

# Craven Primary Academy

## Safeguarding and Child Protection Policy

Other academy related policies that support this policy are: Whistleblowing, safer recruitment, health and safety, medication policy, first aid, Physical Intervention, Esafety

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(EAB chair)

Reviewed 19/9/16 by KH and JW

# Craven Primary Academy

## POLICY DOCUMENT

POLICY TITLE	Child Protection
RESPONSIBLE COMMITTEE	EAB
RATIONALE	Craven Primary Academy has a responsibility to protect and safeguard the welfare of children and young people they come into contact with. The need for guidelines and procedures is important to ensure that this is done with understanding and clarity.
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1.  
Preface



Effective safeguarding arrangements in every local area should be underpinned by two key principles:

- safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and
- a child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

***(Working Together to Safeguard Children – A Guide To Inter-Agency Working To Safeguard And Promote The Welfare Of Children-HM Government 2015).***

2 Statement of Intent

Craven Primary Academy recognises that protecting and safeguarding children and young people is a shared responsibility and depends upon effective joint working between agencies and professionals that have different roles and expertise. Individual children and young people, especially some of the most vulnerable children and those at greatest risk of social exclusion, will need coordinated help from health, education and children's social care services. The voluntary sector and other agencies also have an important role in protecting and safeguarding children.

Craven Primary Academy has a responsibility to protect and safeguard the welfare of children and young people they come into contact with. The need for guidelines and procedures is important to ensure that this is done with understanding and clarity.

Craven Primary Academy will aim to protect and safeguard children and young people by;

- Ensuring that all staff / volunteers are carefully selected, trained and supervised following the academy's Recruitment Policy
- Having a Child Protection Policy and Procedure and regularly reviewing and updating this in line with national and local policy developments. The policy will be reviewed annually.
- Ensuring that all staff and volunteers are familiar with the Child Protection Policy and Procedure through reminders of procedures at the start of each Autumn Term.
- Ensuring that staff / volunteers attend appropriate Local Safeguarding Children Board (LSCB) Child Protection Training. A record of training attended by staff is maintained by the Child Protection Co-ordinator.
- Ensuring that Craven Primary Academy has a designated Child Protection Co-ordinator and that all staff and volunteers are aware of the named person and process of reporting concerns to them.
- Assessing the risk that children and young people may encounter and taking steps to minimise and manage this.
- Letting parents, carers, children and young people know how to report concerns about a child, young person, staff member or volunteer or complain about anything that they are not happy about. Notices in the Reception area, on noticeboards and on the academy website inform parents of the relevant personnel to contact if or when concerns arise. In the Autumn term, the academy's commitment to protection of children is circulated to all parents (Appendix 1).
- Giving children, young people, parents and carers information about what Craven Primary Academy does and what you can expect
- Safeguarding is an integral part of the curriculum at Craven Primary Academy, with children being taught how to keep themselves safe through practical measures as well as through addressing issues of self-esteem and self-image. The 5 'Rs' of Safeguarding are embedded throughout the school as both a learning tool and as a means of conducting oneself (Recognise, Respond, Report, Record, Refer).

