

Whole School Policy on Safeguarding and Child Protection



Broadfield Community Primary School

ACADEMIC YEAR – 2019/20

Named staff/personnel with specific responsibility for Safeguarding and Child Protection

<p><u>Designated Safeguarding Leads (DSL)</u> Rachel Dardis (HT) Laura Marland-Lord (CWO)</p>
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<p><u>Deputy DSLs</u> Gemma Holt (DHT) Emma Gaunt (AHT) Lauren Fisher (AHT) Amanda Wright (TA Lead) Adele McAvoy (FSW) Georgina Melling (SENDSCO) Yasmin Khadum (LM)</p>

<p><u>Nominated Safeguarding Governor</u> Cath How</p>

Name of Staff Member / Governor	Title and date of last Safeguarding Training attended	Provided by (e.g. RBSCB, Governor Support Services, REAL Trust, Fair Access Team)
Rachel Dardis	Level 3 Safeguarding – June 2017 Safer Recruitment Training – 14 th November 2017	Manchester LA Rochdale LA
Laura Marland-Lord	Level 3 Safeguarding – June 2017 County Lines – March 2019 Annual DSL Training – July 2019	Manchester LA REAL Trust REAL Trust
Gemma Holt	Level 3 Safeguarding – 14 th December 2016 Safer recruitment training – March 2017	Rochdale LA REAL Trust

Emma Gaunt	Level 3 Safeguarding – January 2019 Safer recruitment training – March 2017	Manchester LA REAL Trust
Lauren Fisher	Level 3 Safeguarding – January 2019	Manchester LA
Amanda Wright	Level 3 Safeguarding – June 2017	Manchester LA
Adele McAvoy	Level 3 Safeguarding – June 2017 County Lines – March 2019	Manchester LA REAL Trust
Georgina Melling	Level 3 Safeguarding – June 2017	Manchester LA
Yasmin Khadum	Level 3 Safeguarding – June 2017 County Lines – March 2019	Manchester LA REAL Trust
Cath How	Governing Body Responsibilities Around Safeguarding Children 7 th March	REAL Trust

Whole School/College Safeguarding Children Training

Title	Date last held	Training Delivered by
Whole school Basic Safeguarding training * delivered on a 3-year cycle	6 th March 2018	Claire Heap – Rochdale LA
PREVENT	12 th February 2019	Muhammad Abdalaleem – Rochdale LA
Whole school annual Safeguarding updates 1 hour briefing	2 nd September 2019	Laura Marland Lord – CWO Broadfield Primary School

Annual review date for this policy

<i>Review Date</i>	<i>Date issued to staff for receipt and understanding</i>
<i>April 2020</i>	<i>7th May 2019</i>
<i>September 2020</i>	<i>18th September 2019</i>

**DEVELOPING A WHOLE SCHOOL/COLLEGE POLICY
ON SAFEGUARDING & CHILD PROTECTION**

1. PURPOSE OF A CHILD PROTECTION POLICY

- 1.1. *An effective whole school/college Safeguarding policy is one which provides clear direction to staff and others about expected codes of behaviour in dealing with Safeguarding issues. An effective policy also makes explicit the school/college's commitment to the development of good practice and sound procedures. This ensures that Safeguarding concerns and Child Protection referrals may be handled sensitively, professionally and in ways which prioritise the needs of the child.*

2. INTRODUCTION

- 2.1. *At Broadfield every member of staff is committed to keeping children safe. We strive to provide support to all families who need us and we use our positive partnerships to the benefit of all families and Broadfield children.*
We aim to ensure children in our school feel happy and safe at all times and that they know every adult in their school is prepared to support them emotionally, socially and mentally so reaching for the stars and being in school is a positive time in their life. We work tirelessly to provide children with a range of opportunities that support them academically, but also plan activities that provide them with experiences that they may not get in their home life.
We are sensitive to the community that we serve and we approach every safeguarding issue or concern using all the knowledge we have of our families in order to direct appropriate support and engage the most relevant agencies. We work together as a team to ensure the well-being of all children and it is this team work that keeps our children safe.
- 2.2. *We recognise that safeguarding is everybody's responsibility and that the best interests of the child are paramount. EVERYONE who comes into contact with children and their families has a vital role to play. Our school will provide a caring, positive and safe environment to promote the social, physical and moral development of each individual child.*

'There are three main elements to our Safeguarding Policy'.

- (a) **Prevention:**
(e.g. positive school atmosphere, teaching and pastoral support for pupils, provision of effective Early Help to support families).
- (b) **Protection:**
(By following agreed procedures, ensuring staff are trained and supported to respond appropriately and sensitively to Child Protection concerns/disclosures).
- (c) **Support:**
(To pupils, staff and to children who may have been abused).

2.3 This policy applies to all staff and volunteers in school.

3. SCHOOL/COLLEGE COMMITMENT

3.1 We aim to provide an environment in which children feel safe, secure, valued, respected and are able to fulfil their potential.

