St George's RC Primary School
Child Protection Policy
February 2017
- **CYC LADO from May 2017: Hannah Munro 01904 551783**

Introduction

Child protection is the element of safeguarding that deals with identifying and responding to suspected child abuse. St George's RC Primary School considers the protection, safety and wellbeing of children in its care as a major priority and responsibility, and are committed to identifying and responding to suspected child abuse appropriately by following the guidelines laid out by The City of York Safeguarding Children Board(CYSCB).
This includes referring cases to Children's Services when appropriate, working together with other agencies, attending and providing reports for Child Protection Case Conferences (Initial and Reviews) and contributing where appropriate to any Child Protection Plan.

Definitions
Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities 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.

These definitions can be found on www.saferchildrenyork.org.uk

Definitions of child abuse and neglect

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 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 effects on the child's emotional development, and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;

- Imposing age or developmentally inappropriate expectations 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;
- Seeing or hearing the ill-treatment of another;
- Serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children;
- Exploiting and corrupting 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, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts.

Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 Sexual Offences Act 2003.

Sexual abuse includes non-contact activities, such as involving children in looking at, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

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 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.

Recognition of abuse and neglect

The factors described below are frequently found in cases of child abuse or neglect. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm;
- Indicates a need for careful assessment and discussion with the agency's nominated child protection person;

- May require consultation with and/or referral to the LA children's social care and / or the police.

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- Appear frightened of the parent;
- Act in a way that is inappropriate to their age and development.

The parent may:

- Persistently avoid routine child health services and/or treatment when the child is ill;
- Have unrealistic expectations of the child;
- Frequently complain about / to the child and may fail to provide attention or praise (high criticism / low warmth environment);
- Be absent or leave the child with inappropriate carers;
- Have mental health problems which they do not appear to be managing;
- Be misusing substances;
- Persistently refuse to allow access on home visits;
- Persistently avoid contact with services or delay the start or continuation of treatment;
- Be involved in domestic violence;
- Fail to ensure the child receives an appropriate education.

Professionals should be aware of the potential risk of harm to children when individuals (adults or children), previously known or suspected to have abused children, move into the household.

Recognising physical abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury;
- Several different explanations provided for an injury;
- Unexplained delay in seeking treatment;
- The parent/s are uninterested or undisturbed by an accident or injury;
- Parents are absent without good reason when their child is presented for treatment;
- Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury);
- Frequent use of different doctors and accident and emergency departments;

- Reluctance to give information or mention previous injuries.

Bruising

Children can have accidental bruising, but the following must be considered as indicators of harm unless there is evidence or an adequate explanation provided. Only a paediatric view around such explanations will be sufficient to dispel concerns listed below:

- Any bruising to a pre-crawling or pre-walking baby;
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding;
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive);
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally;
- Variation in colour possibly indicating injuries caused at different times;
- The outline of an object used (e.g. belt marks, hand prints or a hair brush);
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting;
- Bruising around the face;
- Grasp marks on small children;
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

Bruising is strongly related to mobility:

- Once children are mobile they sustain bruises from everyday activities and accidents;
- Bruising in a baby who is not yet crawling, and therefore has no independent mobility, is very unusual;
- Only one in five infants who is starting to walk by holding on to the furniture has bruises. Infants who are pulling to stand may bump and bruise their heads, usually the forehead;
- Most children who are able to walk independently have bruises;
- Bruises usually happen when children fall over or bump into objects in their way;
- Children have more bruises during the summer months;
- The shins and the knees are the most likely places where children who are walking, or starting to walk, get bruised;
- Most accidental bruises are seen over bony parts of the body, e.g. knees and elbows, and are often seen on the front of the body;
- Fractures are not always accompanied by bruises.

There are some patterns of bruising that may mean physical abuse has taken place, including:

- Abusive bruises often occur on soft parts of the body, e.g. cheeks, abdomen, back and buttocks;
- The head is by far the commonest site of bruising in child abuse;
- Clusters of bruises are a common feature in abused children. These are often on the upper arm, outside of the thigh, or on the body;
- As a result of defending themselves, abused children may have bruising on the forearm, face, ears, abdomen, hip, upper arm, back of the leg, hands or feet;
- Abusive bruises can often carry the imprint of the implement used or the hand;
- Non-accidental head injury or fractures can occur without bruising.