<p>3. National and Local Guidance</p>	<p>This Child Protection Policy and Procedure should be read in conjunction with the Local Safeguarding Children Board (LSCB) Guidelines and Procedures. In accordance with the Children Act 2004 it is a statutory responsibility for key agencies coming in to contact with children and young people, to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children (Section 11, Children Act 2004). Where private or voluntary organisations come in to contact with or offer services to children they should as a matter of good practice take account of this guidance and follow it as far as possible.</p> <p>The following national guidance should also be referred to.</p> <ul style="list-style-type: none"> <li>• The Children Act 1989</li> <li>• Human Rights Act 1998</li> <li>• The Protection of Children Act 1999</li> <li>• Criminal Justice &amp; Court Services Act 2000</li> <li>• The Sexual Offences Act 2003</li> <li>• The Children Act 2004</li> <li>• Safeguarding Vulnerable Groups Act 2006</li> <li>• Education Act 2011 (Section 157 and 175)</li> <li>• Every Child Matters</li> <li>• What To Do If You're Worried A Child Is Being Abused (2016)</li> <li>• Information Sharing Guidance (7 Golden Rules) 2008</li> <li>• <b>Working Together To Safeguard Children: A Guide to Inter-Agency Working To Safeguard and Promote The Welfare Of Children (HM Government 2015).</b></li> <li>• Keeping Children Safe in Education (2016)</li> </ul> <p>In addition, the following school-based policies and guidance should be referred to:</p> <ul style="list-style-type: none"> <li>• Health &amp; Safety Policy, Risk Assessments</li> <li>• Safer Recruiting - Staff / Volunteers</li> <li>• Disciplinary, Grievance and Capability Policy</li> <li>• Codes of Conduct</li> <li>• Equality &amp; Diversity Policy</li> <li>• School Behaviour Policy</li> <li>• Anti Bullying Policy</li> <li>• E-Safety Policy</li> <li>• Supporting Children with Medical Needs</li> <li>• Intimate Care Policy</li> <li>• Positive Handling / Physical Intervention Policy</li> <li>• Whistle Blowing Policy</li> </ul>
<p>4. Safeguarding &amp; Promoting Welfare &amp; Child Protection</p>	<p><b>4.1 Safeguarding and promoting the welfare of children is defined as:</b></p> <ul style="list-style-type: none"> <li>• protecting children from maltreatment.</li> <li>• preventing impairment of children's health or development;</li> <li>• ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;</li> <li>• undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.</li> </ul> <p>At Craven Primary Academy, it is recognised that a child's chances of being abused is reduced if the child has high self-esteem, confidence, supportive friends and clear lines of communication with a trusted adult. The academy will therefore aim to:</p> <ul style="list-style-type: none"> <li>• Establish and maintain an ethos where children feel secure and are encouraged to talk and are listened to</li> <li>• Ensure that children know that there are adults in the academy who they can approach if they are worried or are in difficulty</li> <li>• Establish and maintain effective working relationships with parents and colleagues from other agencies.</li> <li>• Safeguarding and safety issues, along with issues of self-esteem and confidence are addressed through the delivery of PSHE, SEAL and Restorative Practices throughout the school, in order to develop self-esteem and confidence so that children are equipped with life skills they need to stay safe from abuse. The rolling programme of activities and themes aims to give children the skills to keep themselves safe and to make appropriate choices, through developing greater self-awareness. Issues of personal safety are addressed in all curriculum areas as they arise.</li> <li>• All visits and extra-curricular activities comply with risk assessments requirements and current advice over staff and other adults.</li> <li>• E-safety is addressed through an on-going focus throughout the academy upon safe practices when using the computers and the Internet, with advice given about safety precautions both at home and at the academy.</li> </ul> <p><b>4.2 Child Protection</b></p>

	<p>Child protection is a part of safeguarding and promoting welfare. This refers to the activity which is undertaken to protect specific children who are suffering or are at risk of suffering significant harm. Effective child protection is essential to safeguard and promote the welfare of children. However all agencies should aim to proactively safeguard and promote the welfare of children so that the need for action to protect from harm is reduced.</p> <p><b>Early Help</b></p> <p>At Craven Primary Academy we aim to identify where early interventions are needed to support families in need by closely monitoring children and highlighting any emerging problems. Information is shared with other professionals to support early identification and assessment such as: Universal Help Surgeries and then signposting families to relevant agencies to support their needs. If necessary, the CAF procedure will be used. The child/young person/parent or carer must agree and give written consent to the Common Assessment as it is entirely voluntary. Additional consent must be obtained on completion of the assessment in regard to the sharing of information within it. Obtaining explicit consent is good practice and written consent is preferable as it reduces the scope for subsequent dispute. The approach to securing consent should be transparent and respect the individual.</p> <p><b>4.3 Children in Need</b></p> <p>Children who are defined as ‘in need’, under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services. This includes those children with a disability.</p> <p><b>4.4 Significant Harm</b></p> <p>Some children are in need because they are suffering or likely to suffer significant harm. The concept of significant harm is the threshold that justifies compulsory intervention in family life in the best interests of the child, and gives the Local Authority a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.</p>
<p>5. Who Abuses Children?</p>	<p>Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children (<b>Working Together to Safeguard Children – A Guide To Inter – Agency Working To Safeguard and Promote The Welfare of Children (HM Government 2015)</b>).</p>
<p>6. What is Abuse and Neglect?</p>	<p>Abuse and neglect are forms of maltreatment of a child or young person. Child refers to anyone under the age of 18. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.</p> <ul style="list-style-type: none"> <li>• <b><u>PHYSICAL ABUSE:</u></b> 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.</li> <li>• <b><u>EMOTIONAL ABUSE:</u></b> 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 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 cyber-bullying) causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.</li> </ul> <p>Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.</p> <ul style="list-style-type: none"> <li>• <b><u>SEXUAL ABUSE:</u></b> 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 (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.</li> </ul> <p>They may 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)</p> <p>Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p> <ul style="list-style-type: none"> <li>• <b><u>NEGLECT:</u></b> 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 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</li> </ul>

