



EXTENDED SCHOOLS: BREAKFAST CLUB AND AFTER SCHOOL CLUB SAFEGUARDING POLICY

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Extended Schools: Breakfast and After School Club Safeguarding Policy

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STATEMENT

Breakfast and After School Club is run by: **Ladygrove Park Primary School**

This Safeguarding Policy has been developed in accordance with policies established by the Oxfordshire Safeguarding Childrens Board. They follow the principles established by The Children Act 1989 and 2004, The Early Years Foundation Stage, Sections 175 and 176 Education Act 2002 and related guidance), Working Together to Safeguard Children (2013), What to do if you're worried a child is being abused (2006).

The staff of the Breakfast and After School Clubs take seriously our responsibility to promote the welfare of and to safeguard all the children and young people entrusted to our care.

The Designated Safeguarding Lead, who has overall responsibility for child protection practice in the Setting is: Andrew Markham (Headteacher).

As part of the ethos of the setting we are committed to:

- Maintaining children's welfare as our paramount concern.
- Practising safer recruitment, including all staff having a DBS check and maintenance of a register to evidence that all the safer recruitment checks have been undertaken.
- Providing an environment in which children feel safe, secure, valued and respected, confident to talk openly and sure of being listened to.
- Providing suitable support and guidance so that children have a range of appropriate adults who they feel confident to approach if they are in difficulties.
- Using learning at the setting to provide opportunities for increasing self awareness, self esteem, assertiveness and decision making so that young children have a range of contacts and strategies to ensure their own protection and understand the importance of protecting others.
- Working with parents to build an understanding of the setting's responsibility to ensure the welfare of all children including the need for referral to other agencies in some situations.
- Ensuring all staff are able to recognise the signs and symptoms of abuse and are aware of the setting's procedures and lines of communication and the need to make referrals as needed.

- Monitoring children who have been identified as 'in need' including the need for protection, keeping confidential records which are stored securely and shared appropriately with other professionals.
- Developing effective and supportive liaison with other agencies.

Extended Schools Staff Roles and Responsibilities

Everyone involved in the care of young children has a role to play in their protection. As a member of staff in the Breakfast and After School Clubs, we are in a unique position to observe any changes in a child's behaviour or appearance. If any staff has any reason to suspect that a child in our care is being abused, or is likely to be abused, they have a duty to take action on behalf of the child by following the setting's Child Protection Policy.

Extended Schools Designated Safeguarding Lead

The Settings/Clubs Designated Safeguarding Leads are:

Anne Addison and Heather Jones

(Breakfast Club Manager and After School Club Co-Managers).

With responsibility for:

- Co-ordinating child protection action within the setting
- Liaising with other agencies
- Ensuring established procedures are followed including reporting and referral processes
- Acting as a point of contact and information gathering for other setting staff
- Making referrals as necessary
- Maintaining a confidential record system
- Representing or ensuring the setting is represented at inter-agency meetings
- Managing and monitoring the setting's part in child care and child protection plans
- Ensuring all setting staff have received appropriate and up to date safeguarding training.
- Liaising with other professionals including the school's Designated Safeguarding Lead and the Local Authority Designated Officer

What is child abuse?

Abuse is any behaviour, action or inaction, which significantly harms the physical and/or emotional development of a child. A child may be abused by parents, other relatives or carers, professionals and other children, and can occur in any family OR in any other area of society, regardless of social class, wealth or geographical location.

Abuse falls into four main categories (The following definitions are from Working Together to Safeguard Children):

- **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.

- **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 included in interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

- **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.

- **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

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

What may give cause for concern?

- Bruising on parts of the body which do not usually get bruised accidentally, e.g. around the eyes, behind the ears, back of the legs, stomach, chest, cheek and mouth (especially in a young baby), etc.
- Any bruising or injury to a very young, immobile baby.
- Burns or scalds
- Bite marks
- Any injuries or swellings, which do not have a plausible explanation.
- Bruising or soreness to the genital area.
- Faltering growth, weight loss and slow development.
- Unusual lethargy.
- Any sudden uncharacteristic change in behaviour, e.g. child becomes either very aggressive or withdrawn.
- A child whose play and language indicates a sexual knowledge beyond his/her years.
- A child who flinches away from sudden movement.
- A child who gives over rehearsed answers to explain how his/her injuries were caused.
- An accumulation of a number of minor injuries and/or concerns.
- A child who discloses something which may indicate he/she is being abused.