It is not possible to accurately 'age' a bruise. Estimates of the age of a bruise are currently based on an assessment of the colour of the bruise with the naked eye. The accuracy of observers who estimate the age of a bruise visually is no better than 50 per cent. The evidence is that it is not possible to accurately age a bruise from an assessment of colour – from either a clinical assessment or a photograph. A practitioner who offers a definitive estimate of the age of a bruise in a child by assessment with the naked eye is doing so from their own experience without adequate published evidence. A bruise should never be interpreted in isolation and must always be assessed in the context of the child's medical and social history, developmental stage and explanation given.

It should also be noted that there is a condition called 'Mongolian Blue Spot' which can look like bruising but is not bruising. This condition is common among darker-skinned children, particularly those of Asian, East Indian and African descent. The 'spots' are flat, pigmented lesions with unclear borders and irregular shape. They appear commonly at the base of the spine, on the buttocks and back. They may also appear as high as the shoulders and elsewhere. They are not associated with any illness or abuse. It would require paediatric assessment to confirm that such a condition was present in a child about whom apparent bruising was thought to be indicative of physical abuse.

Bite marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

Bites are a relatively common injury in children. Approximately 1 per cent of all Accident and Emergency attendances are due to bites, and around one in 600 children attending A & E have been bitten. When an adult bites a child sufficiently hard to leave a mark, it is an assault. An adult bite on a child is the only physical injury where there is the potential to identify exactly who has attacked the child.

A bite leaves an oval or circular mark, consisting of two symmetrical, opposing, u-shaped arches separated at their base by an open space. The arcs may include puncture wounds, indentations or bruising from the marks of individual teeth. These marks are what make bites unique.

Oral injuries

Dogs and other carnivores, e.g. ferrets or rats, tend to tear the skin and leave deep puncture wounds. These are also much narrower bites than human ones.

Children often bite one another and they may also be bitten by animals. The challenge, therefore, is to recognise when an injury is a human bite and whether caused by an adult.

Burns and scalds

It can be difficult to distinguish between accidental and non- accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious.

It can be difficult to distinguish between accidental or non-accidental burns and scalds and this will always require experienced medical opinion.

Any burn with a clear outline should be investigated, such as:

- Circular burns which may be caused by burns from cigarettes (but these may be friction burn if along the bony protuberance of the spine);
- Linear burns which may be burns from hot metal rods or electrical fire elements;
- Marks which indicate a burn from an iron;
- Burns of uniform depth over a large area;
- Scalds that have a line, such as those caused by immersion in hot water, for example ‘sock’ or ‘glove’ scalds (a child getting into hot water of his/her own accord will struggle to get out and cause uneven splash marks);
- Old scars indicating previous burns / scalds which did not have appropriate treatment or adequate explanation.

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint, and loss of function in the limb or joint.

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type;
- There are associated old fractures;
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement;
- There is an unexplained fracture in the first year of life.

Fractures are a normal part of growing up, with up to 66 per cent of boys and around 40 per cent of girls sustaining a fracture by their 15th birthday. 85 per cent of accidental fractures are seen in children over five years of age. However, they can also be indicative of a serious assault on a child.

- Fractures occur in up to 25 per cent of physically abused children;
- 80 per cent of these fractures are in children under 18 months;
- Any bone in the body can be broken as a result of child abuse;
- Many abusive fractures are not clinically obvious unless x-rays are taken, especially in infants under two years;
- Fractures, particularly rib fractures, may not be accompanied by bruising;
- Fractures in very young children may present with non-specific symptoms and may only be revealed by x-ray or other radiological tests;
- Fractures may not be obvious even on x-ray immediately after the injury and they are easier to identify once the bones show some signs of healing;
- Abused children frequently have multiple fractures and these may be of different ages.

Although a recent fracture can be distinguished from an old fracture radiologists can estimate the age only in weeks, not days. Despite fractures showing predictable x-ray features over time as they heal, dating of fractures in abused children can be difficult if:

- No accurate description of the cause or timing of the injury has been given;
- Further injury to an already broken bone occurs;
- The bone has not been immobilised, which may alter the rate of healing.

Mouth and Teeth Injuries

The following must be taken into account when dealing with a child who has mouth injuries.

Up to 50 per cent of children sustain an injury to the mouth by the time they leave school. Most of these are accidental and, in older children, often caused by falls and sporting accidents.