	<p>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.</p> <p>This is not an exhaustive list and it must be recognised that it is not the role of staff / volunteers to make an assessment of whether children or young people have suffered harm. Staff / volunteers / child protection co-ordinator do have a duty to report any concerns about harm in accordance with the Local Safeguarding Children Board, Guidelines &amp; Procedures.</p>
<p>7. Recognition of harm</p>	<p>The harm or possible harm of a child may come to your attention in a number of possible ways;</p> <ol style="list-style-type: none"> <li>1. Information given by the child, his/ her friends, a family member or close associate.</li> <li>2. The child's behaviour may become different from the usual, be significantly different from the behaviour of their peers, be bizarre or unusual or may involve 'acting out' a harmful situation in play.</li> <li>3. An injury which arouses suspicion because; <ul style="list-style-type: none"> <li>• It does not make sense when compared with the explanation given.</li> <li>• The explanations differ depending on who is giving them (e.g. differing explanations from the parent / carer and child).</li> <li>• The child appears anxious and evasive when asked about the injury.</li> </ul> </li> <li>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.</li> <li>5. Contact with individuals who pose a 'risk to children' ('Guidance on Offences Against Children', Home Office Circular 16/2005). This replaces the term 'Schedule One Offender' and relates to an individual that that has been identified as presenting a risk or potential risk of harm to children. This can be someone who has been convicted of an offence listed in Schedule One of the Children and Young Person's Act 1933 (Sexual Offences Act 2003), or someone who has been identified as continuing to present a risk to children.</li> <li>6. The parent's behaviour before the birth of a child may indicate the likelihood of significant harm to an unborn child, for example substance misuse, previous children removed from their carers.</li> <li>7. Substance misuse – 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 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. It is important to assess how parental substance use impacts upon the children or young people in the family.</li> <li>8. Mental Health – Mental illness in a parent or carer does not necessarily have an adverse affect on the child or young person but it is important to assess its implications for any children involved in the family. The adverse affects of parental mental illness on the child are less likely when parental problems are mild, last for a short period of time, are not associated with family disharmony, and where there is another parent or family member who can respond to the child's needs and offer protection. Where mental illness is accompanied by problem alcohol use, domestic violence or associated with poverty and social isolation, children are particularly vulnerable.</li> <li>9. Domestic Violence – Children and young people can suffer directly and indirectly if they live in a household where there is domestic violence. It is likely to have a damaging effect on the health and development of children. The amendment made in section 120 of the Adoption and Children Act 2002 to the Children Act 1989 clarifies the meaning of harm to include, for example, impairment suffered from seeing or hearing the ill-treatment of another. This can include children witnessing violence in the home. Domestic violence has an impact in a number of ways: <ul style="list-style-type: none"> <li>• It can pose a threat to the physical well-being of an unborn child, if a mother is kicked or punched.</li> <li>• Children may suffer injuries as a result of being caught up in violent episodes.</li> <li>• Children become distressed by witnessing the physical and emotional suffering of a parent.</li> <li>• The physical and psychological abuse suffered by the adult victim can have a negative impact upon their ability to look after their children.</li> <li>• The impact of domestic violence is exacerbated when the violence is combined with problematic alcohol or drug use.</li> <li>• People working with children should also be alert to the frequent inter-relationship between domestic violence and the abuse and neglect of children.</li> </ul> </li> <li>10. Bullying – This can be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from activities and social acceptance of their peer group). The damage inflicted by bullying can be underestimated. It can cause considerable distress, to the extent that it can affect health and development and at the extreme significant harm. There is also Cyber-bullying which is bullying through information and communication technologies; mediums such as mobile phone text messages, emails, phone calls, internet chat rooms, instant messaging – and the latest trend – social networking websites such as Twitter, Snap Chat, Instagram, Vines and Facebook. Cyber-bullying is where technology is used to harass, threaten, embarrass, or target another person. (For further information, see Craven Primary Academy E-Safety policy.)</li> </ol>
<p>8. Radicalisation and Extremist behaviour</p>	<p>From 1<sup>st</sup> July 2015 specified authorities including all schools as defined in the summary guidance (Keeping children Safe in Education 2016, are subject to a duty I under section 26 of the Counter Terrorism and Security act 2015 in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism".</p> <p>At Craven Primary Academy we assist our children to become more resilient to the messages of violent extremists through creating an environment where all young people learn to understand others, value and appreciate diversity and</p>