Our school will therefore:

- (a) *Establish and maintain an ethos where children are encouraged to talk, and are listened to. Through our curriculum and our school ethos we will ensure that children know who they can talk to when they have a problem or concern. The voice of the child is always listened to.*
- (b) *Ensure that children know that there are adults in the school who they can approach if they are worried or are in difficulty. At Broadfield children understand the roles of different adults in our school, e.g. learning mentors, family support worker, TA's and class teachers and we expect that these adults are vigilant and notice when things are not right. All adults at Broadfield deal with incidents and concerns sensitively and appropriately.*
- (c) *Foster a culture of ongoing vigilance amongst staff and volunteers, with all adults understanding that it is everyone's responsibility to safeguard children and having a clear understanding of their responsibilities within school procedures. All staff including volunteers have training regarding safeguarding at Broadfield and know how to record incidents using CPOMS.*
- (d) *Include in the curriculum activities and opportunities for PSHE and P4C which equip children with the skills they need to stay safe and / or communicate their fears or concerns about abuse. At Broadfield we work with a variety of agencies who deliver specific workshops to children, e.g. NSPCC, Sunrise Team, E-Safety, Justice for All, #THRIVE and provide opportunities for our children to communicate their fears or concerns.*

- (e) *Include in the curriculum material which will help children develop realistic attitudes to the responsibilities of adult life, particularly with regard to childcare and parenting skills. At Broadfield we are committed to providing children with honest information and relevant agencies who provide this support the school effectively.*
- (f) *Work to establish and maintain effective working relationships with parents and colleagues from other agencies. At Broadfield we have built effective partnerships with a range of colleagues and agencies, who understand our commitment to safeguarding children and are available to offer support when requested.*

4. FRAMEWORK

All staff have a crucial role to play in helping identify concerns and indicators of possible abuse or neglect at an early stage: referring concerns to the appropriate people, contributing to the assessment of a child's needs using the Children's Needs and Response Framework and, in particular, using and embedding an Early Help response where the Child Protection threshold is not met. They will also be well placed to give a view on the impact of treatment or intervention on the child's care or behaviour.'

- 4.1 *Safeguarding is the responsibility of everybody and especially those working with children.*
- 4.2 *The development of appropriate procedures and the monitoring of good practice are the responsibilities of the Rochdale Borough Safeguarding Children Partnership (RBSCP).*

www.rbscp.org will provide you with all of the information you need about the local safeguarding board.

5. ROLES AND RESPONSIBILITIES

- 5.1 *All adults working with or on behalf of children have a responsibility to safeguard and promote the welfare of children. There are, however, key people within schools/colleges and the Local Authority who have specific responsibilities under Child Protection procedures. The names of those carrying these responsibilities in school/college for the current year are listed on the cover sheet of this document.*
- 5.2 *The school Designated Safeguarding Lead has responsibility for all areas of safeguarding at Broadfield Community Primary School.*
- 5.3 *The Headteacher (if not the DSL) has responsibility for all areas of safeguarding at Broadfield Community Primary School.*
- 5.4 *The named governor for Safeguarding (Cath Howe) has responsibility for ensuring the school applies the policy in all areas of their work.*
- 5.5 *The Governing body is accountable for ensuring that the school has effective safeguarding policies and procedures in place and for monitoring compliance with them. We will ensure that:*

- There is a safeguarding and child protection policy in place, which is reviewed on an annual basis and accessible on the school's website.
- The school complies with safer recruitment procedures and at least one person on every recruitment panel will have completed Safer Recruitment training.
- The school has a code of conduct (Guidance for Safe Working Practises) which outlines the expectations of school staff
- The school has a procedure for handling allegations against professionals.
- The school has a Designated Safeguarding Lead (DSL) and deputy/deputies, who receive relevant training and access regular supervision. The names of these staff will be displayed within school.
- All staff in school attend safeguarding training upon Induction and at three-yearly intervals, in addition to school briefings and updates.
- Information is shared appropriately and without delay to support safeguarding of children.
- School provides a broad and balanced curriculum that helps children learn how to keep themselves safe.
- All staff in school understand their role in identifying concerns about children and handling disclosures and know how to report these via school procedures.
- All staff will sign to confirm they have read and understood Part 1 of Keeping Children Safe in Education 2019. This will be issued to all new starters as part of their Induction, along with school safeguarding policies.

5.5 Sources of further advice and assistance:

Education Safeguarding Officer - 01706 925179

Education Welfare Service - Tel: 01706 925115

The Safeguarding Hub - Tel: 0300 303 0440 (8.30am - 4.45pm)

Out of Hours, Emergency Duty Social Work Team - Tel: 0300 303 8875

Local Authority Designated Officer (Allegations of Professional Abuse) -

Tel: 01706 925365

Safeguarding Unit – 0300 303 0350

Police non-emergency calls -101

Police emergency calls - 999

6. PROCEDURES

6.1 Where it is believed that a child is suffering from, or is at risk of significant harm, we will follow the Rochdale Borough Multi-Agency Safeguarding Children procedures located at www.rbscp.org

- Staff will be kept informed about updates to the Child Protection Procedures through the use of CPOMS and review meeting with the DSL's and the safeguarding team.
- At Broadfield we share information with adults and visitors as they sign in on our Invenry System and we also ensure safeguarding is the priority for staff induction. We share information about who the DSL's are in our school and all adults know who to talk to if they have a concern during their visit.