How to share your concerns

Keep a factual note of any concerns, i.e. what you have observed and heard. Discuss your concerns with the Designated Safeguarding Lead in your setting. If there are serious concerns and neither the DSL nor the deputised DSL are available, but immediate advice is needed, then contact your local social care team. Sign and date your records for future reference.

However, if:

- You suspect sexual abuse,
- You do not get an explanation which you feel is consistent or acceptable from the parents/carer
- You feel that discussing the issue with parents may put the child at further risk of significant harm.
- You think a criminal offence has been committed.

Then you must discuss your concerns with the DSL in the setting as soon as possible and ideally without delay

Concerns or uncertainties

There may be occasions when you have concerns about a child, which do not appear to justify a referral of suspected child abuse, but nonetheless leave you feeling uncomfortable. In these circumstances, following discussion with the DSL in the setting; a decision may be taken for a no names consultation using the numbers above as appropriate.

You do not need to give the child's name at this point. You will then be advised whether or not your concerns do justify making a child protection referral.

The Social Worker may consider the child to be 'a child in need' rather than 'a child at risk of significant harm'. In this case, the common assessment framework may be implemented should you choose to make a referral using the appropriate forms. These forms and any referral can only be made **with the parent's agreement/consent**.

Families sometimes have a negative perception of the role of Children's Social Care, and are reluctant to contact them, fearing that their children may be taken into care. The reality is that Children's Social Care can offer a lot of help, both directly and through other agencies, to families who are experiencing difficulties, so your influence and support in the referral process will be very important. Children's Social Care or other agency will assess the issue, and consider what additional support may be required by the family.

If the family concerned is reluctant for Children's Social Care to be contacted and following a discussion with the lead person/Supervisor, you could ask the parents' permission to contact another relevant agency on their behalf such as the Health Visitor. It is important to document that parental consent had been obtained.

When making any referral the lead person/Supervisor will need to provide the following information, and will have it to hand when telephoning:

- The name, address, date of birth, ethnic origin and gender of the child.
- The names and contact telephone numbers of parents, and other carers or close family members if known.
- The name, address and telephone number of the child's Doctor, and Health Visitor if applicable.
- The incidents which gives rise for concern with dates and times
- The nature of the injuries observed, and/or the reason for your concerns.

Following a telephone referral, we will be expected to follow this up in writing, within 24 hours by completing an inter-agency referral form. These are available from the Oxfordshire Safeguarding Children Board website.

Under Section 47 of the Children Act 1989, Local Authorities have a statutory duty to make enquiries, where they have "reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm". Children's Social Care carry this responsibility on behalf of the Local Authority. Once a referral has been made a referral, the settings immediate duty has been performed. It is at this point that Children's Social Care will take over where the referral is appropriate and a decision will be made on what happens next. All referrals are taken seriously, and the needs of the child and family will be assessed, so that appropriate enquiries are followed up and support can be put into place where relevant.

What will be the outcome?

Having made a referral about a child, you will probably want to know the outcome of the investigation. You should receive some information, but for reasons of confidentiality, this will be on a 'need to know' basis. The lead person/Supervisor should be invited to participate in any meetings set up for the child.

How to respond to a child who discloses something to you

If a child tells you something, it is important that you respond appropriately:

- Do listen to the child and avoid interrupting except to clarify.
- Allow the child or young person to make the disclosure at their own pace and in their own way.
- Do not interrogate the child. It is alright to ask for clarification, but you should not ask leading questions. Misguided or inappropriate questioning in the first instance can do more harm than good, and may contaminate evidence, which could be needed in an investigation. The interviewing of children must be undertaken by the trained Social workers or Police Officers.
- Do not make any promises to the child about not passing on the information – the child needs to know that you have to talk to someone who will be able to help them.
- Record the information as accurately as you can, including the timing, setting and those present, as well as what was said. Do not exaggerate or embellish what you have heard in any way.
- Inform the lead person for child protection.