	<p>develop skills to be able to debate. Through the balanced curriculum we offer we will help young people learn and explore the values of different faiths in cultures.</p> <p>All staff are PREVENT trained to look for any signs and know how to report any concerns they may have.</p>
<p>9.</p> <p>Child Sexual Exploitation (CSE)</p>	<p>CSE occurs when a child or young person or another person, receives 'something' (eg food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child or young person performing sexual activities, or another person performs sexual activities on a child or young person. The presence of any significant indicator for sexual exploitation should trigger a referral to Children's Social Care Access &amp; Assessment team.</p> <p>Significant indicators Re:</p> <p>Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity)</p> <ul style="list-style-type: none"> <li>• Entering and/or leaving a vehicle driven by an unknown adult</li> <li>• Possessing unexplained amounts of money, expensive clothes, or other items</li> <li>• Frequenting areas known for risky activities</li> <li>• Being groomed or abused via the internet and mobile technology and,</li> <li>• Having unexplained contact with hotels, taxi companies, and fast food outlets</li> </ul> <p>Refer to HSCB guidance for practitioners</p>
<p>10.</p> <p>Female Genital Mutilation (FGM)</p>	<p>FGM comprises of all procedures involving partial or total removal of the external female genital or other injury to the female genital organs. It is illegal in the UK and is a form of child abuse with long lasting harmful consequences. Mandatory reporting for FGM commenced on 31<sup>st</sup> October 2015.</p> <p>Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the serious crime act 2015) places a statutory duty upon teachers along with regulated health and social care professional in England and Wales, to report to the police where they discover either thought disclosure by the victim or visual evidence that FGM appears to have being carried out on a girl under 18.</p>
<p>11.</p> <p>The Role of the Child Protection Co-ordinator</p>	<p>Where there are concerns about the welfare of any child or young person all staff / volunteers have a duty to share those concerns with the designated Child Protection Co-ordinator.</p> <p><b>The Child Protection Co-ordinator is responsible for:</b></p> <ul style="list-style-type: none"> <li>• Monitoring and recording concerns about the well-being of a child or young person, using specified Welfare Log, Disclosure of Abuse Log, and Chronology Log.</li> <li>• Making referral to the Local Authority Children's Services</li> <li>• Liaising with other agencies, including ensuring Craven Primary Academy is represented at Child Protection Conferences, Core Group meetings and other multi-agency meetings and preparing reports for the above</li> <li>• Liaising with other schools when a child transfers or leaves in order to alert the new school to the need to monitor</li> <li>• Arranging training for staff / volunteers</li> </ul> <p>The Child Protection Co-ordinator, after receiving a referral, will act on behalf of Craven Primary Academy in referring concerns or allegations of harm to Local Authority Children's Social Care or the Police Protecting Vulnerable People Unit.</p> <p>If the Child Protection Co-ordinator is in any doubt about making a referral it is important to note that advice can be sought from Local Authority Children's Social Care. The name of the child and family should be kept confidential at this stage and will be requested if the enquiry proceeds to a referral.</p> <p>The Child Protection Co-ordinator may share limited information on a need to know basis amongst the staff / management but respecting the need for confidentiality.</p> <p>It is not the role of the Child Protection Co-ordinator to undertake an investigation into the concerns or allegation of harm. It is the role of the Child Protection Co-ordinator to collate and clarify details of the concern or allegation and to provide this information to the Local Authority Access &amp; Assessment Team, or Family Resource Centre if Children's Social Care is already involved, whose duty it is to make enquiries in accordance with Section 47 of the Children Act 1989. Reference HSCB Seven Golden rules of information sharing (Appendix 6)</p>
<p>12.</p> <p>Seeking Consent for a Referral</p>	<p>Working Together to Safeguard Children (HM Government 2015) states that professionals should seek in general to discuss any concerns with the family (including the child where appropriate) and where possible seek their agreement to making referrals to the Local Authority Access &amp; Assessment Team. This should only be done where such discussion and agreement seeking will not place the child at an increased risk of significant harm.</p> <p>So in general where concerns about a child relate to Section 17 children 'in need' (Children Act 1989) consent should be sought from the parents, carer or children where appropriate prior to a referral being made to the Local Authority Child Care Team.</p>