- We inform parents about our safeguarding procedures through information on our school website and through communications from the DSL (HT) and other members of staff. Every policy we write refers to our expectations regarding safeguarding.

7. TRAINING AND SUPPORT

7.1. Our school will ensure that the Head Teacher, the Designated Safeguarding Lead and the nominated governor for Child Protection attend training relevant to their role at regular intervals. The Designated Safeguarding Lead will also attend Multi-Agency Child Protection training. The school will encourage all members of the governing body to access safeguarding training and all school staff will access basic safeguarding and Child Protection training upon Induction and subsequently at regular intervals.

Staff will be updated on Child Protection issues through regular meetings with the DSL's and by contributing to multi-agency meetings.

7.2 We recognise that staff who have been involved with a child who has suffered harm may find the situation emotionally difficult and as part of the school's duty of care, we will seek to support staff via internal and external networks.

8. CONFIDENTIALITY

8.1. We recognise that all matters relating to child protection are confidential and will be disclosed only to members of staff for whom it is appropriate. All staff must be aware that it is their professional responsibility to pass on information obtained in the course of their duties to the DSL/Headteacher if this may impact upon safeguarding. Staff must be clear that they cannot promise a child that they will keep information secret, in order to keep them safe.

- Through our induction procedures and the training, we offer we ensure that parents, governors and every adult working in/associated with the school understands the need for and the basic principles regarding confidentiality.
- Who needs to be given information relating to a child about whom there are concerns? Who should not be given this information?
We share information about children with each other in school using CPOMS. Staff are clear about why groups of people require information to support them in keeping children safe. We do not share information about children with agencies unless the information is essential to their role of keeping children safe.
- We use the RBSCP flowchart as guidance for which agency needs to be contacted regarding concerns we have about a child/children.

8.2 Professionals can only work together to safeguard children if there is an exchange of relevant information between them. This has been recognised in principle by the courts. Any disclosure of personal information to others, (including Children's Social Care staff and the police), must always have regard to both common and statute law.

8.3 Rochdale Local Authority have joined forces with Greater Manchester Police Force to better support children in school who have been involved/witnessed domestic abuse within their home "Operation Encompass".

As part of Broadfield Community Primary School's commitment to keeping children safe we have signed up to implement the principles and aims of the Encompass Model.

In signing up to Encompass the Governing Body and Senior Leadership Team:

- Endorse the Encompass Model and support the Key Adults in our school to fulfil the requirements of the Rochdale Encompass Protocol
- Promote and implement Rochdale Encompass processes and use these in accordance with internal safeguarding children processes
- Recognise the sensitive nature of the information provided and ensure that this is retained in accordance with the principles of data protection

8.4 Normally, personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of that information (*Data Protection Act 1998, European Convention on Human Rights, Article 8*). Wherever possible, consent should be obtained before sharing personal information with third parties. In some circumstances, consent may not be possible or desirable but the safety and welfare of a child dictate that the information should be shared. The law permits the disclosure of confidential information necessary to safeguard a child or children. Disclosure should be justifiable in each case, according to the particular facts of the case, and legal advice should be sought if in doubt.

9. RECORDS AND MONITORING

9.1 Well-kept records are essential to good Child Protection practice. Our school is clear about the need to record any concerns held about a child or children within our school/college, the status of such records and when these records, or parts thereof, should be shared with other agencies. There is also a need to share important education and any CP information at the point of a child's transition to another education establishment. (See RBC's Child Protection Information Sharing at Transition Protocol)

- At Broadfield we use CPOMS to record concerns about children. The DSLs are linked to all CPOM incidents and using the RBSCP flow chart decision are made about which agencies need to become involved. CPOMS is a secure system that requires a login and password from every user. Some users, namely the DSL's have elevated access which allows them to access all records including relevant documents through an access PIN.

Staff are clear that they can upload documentation including texts, emails, word documents, photographs and PDF's and attach the additional information to a child's incident log.

At Broadfield we have a list of all vulnerable pupils and this list is available to all staff working in the school. The DSL's have met with staff to share relevant information about the vulnerable pupils and these children are given priority when we are completing safeguarding checks, e.g. first day absence calls. Each half term the Safeguarding Team at Broadfield meet to discuss and review children on the caseload and identify any children who may need to be included on the Vulnerable Pupils List. This information is then shared with all relevant staff.

Through the use of CPOMS we are able to share actions that have been taken with the relevant staff and include when parents have been informed about or included in these discussions.

When a vulnerable pupil leaves Broadfield the class teacher and DSL's create a transition pack for the next school and when able to, we transfer CPOM records directly to the school. If this not possible the class teacher/DSL visits the new school and shares information directly with staff. We ask staff at the new school to sign to say that they have received the information and understand the needs of the child. We record this at Broadfield on CPOMS.