In cases of physical abuse, the head and face are the areas of the body most commonly injured. Injuries to the lips are the commonest recorded abusive injury to the mouth. These are either cuts or bruises. However, all areas of the mouth can be injured in physical abuse, for example, teeth may be displaced or broken and there may be cuts, abrasions or bruises to the inside of the lips, the roof of the mouth, the tongue or the lingual frenulum (underneath the tongue). Injuries to the mouth, including the teeth, can cause considerable pain and discomfort and, if left untreated, may well affect a child's appetite and growth.

It is very difficult to tell if there has been an injury to the mouth. However, a child may complain of a pain in their mouth or have difficulty eating, or the teeth may be discoloured (brown or grey), which may mean that there is an old injury. A broken tooth may be recognised only because of a subtle grey discolouration. Abusive injuries to the mouth are not always obvious and, unless a child discloses abuse, will come to light only if it is noticed that permanent teeth are inexplicably missing.

It has been thought for some time that a torn frenum was diagnostic of physical abuse. A frenum (often also called a frenulum) is the fold of tissue inside the mouth that joins the upper or lower lip to the gums. In the scientific literature there are 28 recorded cases. The vast majority of these children suffered from multiple injuries and died from the assault. Most were under five years old.

A torn frenum can also occur accidentally if a toddler or young child falls on their face, catches their mouth on low-level furniture or receives an accidental blow to the face, e.g. by a swing. There is not enough evidence in the literature to support the view that a torn frenum in isolation is diagnostic of child abuse. Any injury of this type must be assessed in the context of the explanation given, the child's developmental stage, a full examination and other relevant investigations as appropriate.

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

Recognising emotional abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical.

The indicators of emotional abuse are often also associated with other forms of abuse. Professionals should therefore be aware that emotional abuse might also indicate the presence of other kinds of abuse.

The following may be indicators of emotional abuse:

- Developmental delay;
- Abnormal attachment between a child and parent (e.g. anxious, indiscriminate or no attachment);
- Indiscriminate attachment or failure to attach;
- Aggressive behaviour towards others;
- Appeasing behaviour towards others;
- Scapegoated within the family;
- Frozen watchfulness, particularly in pre-school children;
- Low self esteem and lack of confidence;
- Withdrawn or seen as a 'loner' – difficulty relating to others.

There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to sustained emotional abuse. Emotional abuse has an important impact on a developing child's mental health, behaviour and self-esteem. It can be especially damaging in infancy.

Underlying emotional abuse may be as important, if not more so, than other more visible forms of abuse in terms of its impact on the child. Domestic violence, adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse.

Alopecia

Hair loss (alopecia) in a child can be for organic or non-organic reasons. Hair loss in a child may also be due to stress directly linked to maltreatment. Hair loss may also occur in a child as a result of pulling the child's hair.

Bullying

Bullying is emotionally abusive as well as taking other forms. When working with a child and family, practitioners should take into account the possibility that a child may be the victim of bullying.

Bullying may 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 four main types are:

- Physical (e.g. hitting, kicking, theft);
- Verbal (e.g. racist or homophobic remarks, threats, name-calling);
- Emotional (e.g. isolating an individual from the activities and social acceptance of their peer group);
- Cyber bullying (use of new technologies by children and young people to intimidate peers, and sometimes those working with them e.g., teachers)

The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children, to the extent that it affects their health and development or, at the extreme, causes them significant harm (including self-harm).

Practitioners should be aware of signs that a child is frightened or intimidated by his/her peers or older children/adults and should work in partnership with parents/carers and colleagues to address both the bullying behaviour and the impact of bullying on the victim.

Recognising sexual abuse

Sexual abuse can be very difficult to recognise and reporting sexual abuse can be an extremely traumatic experience for a child. Therefore both identification and disclosure rates are deceptively low.

Boys and girls of all ages may be sexually abused. Many are frequently scared to say anything due to guilt and / or fear. According to a recent study, three-quarters (72%) of sexually abused children did not tell anyone about the abuse at the time. Twenty-seven percent of the children told someone later, and around a third (31%) still had not told anyone about their experience/s by early adulthood*.

If a child makes an allegation of sexual abuse, it is very important that they are taken seriously. Allegations can often initially be indirect as the child tests the professional's response. There may be no physical signs and indications are likely to be emotional / behavioural.