	<p>It should be noted that parents, carers or child may not agree to information being shared, but this should not prevent referrals where child protection concerns persist. The reasons for dispensing with consent from the parents, carer or child should be clearly recorded.</p> <p>In cases where an allegation has been made against a family member living in the same household as the child and it is your view that discussing the matter with the parent would place the child at risk of harm, or where discussing it may place a member of staff / volunteer at risk, consent does not have to be sought prior to the referral being made.</p> <p>If you are unsure about whether to seek parental consent prior to a referral being made then seek advice from the duty social worker at the relevant Local Authority Family Resource Team.</p>
<p>13.Reporting Concerns or Allegations of Abuse</p>	<p>The Child Protection Co-ordinator/Safeguarding Officer for Craven Primary Academy is Mrs Bartle the Principal. <b>In addition, Mrs Hamby (Senior Admin) and Mrs Winstanley (Education Support Officer) work closely with Mrs Bartle on operational (day to day) Safeguarding issues.</b> In her absence, the team jointly make decisions and liaise with the Vice Principal for advice Mr Phillips.</p> <p>The named Education Advisory Board member for Child Protection is Lisa Chalmers. She will have oversight of the procedures followed but will not be given access to or discuss specific child protection cases.</p> <ul style="list-style-type: none"> <li>A member of staff or volunteer must report any concerns or allegation of harm immediately to the designated Child Protection Co-ordinator. In the absence of the Child Protection Co-ordinator the matter should be reported to the person identified as their deputy. In the event of neither of these individuals being available the matter should be reported through the line management. In the case of it being out of hours the Emergency Duty Team should be contacted (SEE CONTACT DETAILS). See HSCB Considerations when Contacting another Agency/Service.</li> </ul>
<p>14.Managing disclosures of abuse</p>	<p>At Craven Primary Academy all staff are given information about how to manage disclosures of abuse as part of the induction process and refreshed at least termly through safeguarding update training delivered by the child protection team in the academy.</p>
<p>15. Making a Referral</p>	<p>Referrals of all children in need, including those where there are child protection concerns will be made to;</p> <p>Hull - To Children’s Social Care – Access &amp; Assessment Team or Police Protecting Vulnerable People Unit</p> <p>Out of Hours – To the relevant Emergency Duty Team</p> <p>All referrals made by telephone need to be followed up in writing within 48 hours.</p> <p>The Child Protection Co-ordinator should make the referral as appropriate. The referrer should be prepared, where possible, to give the following information;</p> <ul style="list-style-type: none"> <li>The nature of your concerns / allegation.</li> <li>Whether the child will need immediate action to ensure their safety.</li> <li>Are the parents aware of the concerns? Has consent for the referral been sought? If not, the reasons for this?</li> <li>Factual information about the child and family, including other siblings.</li> <li>The nature of your involvement with the family.</li> <li>Other professionals involved with the family.</li> <li>The source of your referral, is it based on your own assessment of the needs of the child, a reported allegation or disclosure, or has the concern been reported to you by another person, if so who?</li> <li>Child’s current whereabouts and when they were last seen</li> <li>If you consider the child suffering or at risk of suffering significant harm, who is the source of that harm and their current whereabouts?</li> <li>The HSCB Confirmation of Referral Proforma - All telephone referrals made by professionals should be followed, within 48 hours by a written referral giving specific and detailed information. If you have secure email the form should be sent to The Access and Assessment Team <a href="mailto:accesspodgc@hullcc.gcsx.gov.uk">accesspodgc@hullcc.gcsx.gov.uk</a> If you do not have a secure email system it should be faxed to 01482 318215</li> <li>Expectation of feedback - Children's Social Care should acknowledge a written referral within one working day of receiving it. If the referrer has not received an acknowledgement within 3 working days, they should contact Children's Social Care again.</li> </ul>
<p>16. Allegations against Staff Members / Volunteers</p>	<p>Any member of staff or volunteer who has concerns about the behaviour or conduct of another individual working within the group or organization will report the nature of the allegation or concern to the Head of Academy immediately. The member of staff who has a concern or to whom an allegation or concern is reported should not question the child or investigate the matter further.</p> <p>The Principal will report the matter to the Designated Officer for Schools, Suzanne Wilson (615338) who will liaise with the Local Authority Designated Officer (LADO) Dan Horne.</p> <p>In the case that the concern or allegation relates to the Principal, the Child protection coordinator, or the Chair of the Education Advisory Board should be contacted. The Chair of the Education Advisory Board will report the matter to the Designated Officer for Schools and also to the SPTA trust.</p> <p>In cases where there is an immediate risk to any child or young person, the information must be passed to Local Authority Children’s Social Care or the Police, as soon as possible.</p>