10. CHILD PROTECTION CONFERENCES

10.1 An Initial Child Protection Conference (ICPC) is a meeting which must be convened where there are concerns of significant harm and a child is judged to be suffering, or likely to suffer, significant harm. The outcome of a Child Protection Conference may be to make a child the subject of a Child Protection Plan.

At Broadfield the DSL/s attend any Child Protection conferences in line with the relevant training that has been provided. Peer supervision is done through the internal multi-agency approach that we have and the DSL's meet regularly to discuss the caseload of children and future actions we feel need to be taken.

At Broadfield we always follow guidance from the RBSCP and use documentation provided to prepare for any CP conferences.

11. SUPPORTING PUPILS AT RISK

11.1 Our school recognises that children who are abused or who witness violence may find it difficult to develop a sense of self-worth and to view the world in a positive way. This school may be the only stable, secure and predictable element in the lives of children at risk. Whilst at school, their behaviour may be challenging and defiant and there may even be moves to consider exclusion from school.

It is also recognised that some children who have experienced abuse may in turn abuse others. This requires a considered, sensitive approach in order that the child can receive appropriate help and support.

11.2 This school will endeavour to support pupils through:

- (a) The curriculum, to encourage self-esteem and self-motivation;
- (b) The school ethos, which promotes a positive, supportive and secure environment and which gives all pupils and adults a sense of being respected and valued;
- (c) A consistent approach, which recognises and separates the cause of behaviour from that which the child displays. This is vital to ensure that all children are supported within the school setting;
- (e) Regular liaison with other professionals and agencies who support the pupils and their families, in-line with appropriate confidentiality parameters;
- (f) A commitment to develop productive, supportive relationships with parents, whenever possible and so long as it is in the child's best interests to do so;

- (g) *The development and support of a responsive and knowledgeable staff group trained to respond appropriately in Child Protection situations.*
- (h) *Vigilance, so that adults notice when things aren't right.*
- (i) *Dealing with incidents and concerns sensitively and appropriately.*

11.3 *We recognise that, statistically, children with behavioural difficulties and disabilities are particularly vulnerable to abuse. School staff who work, in any capacity, with children with profound and multiple disabilities, sensory impairment and/or emotional and behaviour problems will need to be particularly sensitive to signs of abuse.*

It must also be stressed that in a home environment where there is domestic abuse, drug or alcohol misuse, children may also be particularly vulnerable and in need of support or protection.

12. SAFER RECRUITMENT & SELECTION AND ALLEGATIONS AGAINST PROFESSIONALS

12.1 *The school stringently adheres to safer recruitment procedures as outlined in "Working Together to Safeguard Children" (Updated July 2018) and "Keeping Children Safe in Education" 2019, taking a proactive approach to deter, reject and identify people who may be unsuitable to work with children.*

12.2 *Child Protection and Safeguarding are considered at all stages of the recruitment process as follows:*

At the point of advertising posts to potential candidates we always include our commitment to safeguarding children and young people and explain that all appointments will be subject to a DBS check. When applications are received we complete reference checks and ensure application forms are complete. When shortlisting and interviewing we ensure that at least one member of the panel has received up-to-date Safer Recruitment training.

During the interview process, there is always a question relating to safeguarding children/staff and is used to check the potential candidates understanding of safeguarding. Before a candidate is offered the post, we ensure that they understand the checks that will take place, e.g. DBS, references, health checks,

The SBM maintains and updates the Single Central Record and this is audited annually by the Governor with responsibility for safeguarding.

The Governing Body are always informed of the recruitment of new staff through the Headteachers Report and when possible, a member of the Governing Body will be present at all stages of recruitment.

When new members of staff join the school, they become part of a rigorous induction process supported by a member of the SLT. All new staff meet with a DSL to discuss safeguarding and attend a BISC training session.

12.3 *The school understands that recruitment checks, although important, are only one aspect of a safeguarding culture and there cannot be over-reliance on DBS as assurance of suitability. Ongoing vigilance is key to maintaining a safe environment and school takes an approach of openness, characterised by:*

- An “eyes open” belief that it could happen here.
- Encouragement of professional curiosity and appropriate challenge.
- Confidence of staff and children to raise concerns via clearly communicated and understood procedures.
- Safeguarding induction for all new starters, including temporary staff and volunteers.
- Communication to all staff of acceptable standards of behaviour
- All staff required to read and understand the Guidance for Safe Working Practises and Part 1 of Keeping Children Safe in Education 2019.
- An ability to be reflective of the practise of professionals and to address any concerns in line with procedure.
- Regular safeguarding training, updates and dialogue for all staff and additional training and support for those with DSL responsibilities.

12.4 The school follows Rochdale Safeguarding Boards’ procedures for managing allegations against people who work with children. Concerns about the behaviour of a member of staff toward a child may be made in the form of a complaint or allegation and may be raised in a number of ways:

- Direct disclosure by the child or young person
- Indirect disclosure e.g. through written/art work or through friends
- Complaint from a parent/carer to:
 - Local Authority
 - The school
 - Children’s Social Care
 - Police
- Reports by other colleagues or agencies
- Anonymously

The school upholds the principle that the welfare of the child is paramount in all cases, listens to any concerns any treats these seriously, in line with procedure.