*Grubin. D (1998). Sex offending against children: understanding the risk. Police Research Series. Paper 99. Home Office

Behavioural indicators which may help professionals identify child sexual abuse include:

- Inappropriate sexualised conduct;
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age;
- Contact or non-contact sexually harmful behaviour;
- Continual and inappropriate or excessive masturbation;
- Self-harm (including eating disorder), self mutilation and suicide attempts;
- Involvement in sexual exploitation or indiscriminate choice of sexual partners;
- An anxious unwillingness to remove clothes for e.g. sports events (but this may be related to cultural norms or physical difficulties).

Physical indicators associated with child sexual abuse include:

- Pain or itching of genital area;
- Blood on underclothes;
- Pregnancy in a child;
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

Sex offenders have no common profile, and it is important for professionals to avoid attaching any significance to stereotypes around their background or behaviour. While media interest often focuses on 'stranger danger', research indicates that as much as 80 per cent of sexual offending occurs in the context of a known relationship, either family, acquaintance or colleague.

Recognising neglect

It is rare that an isolated incident will lead to agencies becoming involved with a neglectful family. Evidence of neglect is built up over a period of time. Professionals should therefore compile a chronology and discuss concerns with any other agencies which may be involved with the family, to establish whether seemingly minor incidents are in fact part of a wider pattern of neglectful parenting.

When working in areas where poverty and deprivation are commonplace professionals may become desensitised to some of the indicators of neglect. These include:

- Failure by parents or carers to meet essential physical needs (e.g. adequate or appropriate food, clothes, warmth, hygiene and medical or dental care);
- Failure by parents or carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment);
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause;
- Failure of child to grow within normal expected pattern, with accompanying weight loss;
- Child thrives away from home environment;
- Child frequently absent from school;
- Child left with inappropriate carers (e.g. too young, complete strangers);
- Child left with adults who are intoxicated or violent;
- Child abandoned or left alone for excessive periods.

Disabled children and young people can be particularly vulnerable to neglect due to the increased level of care they may require.

Although neglect can be perpetrated consciously as an abusive act by a parent, it is rarely an act of deliberate cruelty. Neglect is usually defined as an omission of care by the child's parent, often due to one or more unmet needs of their own. These could include domestic violence, mental health issues, learning disabilities, substance misuse, or social isolation / exclusion, this list is not exhaustive.

While offering support and services to these parents, it is crucial that professionals maintain a clear focus on the needs of the child.

It should be noted that these categories may overlap.

Female Genital Mutilation (FGM)

There is a legal obligation to share knowledge of FGM having taken place with the police.
Concerns that a pupil may be subject to FGM should be shared, as other safeguarding concerns, with social care and police as appropriate.

It is then their responsibility to investigate, safeguard and protect any girls involved. Other professionals should not attempt to investigate cases themselves.

There is a duty for all professionals to act to safeguard girls at risk – with four key issues to consider:

1. An illegal act being performed on a female, regardless of age.
2. The need to safeguard girls and young women at risk of FGM.
3. The risk to girls and young women where a relative has undergone FGM.
4. Situations where a girl may be removed from the country to undergo FGM.

Guidelines on good practice are available in the government publication, "Multiagency practice guidelines: Female Genital Mutilation (FGM)" which can be accessed on the York Safeguarding Children website (www.saferchildrenyork.org.uk). These guidelines have been discussed with staff in school.

Prevent Duty

Schools have a duty to have "due regard to the need to prevent people from being drawn into terrorism". The Prevent duty requires schools to take action when they observe behaviour of concern, as with any other safeguarding risk. Training for staff on raising awareness of the prevent duty took place in the spring term, 2016.

Roles and responsibilities

The Governing Body

The governing body must ensure that any deficiencies or weaknesses within the child protection system are remedied.

There will be an annual item on the Governors Meeting agenda to address the following:

- to be informed of the number of children in school on the Child Protection Register (not to include names or details);
- consider any training needs;
- be informed of any training undertaken;
- review this policy.

Additionally, Governors will undertake their responsibilities in relation to allegations against staff and any disciplinary procedures.

The Chair of the governing body must take responsibility for liaising with the Assistant Director, School Improvement if an allegation is made against the head teacher.