Record Keeping

Staff can play a vital role in helping children in need or at risk by effective monitoring and record keeping. Any incident or behavioural change in a child or young person that gives cause for concern should be recorded on an incident sheet, copies of which are kept in the school office locked cupboard and on the Safeguarding Children's File. It is important that records are kept factual and reflect the words used by the child or young person. Records must be signed and dated with timings if appropriate.

Information to be recorded:

- Child's name and date of birth
- Child in normal context
- The incident with dates and times
- A verbatim record of what the child or young person has said
- If recording bruising/injuries indicate position, colour, size, shape and time on body map.
- Action taken.

Please also refer to the setting recording guidelines policy.

What to do if you need to take emergency action to protect a child

On very rare occasions, it may be necessary to act quickly, for example, to protect a child from a drunken or violent parent. In these circumstances, it would be appropriate to discuss this with the lead person/Supervisor or person in charge immediately who should telephone the police.

In an unlikely event that a child is brought to the setting with serious injuries, it would be appropriate to discuss this with the lead person/supervisor or person in charge immediately who should telephone for assistance and contact police/social care.

However, it is important to remember that these types of scenarios are very unlikely to happen.

Allegations against staff

- All staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.
- All staff should be aware of the settings behaviour/discipline policy.
- We understand that a pupil may make an allegation against a member of staff. If such an allegation is made, the member of staff receiving the allegation will immediately inform the lead person/supervisor or the most senior staff member available.
- The Lead person/supervisor on all such occasions will discuss the content of the allegation with the LADO (Local Authority Designated Officer) before taking any action. In our county contact should be made with Alison Beasley LADO (01865 815956) or Donna Crozier, Assistant Designated Officer (01865 816382).
- If the allegation made to a member of staff concerns the lead person/supervisor the person receiving the allegation will immediately inform the LADO.
- The setting should follow the LA procedures for managing allegations against staff, a copy of which can be found on the Schools Safeguarding and Child Protection page on the intranet, http://portal.oxfordshire.gov.uk/content/public/CYPF/schools/behaviourattendance/safeguarding_child_protection/Allegations_Procedure.pdf or through the OSCB website.
- No attempt should be made to investigate or act on any allegation before consultation with the LDAO (contact details above).
- Suspension of the member of staff against whom an allegation has been made needs careful consideration, and we will consult with above named professionals in making this decision.

It is noted that the provisions of the Education Act and other relevant legislation place a general duty on our schools and settings to provide for the welfare of children in our care and, as such, staff will adhere to other related school policies and guidance i.e. Whistleblowing, Behaviour policy, Restraint policy etc.

Whistleblowing

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

All staff should be aware of their duty to raise concerns about the attitude or actions of colleagues. (see our school policy) and appropriate advice will be sought from the LADO or Schools Safeguarding Team.

What support is available to you?

There will be regular staff training on Safeguarding. All members of staff must receive up-to-date generalist safeguarding training at least every 3 years. The Designated Safeguarding Lead and any deputy will also receive specialist safeguarding training every 2 years.

All members of staff should receive an induction which includes an explanation of the procedures to be followed when concerned about a child but also guidance on appropriate staff behaviour around children and whistleblowing.

Any member of the team affected by issues arising from concerns for children's welfare or safety can seek support from their DSL.

The DSL can put staff and parents in touch with outside agencies for professional support if they wish so.

Monitoring and Review

All setting personnel and visiting staff will have access to a copy of this policy and will have the opportunity to consider and discuss the contents. The policy will also be available to parents.

This policy has been written in April 2017 to reflect the new guidance and legislation issued in relation to safeguarding children and promoting their welfare.

The policy will be reviewed annually.

All staff should have access to this policy and sign to the effect that they have read and understood its contents.