- All documentation relating to allegations management or complaints is available on the Broadfield Share Point and is also part of new staff induction.
- Further information is available at: www.rbscp.org

13 WHISTLEBLOWING

13.1 We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

13.2 All staff need to be aware of their professional duty to raise concerns about the management of child protection, which may include the attitudes or actions of colleagues. This can be done anonymously if necessary, but employees and workers who make a ‘protected disclosure’ are protected from being treated unfairly or being dismissed.

- *All documentation relating to allegations management or complaints is available on the Broadfield Share Point and is also part of new staff induction.*

BROADFIELD SCHOOL CHILD PROTECTION PROCEDURES

1. *What Should Staff/Volunteers Do If They Have Concerns About A Child or Young Person in School/College?*

Education professionals who are concerned about a child's welfare or who believe that a child is or may be at risk of abuse should pass any information to the Designated Safeguarding Lead (DSL) in school; this should *always* occur as soon as possible and certainly within 24 hours.

.. The Designated Safeguarding Lead is: Rachel Dardis (HT) & Laura Marland-Lord (CWO)

The Deputy Designated Safeguarding Lead is: Gemma Holt (DHT)

It is these senior colleagues who are responsible for taking action where the welfare or safety of children or young people is concerned. If staff are uncertain about whether their concerns are indeed 'Child Protection' then a discussion with their DSL/line manager will assist in determining the most appropriate next course of action¹:

Staff should never:

- *Do nothing/assume that another agency or professional will act or is acting.*
- *Attempt to resolve the matter themselves.*

What should the DSL consider right at the outset?

- *Am I dealing with 'risk' or 'need'? (By definition, a child at risk is also a child in need. However, what is the *priority / level and immediacy* of risk / need and consider the Children's Needs and Response Framework?)*
- *Can the level of need identified be met:*
 - In or by the school or by accessing universal services/without referral to the Early Help and Safeguarding Hub*
 - *or other targeted services?*
 - *By working with the child, parents and colleagues?*
 - *By Early Help intervention with parents/carers/child & other professionals*

At Broadfield we use the Early Help Assessment tool to support us in directing services for families.

We liaise with many services and resources to ensure our families and children receive the best possible support. When necessary we contact the Early Help and Safeguarding Hub to take advice and then complete a MARF if necessary. The MARF is used to help us determine whether the incident is a Section 17 or Section 47 referral.

At Broadfield we collect information about incidents from a variety of sources, including parents, family members (siblings), other agencies already working with the family and information we hold about the family environment.

At Broadfield the DSL will consider all information before making contact with agencies and parents and will only share information with relevant parties. The DSL is clear about

¹ Detailed information on possible signs and symptoms of abuse can be found at www.rbscp.org in the Rochdale Borough Multi-Agency Safeguarding Children procedures.
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how to use RBSCB to support them in making decisions and taking actions. Where can I access appropriate advice and/or support?

If I am not going to refer, then what action am I going to take? (e.g. time-limited monitoring plan, discussion with parents or other professionals, recording, etc.)

2. Feedback to Staff Who Report Concerns to the Designated Safeguarding Lead

The Designated Safeguarding Lead will decide which information needs to be shared, when and with whom. The primary purpose of confidentiality in this context is to safeguard and promote the child's welfare but to also give assurances to the person reporting their concerns that the DSL has, in turn, followed procedures.

3. Thresholds for Referral to the Early Help and Safeguarding Hub.

Where a Designated Safeguarding Lead or line manager considers that a referral to the Early Help and Safeguarding Hub may be required, there are two thresholds for (and their criteria) and types of referral that need to be carefully considered:

(i) Is this a Child In Need?

Under section 17 (s17(10)) of the Children Act 1989, a child is in need if:

- (a) S/he is unlikely to achieve or maintain, or to have the opportunity to achieve or maintain, a reasonable standard of health or development, without the provision of services by a local authority;
- (b) His/her health or development is likely to be impaired, or further impaired, without the provision of such services;
- (c) S/he has a disability

(ii) Is this a Child Protection Matter?

Under section 47(1) of the Children Act 1989, a local authority has a duty to make enquiries where they are informed that a child who lives or is found in their area:

- (a) is the subject of an Emergency Protection Order;
- (b) is in Police Protection; or where they have
- (c) **there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm.**

Therefore, it is the 'significant harm' threshold that justifies statutory intervention into family life. A professional making a Child Protection referral under s.47 must therefore provide information which clearly outlines that a child is suffering or is likely to suffer significant harm and can evidence this.

The Designated Safeguarding Lead will make judgements around 'significant harm', levels of need and when to refer using the Children's Needs and Response continuum and ensure that if the child has an open Early Help Assessment that this information is attached as part of the referral to the Early Help and Safeguarding Hub.

4. Making Referrals to the Early Help and Safeguarding Hub (Guidance for the Designated Safeguarding Lead)

(i) Child In Need/Section 17 Referrals

The DSL should look with other services as part of the Early Help Strategy to complete an Early Help Assessment

- This is a request for assessment/support/services and, as such, you ***must obtain the consent*** of the parent(s) (and child/young person where appropriate), this should be identified on the Assessment.
- Where a parent/child/young person refuses to consent, you should make clear your ongoing plans and responsibilities in respect of support, monitoring etc., and the possibility of a Child Protection referral at some point in future if things deteriorate or do not improve. (This is not about threats or saying that this is inevitable but about openness and transparency in dealings with parents).