School must:

- have in place a policy and procedure to safeguard and promote the welfare of pupils. This must be compatible with the procedures issued by the City of York LSCB. The policy must be made available to parents on request.
- operate a safe recruitment procedures for all staff and volunteers.
- designate a senior member of the school's leadership team to take responsibility for all child protection issues.
- provide appropriate training in respect of safeguarding and promoting the welfare of children.

Parents

Parents must be aware that the school staff work in partnership with other agencies to promote and safeguard the welfare of pupils.

Roles and Responsibilities When Responding to Concerns and Disclosures

Any concerns are reported to the Designated Teacher for Child Protection (Clare Clark), Head teacher (Dee Statham), SENDCo (Rose Birkinshaw) or safeguarding governor (Rachel Hodgson)

They will liaise with other staff where appropriate. The nominated Governor for child protection is Rachel Hodgson.

Recognising the necessity and nature of good relationships with parents of children in its care and attempting to preserve these wherever possible, the school, however, acknowledges that the child's protection is paramount.

Schools are supported in all matters relating to Child Protection by the Education Social Work Service which is available to give advice, support and guidance regarding child protection matters.

In order to prepare **all staff** (including lunchtime and playtime supervisors, school crossing patrol, regular visitors and school governors) for their responsibility in relation to the protection of children, basic child protection awareness training is available. New staff are made aware of child protection issues on induction. Those with a designated senior role receive additional training which is updated at least every 2 years.

School will always follow the procedures as defined by the CYSCB.
All staff (teaching and non-teaching) have read this policy and reviewed the procedures and referrals chart.

Our Local Area team from January 2017 is:
Hilary Mennell and Jackie Darbyshire Local Area Team Support Practitioners with Tammi Sunley, Learning and Work Advisor.

School Procedure for Staff

Any member of staff who:

a has suspicion that a child is injured, marked, or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play, or when the explanation given appears inconsistent with the injury;

b notes behaviours or actions, which give rise to suspicions that a child may have suffered abuse (may include worrying drawings or play);

c is concerned that a child may be suffering from lack of care, ill treatment, or emotional maltreatment;

d has concerns that a child is presenting any signs or symptoms consistent with suspicion of child abuse or neglect;

e notes significant changes in a child's presentation otherwise unexplained;

f receives hints or a disclosure of abuse from the child, another pupil, parent or member of the public;

g becomes aware that a Schedule 1 offender has moved into a household with children present or otherwise in a situation where that person may be posing a risk to children;

Must immediately report this to the designated child protection teacher verbally and then record the incident in the Pastoral record. It is important that staff only comment on observation and fact and do not hypothesize. These forms are to be handed to the designated Child Protection teacher immediately.

Remember

a It is *not* the responsibility of teachers/care/support staff to investigate abuse or decide if abuse has taken place. The school does, however, have a duty to act on any concerns and refer to the investigating agencies (Social Services and the Police).

b Always listen to and take seriously any disclosure of abuse. Keep questions to a minimum, only asking these to clarify information or to assist the child who is finding it difficult to talk. Any questions should be 'open' i.e. not have the answer embedded in the question e.g. 'Can you tell me what happened' rather than 'Did x hit you?'

c Do not interrogate the child. Do not make the child repeat it all to another person. The information needed from the child is only that which is sufficient to make a referral for further investigation, not for staff to decide the validity of the disclosure.

d Try not to show signs of shock, horror or surprise.

e Do not express your feelings or any judgements regarding the alleged abuser.

f If a child confides in you and requests that the information is kept secret, it is important that you tell the child sensitively that you have a responsibility to refer the information to the Designated Teacher for Child Protection (SMO) in order to protect the child from further abuse. ON NO ACCOUNT SHOULD THE CHILD BE PROMISED ABSOLUTE CONFIDENTIALITY.

g Reassure and support the child, as far as possible, that only those who 'need to know' in order to protect them will be told. Explain what will happen next and try to ensure that the child is involved as far as possible and appropriate.

h Do not approach parents at this stage - the Designated Teacher for Child Protection will decide, based on the information, if and when parents will be spoken to.

i Child protection information is CONFIDENTIAL and will be shared only on a 'need to know' basis as determined by the designated/head teacher.