	<p>An allegation is defined as where:</p> <p>it is alleged that a person who works with children has:</p> <ul style="list-style-type: none"> <li>● behaved in a way that has harmed a child, or may have harmed a child;</li> <li>● possibly committed a criminal offence against or related to a child; or</li> <li>● behaved towards a child or children in a way that indicates s/he is unsuitable to work with children</li> </ul> <p><u>Responding to a complaint or an allegation</u></p> <p>The person to whom an allegation or concern is reported should not question the child or investigate the matter further and should:</p> <ul style="list-style-type: none"> <li>● treat the matter seriously,</li> <li>● avoid asking leading questions and keep an open mind,</li> <li>● communicate with the child (if the complainant) in a way that is appropriate to the child's age, understanding and preferred language or communication style,</li> <li>● make a written record of the information (where possible in the words a child used). This written record needs to include <ul style="list-style-type: none"> <li>● when the alleged incident took place (time and date)</li> <li>● who was present (witnesses)</li> <li>● what was said to have happened,</li> <li>● a signature and date,</li> </ul> </li> <li>● report the matter immediately to the Designated Officer for Schools or in her absence the Local Authority Designated Officer directly.</li> </ul> <p>N.B. Children/young people must not be asked to produce or sign any statement. This could undermine any potential investigation.</p> <p>Craven Primary Academy adheres to the Department for Education, Keeping Children Safe in Education (2016)</p> <p>In cases where there is an immediate risk to any child or young person, the information must be passed to Local Authority Children's Social Care or the Police, as soon as possible.</p> <p>It is a criminal offence under the Education Act 2011 to name a teacher who has had an allegation made against them before they are charged by the Police. This includes all stakeholders and parents, and any form of disclosure i.e. social networking sites, speaking with the press, playground or staffroom 'chat' etc.</p> <p><b>Allegations against other pupils</b></p> <p>A pupil against whom an allegation of abuse has been made may be fixed term excluded from the school pending an investigation and the academy Behaviour Policy may apply. The academy will take advice from Children's Social Care and/or the police on the investigation of such allegations and will take appropriate action to ensure the safety and welfare of all pupils involved. Each case may have different outcomes dependant on the specifics of the case.</p>
17. Seeking Medical Attention	<p>If a child has a physical injury and there are concerns about abuse;</p> <ul style="list-style-type: none"> <li>● If Emergency medical attention is required then this should be sought immediately by phoning for an ambulance. You should then follow the procedures for referring a child protection concern to Local Authority Children's Social Care.</li> </ul>
18. Staff & Volunteer Self Protection	<p>Adherence to guidelines on self protection for staff and volunteers working with children and young people can avoid vulnerable situations where false allegations can be made.</p> <p>These could include:</p> <ul style="list-style-type: none"> <li>● To avoid situations where a staff member or volunteer is on their own with a child.</li> <li>● In the event of an injury to a child, accidental or not, ensure that it is recorded and witnessed by another adult in the organisations accident book (This is located in the front office).</li> <li>● Keep written records of any allegations a child makes against staff and volunteers and report in line with the Child Protection Policy.</li> <li>● If a child or young person touches a staff member or volunteer inappropriately record what happened immediately and inform the Child Protection Coordinator.</li> <li>● Adhere to Craven Primary Academy policy on the Positive Handling Policy.</li> </ul>
19. Code of Practice	<p>Staff / Volunteers / children should always;</p> <ul style="list-style-type: none"> <li>● Take all allegations, suspicions or concerns about abuse that a young person makes seriously (including those made against staff) and report them through the procedures.</li> <li>● Provide an opportunity and environment for children to talk to others about concerns they may have.</li> <li>● Provide an environment that encourages children and adults to feel comfortable and confident in challenging attitudes and behaviours that may discriminate others.</li> <li>● Risk assess situations and activities to ensure all potential dangers have been identified.</li> </ul>

- Treat everyone with dignity and respect.

Staff / volunteers / children should not;

- Permit or accept abusive or discriminatory behaviour.
- Engage in inappropriate behaviour or contact.
- Use inappropriate or insulting language.
- Show favouritism to anyone.
- Undermine or criticise others.
- Give personal money.

20.  
Recruitment  
& Selection

It is important when recruiting paid staff and volunteers to adhere to the organisation's Safer Recruitment policy. This will ensure potential staff and volunteers are screened for their suitability to work with children and young people, in line with the Safeguarding Vulnerable Groups Act 2006.

- All paid staff and volunteers with access to children and young people or sensitive information relating to children will be required to undertake an enhanced DBS check.
- Staff and volunteers working directly with children or with access to sensitive information will be required to complete LSCB Child Protection Training.
- All staff and volunteers will be required to read the Child Protection Policy. This will be reviewed to ensure up to date knowledge.
- All staff to complete an application form, including details of previous employment, details of any conviction for criminal offences (including spent convictions under the Rehabilitation of Offenders Act 1974), agreement for an enhanced DBS check, permission to contact two referees, including their current or most recent employer (which should be taken up).
- The potential staff member will be interviewed for their suitability for the post following procedures outlined in the Safer Recruitment Policy.
- Volunteers will be interviewed informally by the Principal to ensure their suitability to work within the academy.
- Staff and volunteers will be subject to a probationary period (3 – 6 months) during which they will be supervised and monthly meetings will take place with their manager / supervisor to identify any concerns, training and support needs.
- Staff and volunteers will have a period of induction where they will complete any induction training and access internal policies.

**Disclosure and Barring Service**

A person who is barred from working with children they will be breaking the law if they work or volunteer, or try to work or volunteer with those groups. If Craven Primary Academy knowingly employs someone who is barred from working with children they will also be breaking the law. If there is an incident where a member of staff or volunteer has to be dismissed because they have harmed a child, or would have been if they had not left, Craven Primary Academy will notify the DBS.