(ii) Child Protection

Use the multi-agency referral form (MARF found at www.rbSCP.org) for referrals to the Early Help and Safeguarding Hub where it is considered that a child may be at risk of or suffering significant harm. If an Early Help Assessment is in place then this information must form part of the CP referral and the DSL completes the front sheet of the multi-agency referral form.

- You ***do not require the consent*** of a parent or child/young person to make a Child Protection referral
- A parent should, ***under most circumstances, be informed*** by the referrer that a Child Protection referral is to be made. The criteria for not informing parents are:
 - (a) Because this would increase the risk of significant harm to a child(ren), to another member in the family home or to a professional; or
 - (b) Because, in the referrer's professional opinion, to do so might impede a criminal investigation that may need to be undertaken;
 - (c) Because there would be an undue delay caused by seeking consent which would not serve the child's best interests.

See the Rochdale Borough Multi-Agency Safeguarding Children procedures on the RBSCP website for the occasions when parents/carers should not be informed.

Fear of jeopardising a hard-won relationship with parents because of a need to refer is ***not*** sufficient justification for not telling them that you need to refer. To the contrary, this lack of openness will do little to foster ongoing trust, particularly as the source of referrals will be disclosed to parents except in a limited number of circumstances. If you feel that your own or another adult's immediate safety would be placed at risk by informing parents then you should seek advice and/or make this clear on the referral or in any telephone contact with the Early Help and Safeguarding Hub.

5. **The Early Help and Safeguarding Hub Responses to Referrals and Timescales**

In response to a referral, the Early Help and Safeguarding Hub may decide to:

- Provide advice to the referrer and/or child/family;
- Refer to Early Help services;
- Undertake an assessment/ request an assessment from a single agency;
- Convene a Strategy Meeting for referrals under Section 47 of the Children Act;
- Provide support services under Section 17;
- Convene an Initial Child Protection Conference;
- Accommodate the child under Section 20 (with parental consent);
- Make an application to court for an Order;

6. **Feedback from the Early Help and Safeguarding Hub**

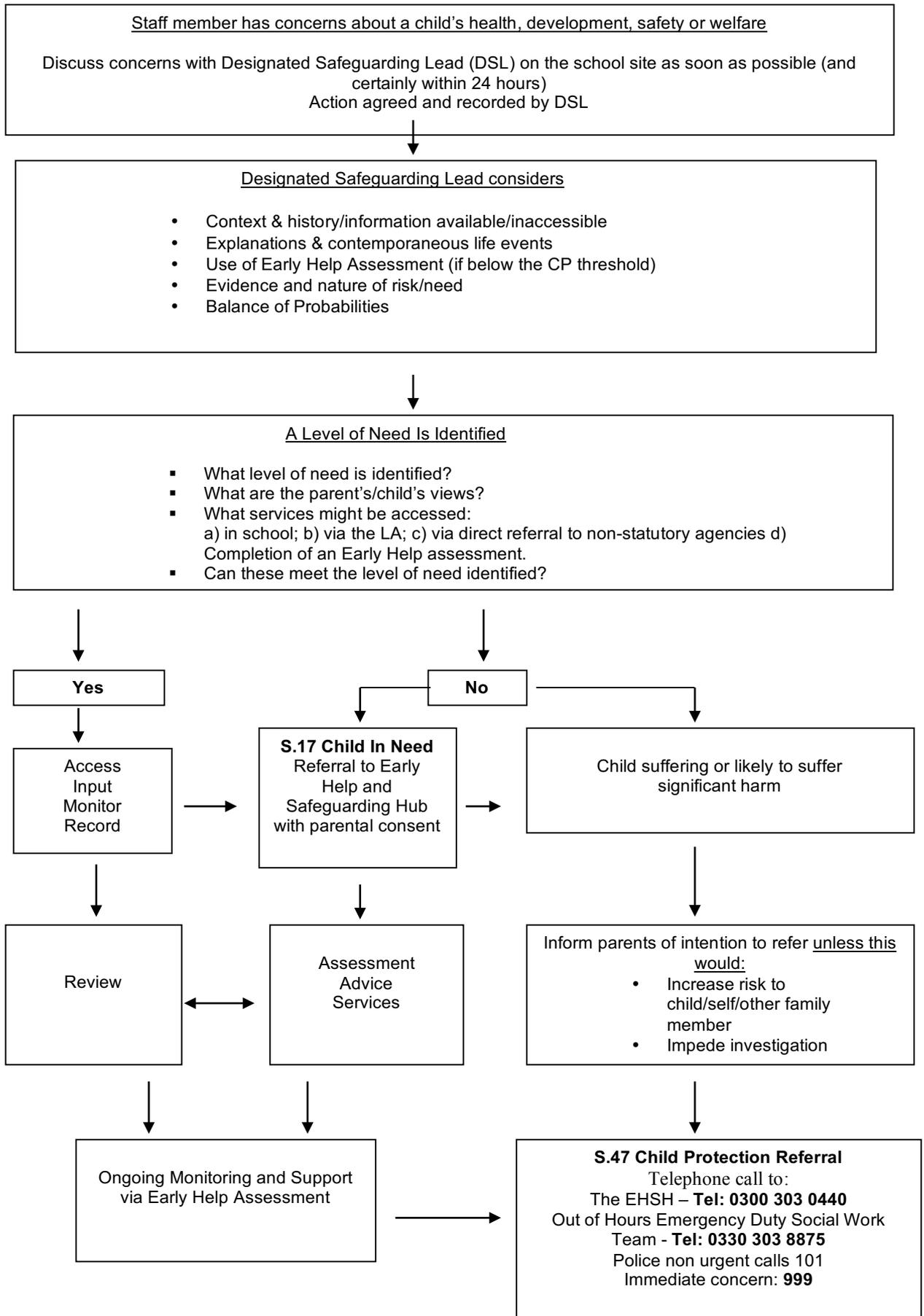
The Early Help and Safeguarding Hub has 24 hours within which to make a decision about a course of action in response to an urgent referral. If you do not receive any (same day) verbal feedback following an urgent Child Protection referral, and where this places school/college/a child(ren) in a vulnerable position, you should ask to speak to the relevant Team Manager at the Early Help and Safeguarding Hub (0300 303 0440) or the Education Safeguarding Officer (01706 925179)