Action by Designated Teacher for Child Protection (Clare Clark), Head teacher (Dee Statham), SENDCo (Rose Birkinshaw) or safeguarding governor (Rachel Hodgson)

a. Staff will immediately inform the Designated Teacher for Child Protection of their concerns. In the absence of the Designated Teacher for Child Protection staff will inform a senior member of school staff.

b. The Designated Teacher for Child Protection will decide what needs to happen next. The first consideration will be the need to address any urgent medical needs of the child.

c The Designated Teacher for Child Protection is entitled to make an enquiry as to whether the child is on, or has been on, the Child Protection Register or whether other agencies are involved with the child - City of York Safe Guarding Children Board **-** (01904) 551900

d The Designated Teacher for Child Protection can consult with Children's Services on appropriate action via the same contact point – 01904 551900

e The Designated Teacher for Child Protection will decide, based on CYSCB guidance, whether to seek informal Child protection advice, and if necessary after consultation as above, whether to talk to parents. Good child protection practice rests within a climate of openness and honesty. Parents will in general and where possible be spoken to unless to do so may place the child at risk of significant harm, impede any police investigation or place the member of staff or others at risk. An inability to contact parents will not cause undue delay in making a referral. The Designated Teacher for Child Protection will not fail to make any necessary child protection referral if the parents disagree with this decision. The Designated Teacher for Child Protection will make it clear that they are following City of York Safe Guarding Children Board and acting on their statutory duty.

The Designated Teacher for Child Protection will decide whether to make a formal referral to Children's Services via City of York Safe Guarding Children Board to report concerns to Children and Family Services tel: (01904) 551900. Outside office hours, at weekends and on public holidays contact the emergency duty team tel: (0845) 0349417.
This would then be followed up in writing using the standard referral form.

f In cases where the child is at immediate risk, there is clear physical evidence or the child has made a clear disclosure, referral to should be made immediately. If the above consultation process is not possible or cannot be completed within a very short timescale (because for example the Designated Teacher for Child Protection is not available) then it is the

responsibility of the teacher who gleaned the information to ensure that a speedy referral is made to Children's Services. Any member of school staff is entitled to liaise/consult and to make a referral. Absence of key personnel should never prevent a referral when there is immediate risk, evidence or direct disclosure.

g If it is decided not to make a referral at this stage, the action taken should be fully documented, together with the reasons for the decisions not to proceed further. The Designated Teacher for Child Protection may advise that further monitoring is necessary. Parents will be informed *(please give regard to paragraph (e) above*).

h The Designated teacher for Child Protection may consider that whilst a child protection referral may not be appropriate, it would be appropriate to make a referral for family support from Children's Services or other services such as, for example, School Health Service; Primary Mental Health Worker for Child and Adolescent Mental Health; Education (Education Social Work, Behaviour Support, Learning Support, Educational Psychologist). A Common Assessment form (CAF) should then be completed to ensure that all relevant information is shared with other agencies. This should only ever be done with the agreement of parents. However, failure to agree may, in some circumstances, itself be a child protection concern.

Action Following Child Protection Referral

a The Designated Teacher for Child Protection will make regular contact with Children's Services to provide any necessary information and ensure that they are up to date, clear about any action being taken by them, and clear of any action for school to take.

b The Designated Teacher for Child Protection or other appropriate member of staff will, wherever possible, contribute to the strategy discussion.

c The Designated Teacher for Child Protection or other appropriate member of staff will attend, contribute to, and provide a report for, any subsequent Child Protection Conference. This will include expressing a professional view, based on the information shared as to whether the child or children subject of the Conference should be placed on the Child Protection Register on the grounds that they appear to be at risk of continuing significant harm.

d If the child or children are placed on the Child Protection Register, the school will contribute to the Child Protection Plan, attend Core Group Meetings and Review Child Protection Case Conferences.

e All reports written will, wherever possible, be shared with parents prior to meetings. If we are in doubt regarding sharing certain information we will discuss with a senior member of the Children's Services staff.

f Where the Designated Teacher for Child Protection disagrees with a decision made by Children's Services e.g. not to apply Child Protection Procedures or not to convene a Child Protection Case Conference, he/she will discuss this with a senior member of the Children's Services staff and they will together agree how to proceed.

Recording and Monitoring

Accurate records will be made as soon as practicable and will clearly distinguish between observation, fact, opinion and hypothesis. All records will be signed and dated, any information given be recorded verbatim where possible and note made of location and description of injuries seen. The Designated Teacher for Child Protection has agreed the following system of monitoring and review with staff.