**Induction**

When new staff join Craven Primary Academy, they will be informed of the safeguarding arrangements in place. They will be given a copy of the academy's Safeguarding Policy plus Part 1 of Keeping Children Safe in Education, and also told the name Child Protection Coordinator. This is detailed in the Induction policy.

Every new member of staff will have an induction period that will include essential safeguarding information. This programme will include basic safeguarding information relating to signs and symptoms of abuse, how to manage a disclosure from a child, how to record and issues of confidentiality. The induction will also remind staff of their responsibility to safeguard all children at our school and the remit of the role of the Child Protection Coordinator.

All volunteers and temporary staff to our school will be provided with the same level of information in relation to safeguarding.

**Training**

The Child Protection Coordinator undertakes specific inter-agency training on appointment which enables them to work in partnership with other agencies, and gives them the knowledge and skills needed to fulfil their role. In order to maintain their knowledge and skills the Child Protection Coordinator undertakes refresher training at two yearly intervals.

All staff have basic child protection training that equips them to recognise and respond to child welfare concerns. The school maintains a record of child protection training, which includes teaching and non-teaching staff. Every staff member undertakes appropriate refresher training every three years.

The child protection leads have level 2 training as well as a range of extensive training. (see training records)

**If appropriate**

Our Education Advisory Board will also undertake appropriate training to ensure they are able to carry out their duties to safeguard pupils and staff at our school.

21. Monitoring and Evaluation	The policy and procedures are monitored by the Education Advisory Board through the designated EAB member for Child Protection who will meet annually with the Child Protection Officer. In addition, procedures are constantly monitored for fitness-for-purpose by the Child Protection Officer and the EAB. Craven Primary Academy will also engage with LA audits and inspections.		
22. Contacts	<p><u>Hull</u></p> <p><b><u>Children’s Social Care (Local Authority)</u></b></p> <p><b>Access &amp; Assessment Team</b> (01482) 448879</p> <p><b>Emergency Duty Team</b> (01482) 788080</p> <p><b><u>Child Protection Administrator</u></b> (01482) 790933</p> <p><b><u>Local Authority Designated Officer</u></b> (01482) 790933</p> <p><b><u>Police Protecting Vulnerable People Unit</u></b> (01482) 597360</p>		
FURTHER DETAILS CONTAINED IN DOCUMENTS	Health and Safety Policies Equality and Diversity Policy Whistle Blowing Policy Anti Bullying Policy Positive Handling / Physical Intervention Policy	Safer Recruiting - Staff / Volunteers Disciplinary, Grievance and Capability Policy Codes of Conduct E-Safety Policy	Supporting Children with Medical Needs Safeguarding Policy Behaviour Policy Intimate Care Policy

DATE APPROVED:	NEXT REVIEW DATE
26.09.16	October 2017
Reference Number:	

# **Craven Primary Academy**

## **Child Protection Policy**

### **Statement to Parents**

At Craven Primary Academy, the welfare of all our pupils is of great importance to us and we hope that parents are confident about their children's' health and safety whilst in our school.

We will always try to share any concerns we have with parents. However, there are times when we are legally obliged to share our concerns with other agencies, without first speaking to parents, or without the consent of parents.

The safety and protection of our pupils is our most important concern and we wish to reassure you that any sharing of information is done with the children's best interest at heart.

If you have any concerns about the welfare or safety of any child in our school, the Child Protection Officer is Mrs Bartle. In her absence, you should contact Mrs Hamby, Mrs Winstanley or Mr Phillips. They can be contacted through the school office.

Mrs Bartle – Child Protection Officer, Principal

Mrs Hamby – Senior Admin

Mrs Winstanley – Education Support Officer

(Mr Phillips and Mrs Welbourne are also trained safeguarding officers)

## **Appendix 2 HSCB Preparing to Discuss Concerns about a Child with Children's Social Care**

Try to sort out in your mind why you are worried, is it based on:

- What you have seen;
- What you have heard from others;
- What has been said to you directly.

**Try to be as clear as you can about why you are worried and what you need to do next:**

- This is what I have done;
- What more do I need to do?
- Are there any other children in the family?
- Is the child in immediate danger?

**In the conversation that takes place the duty Social Worker will seek to clarify:**

- The nature of the concerns;
- How and why they have arisen;
- What appear to be the needs of the child and family; and
- What involvement they are having or have had with the child and / or family.

