of staff may check if the child is subject to a Child Protection Plan (2734925) or SafetyNet, then on considering the response together with the level of concern, decide with you the action to be taken. Whatever is decided, close and continued monitoring will be needed as will careful and accurate recording.

Disclosure:

Any disclosure made will need to be investigated by one of the statutory agencies. If a disclosure is made, you must record in full the content of that disclosure, dating and noting the time of the record; including a note of who was present and any actions which were taken by you or by others. Inform the CPLT or Deputy CPO who will check the existence of a Child Protection Plan and/or SafetyNet. If the child is subject to a Child Protection Plan or is already noted on SafetyNet the CPLT or Deputy CPLT will then contact the appropriate key worker. If the child is not known to be the subject of a Child Protection Plan or SafetyNet, a referral must be made to the Duty Social Work team. (2734855)

Procedure for allegations against staff:

See 'Allegations against Staff, Volunteers & Carers Protocol' (Appendix of south Yorkshire Safeguarding Children Boards' Child Procedures 2007). This is available on the Sheffield Safeguarding Children Board website

<http://www.safeguardingsheffieldchildren.org.uk/welcome/safeguarding-children-board/procedures-and-protocols>

Referral: A complaint (referral) is defined as:

- a.) an allegation by a third party that a child is being neglected or ill-treated according to the complainant's own interpretation of these terms.
- b.) A description of incidents which would be regarded as neglect or ill-treatment by a substantial body of public opinion
- c.) A description of injuries to a child, without reasonable explanation of accidental cause, for which inference of ill-treatment is a possible explanation.

Relevant Information: The referrer will be asked to give as much detail as possible about what she/he has seen or heard to support the belief that abuse has occurred.

This would include:

- a.) Details of child - name, address, date of birth, family doctor, names and addresses of anyone with parental responsibility, health visitor etc.
- b.) Location of child
- c.) Details of the concern - description of injuries/circumstances which are causing concern, details of any explanation or comment from the child or carer.
- d.) Condition and expectations of the child - explain what you are doing; what will happen; meetings etc
- e.) Information given to parents/carers - if any.
- f.) Any background information

The agency that receives the referral will discuss the information with the other relevant statutory agencies. They will also check with all agencies in contact with the child or family for any further information.

Basic Principles:

- 1.) Do not interrogate the child, but check out in a non-leading way that you are receiving a correct message from the child. "How did it happen?"
- 2.) It is good practice to discuss your concerns with the parents prior to referral. However, do not contact the parents if by doing so you feel that the child, or anyone else, may be put at greater risk.
- 3.) If appropriate, ensure that a familiar, trusted adult remains with the child.
- 4.) Do NOT make promises that you cannot keep e.g. Do not promise not to tell.
- 5.) Allow the child space and time to talk to you.
- 6.) Do not keep information to yourself, but do not broadcast generally.
- 7.) Remember that the child's welfare and protection is paramount.

Recording:

Comprehensive and factual records are vital if efficient Child Protection procedures are to be followed. Give dates and times to all records, including the date and time you obtained the information, and the date and time of writing the record. Include the nature of your concerns, what gave rise to them, any action you take and the extent and nature of any involvement by others. If a disclosure is made you must thoroughly record the content of the disclosure and any responses you make. All recording must be factual.

Confidentiality:

Anything recorded must be kept locked in a private drawer or cabinet. Never leave anything lying around. Child Protection records are not, and should not be, available for anyone else, including anyone with parental responsibility.

Staff to be informed should be kept to a minimum in the early stages and then only informed on a "need to know" basis determined by the Child Protection Liaison Teacher or Deputy Child Protection Officer.

- Health and safety policies followed - including those issued by Sheffield Safeguarding Children's Services (see folder in Head's office)
- Security gates locked at 9 am until 3.10
- Access to school through monitored front door
- Educational visits policy followed and Risk Assessments carried out
- Adult : pupil ration adhered to
- All volunteers and helpers are CRB checked
- Children are not left unsupervised
- Signing in and out book for visitors
- Visitors to read Child Protection information
- "Keeping safe" part of our PSHE curriculum/assembly themes
- Regular Circle times which cover safety aspects
- Sex education taught in Y5/6
- Y6 participate in Crucial Crew
- Infants only allowed out of school if parents are in yard to greet them
- Older children regularly reminded of procedure to return to school if no-one to meet them
- Staff have First Aid training
- Children not allowed to leave school during the day unless collected by a known adult
- Firewall on Internet access (see separate E-safety Policy)
- Children not allowed in ICT suite without adult supervision
- Parents given information regarding e-safety
- School follows LA advise on Safer Recruiting

Agreed September 2013

Staff and Governors