All child protection documents will be retained in a 'Child Protection' file, separate from the child's main file. This will be locked away and only accessible to the headteacher and Designated Teacher for Child Protection. The Data Protection Act 1998 provides that child protection records be exempt from disclosure where this would not be in the best interests of the child. These records will be transferred to any future school the child moves to, clearly marked: *Confidential - Child Protection - for the attention of Designated Child Protection Teacher.*

Partnership with Parents

St George's RC Primary School recognises that the protection of children should always be of paramount importance and consideration and that the primary focus in child protection should always be the child's safety and welfare. However, good child protection practice and outcomes rely on a positive, open, honest working partnership with parents. We will ensure that all parents are treated with respect, dignity and courtesy. We will respect parents' right to privacy and confidentiality unless they give permission for information to be shared or it is necessary to infringe this in order to protect the child or children.

When a referral has been made without informing parents (see Action by Designated Teacher for Child Protection Section e) we will clearly explain that we have acted:

a following consultation, and

b in line with our statutory responsibilities, this policy and LA and CYSCB Guidelines and Procedures.

We will make parents aware of this policy and guidance in the school brochure and website and state that we may, on occasion, need to make referrals without consultation with them. However, we will make every effort to maintain a positive working relationship with them whilst fulfilling our duties to protect the child or children. Parents will be made aware that they can view this policy on request.

Supporting the Child

The school will continue to support the child and work together with other agencies involved with the family.

Children will be given a proper explanation (appropriate to age and understanding) of what action is being taken on their behalf and why. We will provide a secure, caring, supportive and protective relationship for the child.

The head teacher/Designated Teacher for Child Protection will decide which members of staff "need to know" and how much they "need to know" in order to support and protect the child. This will take into account the acute difficulty and embarrassment many children have knowing that staff are aware of their situation. Central to the decision will be the need to protect the child whilst maintaining, wherever possible, their privacy and dignity and right to confidentiality.

Child Protection in the Curriculum

St George's RC Primary School is committed to raising pupils' awareness that they have a right to not be treated or touched in a way that makes them unhappy or hurt, that sometimes they may not feel able to stop an adult doing something that they do not like, and that there are people in and out of school who will listen to them and take steps to protect them from harm. Age appropriate materials are utilised in PSHCE in order to help children to understand child protection issues.

Training

The Designated Teacher for Child Protection and Head teacher undertook additional training on child protection in May 2015. The Designated teachers for Child Protection will, where possible, attend specific, appropriate CYSCB or NSPCC training days. They will ensure that all staff are aware of child protection issues and procedures and receive training updates regularly.

Safeguards for Pupils and Staff

The school will follow LA guidance regarding the safe recruitment, selection and employment of staff in order to ensure that every effort is made to deter and prevent any person who may pose a risk to children working with them. This will include ensuring that all relevant personnel are registered on the Single Central Record which incorporates DBS check. Staff and volunteers who have not been checked in this manner will not be allowed unsupervised access to children.

School staff will always act professionally and conduct any relationships with children in a professional manner.

Staff will not be put in a position which renders them particularly vulnerable to false allegations of abuse. Any concerns that, for whatever reason, a member of staff may be vulnerable will be shared with the Designated Teacher for Child Protection and Senior Manager in the organisation who will make appropriate arrangements to reduce/eradicate this risk. The decisions made will be recorded and include the reasons for them. If the risk relates to a particular child a copy will be retained on that child's file (CP file where appropriate). Parents, where appropriate, will be informed.

Any member of staff who has concerns that the behaviour of another member of the school staff is or may be abusive to children will immediately inform the headteacher. If these concerns relate to the headteacher, the Designated Teacher for Child Protection and/or Chair of Governors will be informed.

The school's policy on physical intervention relates to this policy, where a 'restraint' appears to have been conducted in a manner which could constitute abuse these procedures will be followed.

Where abuse by children is either suspected or becomes known, the Designated Teacher for Child Protection will consult with the SMO and Principal ESW in order to secure appropriate arrangements for the safety and protection of all and make child protection referrals where appropriate.

School has made appropriate arrangements for ensuring the safe use of the internet by use of LA's filter service 'net pilot'. The School's E safety and Cyber Bullying policy relates directly to this policy and provides further information and details the procedures which should be followed.