7. **Risk Assessment 'Checklist'**

- Does/could the suspected harm meet the Greater Manchester Safeguarding Children definitions of abuse?
- Child's Voice - needs, wishes and feelings?
- Are there cultural, linguistic or disability issues?
- Am I wrongly attributing something to impairment?
- Does the chronology indicate any possible patterns which could/do impact upon the level of risk?
- Are any injuries or incidents acute, cumulative, episodic?
- Did any injuries result from spontaneous action, neglect, or intent?
- Are explanations consistent with injuries/behaviour?
- What is the severity and duration of any harm?
- What is the effect on the child's health/development?
- What are the immediate/longer term effects?
- Likelihood of recurrence?
- Child's perception of the harm?
- Parents'/carers' attitudes/response to concerns?
- How willing are they to co-operate – is there parental capacity to engage?
- What does the child mean to the family?
- What role does the child play?
- Possible effects of intervention?
- Protective factors and strengths off/for child (i.e. resilience/vulnerability)

- Familial strengths and weaknesses?*
- Consider what are possibilities and what are probabilities?*
- When and how is the child at risk?*
- How imminent is any likely risk?*
- How grave are the possible consequences?*
- How safe is this child?*
- What are the risk assessment options?*
- What are the risk management options?*
- What is the interim plan?*

APPENDIX 1: TAKING ACTION ON CHILD WELFARE/PROTECTION CONCERNS IN SCHOOL/COLLEGE



APPENDIX 2: TALKING AND LISTENING TO CHILDREN

If a child wants to confide in you, you *SHOULD*

- Be accessible and receptive;
- Listen carefully and uncritically, at the child's pace;
- Take what is said seriously;
- Reassure children that they are right to tell;
- Tell the child that you must share the information;
- Make sure that the child is ok;
- Make a careful record of what was said (see *Recording*).

You should *NEVER*

- Investigate or seek to prove or disprove possible abuse;
- Investigate, suggest or probe for information;
- Ask leading questions of children/young people
- Confront another person (adult or child) allegedly involved;
- Speculate or accuse anybody;
- Make promises about confidentiality or keeping 'secrets';
- Assume that someone else will take the necessary action;
- Jump to conclusions, be dismissive or react with shock, anger, horror, etc.;
- Offer opinions about what is being said or the persons allegedly involved;
- Forget to record what you have been told;
- Fail to share the information with the correct person (the Designated Safeguarding Lead).

Children with communication difficulties, or who use alternative/augmentative communication systems

- Whilst extra care may be needed to ensure that signs of abuse and neglect are interpreted correctly, any suspicions should be reported in exactly the same manner as for other children;
- Opinion and interpretation will be crucial (be prepared to be asked about the basis for it and to possibly have its validity questioned if the matter goes to court).

Recording

- State who was present, time, date and place (using full names and full job designations of staff);
- Be written in ink and be signed by the recorder;
- Be passed to the DSL or Head Teacher immediately (certainly within 24 hours);
- Use the child's words wherever possible;
- Be factual/state exactly what was said;
- Differentiate clearly between fact, opinion, interpretation, observation and/or allegation.

What information do you need to obtain?

- School/College staff have **no investigative role** in Child Protection (Police and Children's Social Care will investigate possible abuse very thoroughly and in great detail, they will gather evidence and test hypotheses);
- Never prompt or probe for information, your job is to listen, record and share information;
- Ideally, you should be clear about what is being said in terms of **who, what, where and when**;
- The question which you should be able to answer at the end of the listening process is 'might this be a Child Protection matter?';
- If the answer is yes, or if you're not sure, record and share immediately with the Designated Safeguarding Lead/Head Teacher/line manager.