**Questions Children's Social Care may ask at Initial Contact**

- Agency (i.e. school, etc) address and contact details of referrer;
- Has consent to make the referral been gained? Information regarding parents' knowledge and views on the referral;
- Where consent has not been sought to make a referral you will be asked to explain what informed your decision making;
- Full names, dates of birth and gender of children;
- Family address and, where relevant, school/nursery attended;
- Previous addresses;
- Identity of those with **Parental Responsibility**;
- Names and dates of birth of all members of the household;
- Ethnicity, first language and religion of children and parents;
- Any special needs of the children or of the parents and carers;
- Any significant recent or past events;
- Cause for concern including details of allegations, their sources, timing and location;
- The child's' current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Details of any alleged perpetrator (name, date of birth, address, contact with other children);
- Referrer's relationship with and knowledge of the child and his or her family;

- Known involvement of other agencies;
- Details of any significant others;
- Gain consent for further information sharing / seeking;
- The referrer should be asked specifically if they hold any information about difficulties being experienced by the family/household due to domestic violence, mental illness, substance misuse and/or learning difficulties.

### **Appendix 3 HSCB Seven Golden rules of information sharing**

*'Information Sharing: Guidance for practitioners and managers'* (2008) is aimed at supporting good practice in information sharing by offering clarity on when and how information can be shared legally and professionally in order to achieve improved outcomes. It can be especially useful in supporting early intervention and preventative work where decisions about information sharing may be less clear than in safeguarding or child protection situations. Below are the 7 golden rules of information sharing that this guidance recommends.

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
  2. From the outset be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
  3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
  4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgements on the facts of the case.
  5. Consider safety and well being: Base your information sharing decisions on considerations of the safety and well being of the person and others who may be affected by their actions.
  6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.
  7. Keep a record of your decision and the reason for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.
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## Appendix 4 – HSCB Considerations when Contacting another Agency/Service

### 1) Effective Communication between Agencies

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Effective communication requires a culture of listening to and engaging in, dialogue within and across agencies. It is essential that all communication is as accurate and complete as possible and clearly recorded.

Accuracy is key, for without it effective decisions cannot be made and equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults

Before contacting another agency, think about why you are doing it, is it to:

**Share Information** To share information is the term used to describe the situation where practitioners use their professional judgement and experience on a case by case basis to decide whether and what personal information to share with other practitioners in order to meet the needs of a child or young person (CWDC 2009)

**Signpost to Another Service** The definition to signpost is to indicate direction towards. It is an informal process whereby a professional or a family is shown in the direction of a service.

- If someone is signposted to a service it is because accessing the service may enhance the family's quality of life, but there would be no increased risk to the child or young person should the service not be accessed.
- No agency is responsible for the monitoring or recording of signposting.

**Get Advice and Guidance** Seeking advice and guidance at any time, making a general query or perhaps consulting with a specialist colleague within your own organisation (or from another agency) may enhance the work that you are doing with a child, young person or family at any stage. It could be that you want further information about services available or that you want some specialist advice or perhaps need to consult about a particular issue or query for instance to ask if making a referral is appropriate.

- The name of the child and family should be anonymised at this stage unless agreement to share the information has already been obtained.
- It is vital that you record that you have sought information and advice in your own records. The agency you are contacting may not record this information, particularly if the case is not open or active with them. It should be agreed between agencies in this situation as to who records what information.

**Facilitate Access to a Service** If you think that a family may benefit from a service then directing, signposting or facilitating is appropriate. For example, a family approaches your service and asks for some advice about leisure activities in the local area. You give them the information and directions to the nearest open access leisure centre.

**Refer a Child or Family** If you think that by not accessing a particular service, a child's situation could deteriorate then a referral is appropriate. However, a referral is only the start of the process. You as the referrer have a responsibility to monitor that the service has been taken up and the child's situation has improved.

- Sometimes you may need to draw on other support services, for example when an intervention has not achieved the desired outcomes and the child/young person requires more specialist or sustained support.
- A specific gap in services to meet a need or any level of concern warrants follow up and monitoring to ensure there is no risk to children.
- At the end of the conversation both parties must be clear about the outcome and the next course of action.

**2) Professional Differences** Where there are any professional differences about a particular decision, course of action or lack of action you should consult with a Senior Manager within your own organisation about next steps.

**3) Recording** Well kept records about work with a child and his or her family provide an essential underpinning to good professional practice. Safeguarding and promoting the welfare of children requires information to be brought together from a number of sources and careful professional judgements to be made on the basis of this information. These records should be clear, accessible and comprehensive, with judgements made and decisions and interventions carefully recorded. Where decisions have been taken jointly across agencies, or endorsed by a manager, this should be made clear. (*Working Together 2015*)

You should record your decision and the reasons for it, whether or not you decide to share information. If the decision is to share, you should record what information was shared and with whom.

You should work within your agency's arrangements for recording information and within any local information sharing procedures in place. These arrangements and procedures must be in accordance with the Data Protection Act 1998 (*Information Sharing Guidance for Practitioners and Managers 2008*)