If you do need to ask questions, what is and isn't OK?

- **Never** asked closed questions i.e. ones which children can answer yes or no to e.g. Did he touch you?
- **Never** make suggestions about who, how or where someone is alleged to have touched, hit, etc. e.g. Top or bottom, front or back?
- If we must, use only '**minimal prompts**' such as 'go on ... tell me more about that ... tell me everything that you remember about that'
- Timescales are very important: '**When was the last time this happened?**' is an important question.

What else should we think about in relation to disclosure?

- Is there a place in school/college which is particularly suitable for listening to children e.g. not too isolated, easily supervised, quiet etc.;
- We need to think carefully about our own body language – how we present will dictate how comfortable a child feels in telling us about something which may be extremely frightening, difficult and personal;
- Be prepared to answer the 'what happens next' question;
- We should never make face-value judgements or assumptions about individual children. For example, we 'know that [child.....] tells lies';
- Think about how you might react if a child DID approach you in school/college. We need to be prepared to offer a child in this position exactly what they need in terms of protection, reassurance, calmness and objectivity;

Think about what support **you** could access if faced with this kind of situation in school/college.

APPEMDIX 3 – DEFINITIONS AND INDICATORS OF ABUSE

Reference: *Working Together to Safeguard Children (DfE 2018)*

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 maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Examples which may indicate neglect (it is not designed to be used as a checklist):

Hunger

Tiredness or listlessness

Child dirty or unkempt

Poorly or inappropriately clad for the weather

Poor school attendance or often late for school

Poor concentration

Affection or attention seeking behaviour

Untreated illnesses/injuries

Pallid complexion

Stealing or scavenging compulsively

Failure to achieve developmental milestones, for example growth, weight

Failure to develop intellectually or socially

Neurotic behaviour

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.

Examples which may indicate physical abuse (it is not designed to be used as a checklist):

Patterns of bruising; inconsistent account of how bruising or injuries occurred

Finger, hand or nail marks, black eyes

Bite marks

Round burn marks, burns and scalds

Lacerations, wealds

Fractures

Bald patches

Symptoms of drug or alcohol intoxication or poisoning

Unaccountable covering of limbs, even in hot weather

Fear of going home or parents being contacted

Fear of medical help

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*Fear of changing for PE
Inexplicable fear of adults or over-compliance
Violence or aggression towards others including bullying
Isolation from peers*

Sexual abuse: *Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse as can other children*

Examples which may indicate sexual abuse (it is not designed to be used as a checklist):

*Sexually explicit play or behaviour or age-inappropriate knowledge
Anal or vaginal discharge, soreness or scratching
Reluctance to go home
Inability to concentrate, tiredness
Refusal to communicate.
Thrush, Persistent complaints of stomach disorders or pains
Eating disorders, for example anorexia nervosa and bulimia
Attention seeking behaviour, self-mutilation, substance misuse
Aggressive behaviour including sexual harassment or molestation
Unusually compliant
Regressive behaviour, Enuresis, soiling
Frequent or open masturbation, touching others inappropriately
Depression, withdrawal, isolation from peer group
Reluctance to undress for PE or swimming
Bruises, scratches in genital area*

Emotional abuse: *Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child in participating in normal social interaction. It may also 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. Some level of emotional abuse is involved in all types of maltreatment*

Examples which may indicate emotional abuse (it is not designed to be used as a checklist):

*Over-reaction to mistakes, continual self-deprecation
Delayed physical, mental, emotional development*

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Sudden speech or sensory disorders
Inappropriate emotional responses, fantasies
Neurotic behaviour: rocking, banging head, regression, tics and twitches
Self-harming, drug or solvent abuse
Fear of parents being contacted
Running away / Going missing
Compulsive stealing
Masturbation, Appetite disorders - anorexia nervosa, bulimia
Soiling, smearing faeces, enuresis

N.B.: Some situations where children stop communication suddenly (known as “traumatic mutism”) may indicate maltreatment.

Reference: What to do if you are worried a child is being abused (DfE 2018)

Child Sexual Exploitation: *Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power, sexual gratification or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.*

Responses from parents

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories:

*An unexpected delay in seeking treatment that is obviously needed
An unawareness or denial of any injury, pain or loss of function (for example, a fractured limb)
Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development
Reluctance to give information or failure to mention other known relevant injuries
Frequent presentation of minor injuries
Unrealistic expectations or constant complaints about the child
Alcohol misuse or other drug/substance misuse
Parents request removal of the child from home
Violence between adults in the household*

Disabled Children

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

A bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child

Not getting enough help with feeding leading to malnourishment

Poor toileting arrangements

Lack of stimulation

Unjustified and/or excessive use of restraint

Rough handling, extreme behaviour modification e.g. deprivation of liquid medication, food or clothing, disabling wheelchair batteries

Unwillingness to try to learn a child's means of communication

Ill-fitting equipment e.g. callipers, sleep boards, inappropriate splinting;

Misappropriation of a child's finances

Invasive procedures