Peer on Peer Abuse

All staff should be aware safeguarding issues can manifest themselves via peer-on-peer abuse. This is most likely to include, but not limited to: bullying (including cyber-bullying), gender-based violence/sexual assaults and sexting.Peer on peer abuse is when a child might have been abused by another child.

There is no clear boundary between incidents that should be regarded as abusive and incidents that are more properly dealt with as bullying, sexual experimentation etc. This is a matter of professional judgement.
If one child or young person causes harm to another, this should not necessarily be dealt with as abuse: bullying, fighting and harassment between children are not generally seen as child protection issues. However, any concern must be referred to the DSO particularly if:
 There is a large difference in power (for example age, size, ability, development) between the young people concerned; or

 The perpetrator has repeatedly tried to harm one or more other children; or

 There are concerns about the intention of the alleged perpetrator.

If the evidence suggests that there was an intention to cause severe harm to the victim, this should be regarded as abusive whether or not severe harm was actually caused.

- Also see Youth Produced Sexual imagery policy January 2017

Allegations of abuse made against a member of staff

All children will be listened to and taken seriously whenever making an allegation of a child protection nature, irrespective of the person they are making the allegation about. We acknowledge that this is particularly difficult when the subject of the allegation is a colleague and/or friend. On no account, however, should the person listening to the allegation offer an alternative explanation or blame the child.

The City of York Safeguarding Children Board's Guidelines and Procedures and the relevant section of the HR Manual must always be followed. It is acknowledged that such allegations may be malicious, misplaced or false. The school's policy for dealing with malicious complaints will be used in such circumstances. We also acknowledge that education staff may on occasion be abusive to children. It is essential for both the child and members of staff that allegations are investigated properly in order that children are protected and that any member of staff who has been falsely accused can be proven innocent.

In the event that an allegation is made against the headteacher the matter should be reported to the Chair of Governors, whose role it is to ensure that the agreed procedure is followed. They will proceed as the headteacher would normally, as below.

The person who has received an allegation or witnessed an event will immediately inform the headteacher who will take steps to secure the immediate safety needs of the child or children and seek any urgent medical attention required. The member of staff will not be approached at this stage unless necessary to address the immediate safety of children.

The head teacher will consult the lead LA officer for Child Protection in order to decide how to proceed. This decision will be made with regard to DfES guidance and LA/CYSCB Guidelines and Procedures designed to secure the rights and well-being of children and staff. Procedures set out in the LSCB "Responding to Allegations Against Professionals" and the school's system for when an allegation is made against a member of staff, governor or volunteer will be followed.

The City of York LADO Service is in house Where you have a safeguarding concern about a professional or volunteer who works with children, this matter should be notified to the LADO Service. Please contact the City of York LADO:

- Hannah Munro 01904 551783

Where appropriate, a referral should be sent to the LADO using the LADO Referral Form (also available on the York Safeguarding Board website) giving as much detail as possible. Completed forms should be emailed using secure mail (e.g. gcsx, pnn, cjsm, nhs.net, etc.) to: social.custodian@northyorks.gcsx.gov.uk If you do not have secure email please contact 01609 532477.

For more information please see the York Safeguarding Board website: http://www.saferchildrenyork.org.uk/allegations-against-childcare-professionals-and-volunteers.htm

Consideration will be given throughout to the support and information needs of pupils, parents and staff. The headteacher will inform the nominated Governor for child protection of any allegation against a member of staff.

Children who go missing

When a child who is on the child protection register 'goes missing' or is significantly absent the Designated Teacher for Child Protection will immediately inform Children's Services. When other children go missing or change school and information is not available regarding the receiving school, the school will immediately inform the Children's Services, who will take appropriate action to trace the child.

Support for Staff

Child protection work can be difficult, distressing and extremely stressful. School staff who become involved in this area of work will therefore often need support and a 'listening ear'. Staff will be supported by Head teacher (Roseleen Mazza) (Dee Statham) and Assistant Head Teacher (Clare Clark).

Please note that additional support is always available from the LA.

Personnel Changes

Any change to personnel undertaking the roles of designated child protection teacher or nominated Governor will be reported to the LA in order that records can be updated and training offered.

OFSTED Inspections

If an OFSTED Inspection comment suggests that the school should address any matters regarding child protection, this will be communicated to the Principal ESW who will offer any necessary advice, guidance or training. School will also report any positive comments or practice in order that this can be shared to promote good practice in all schools.

APPENDIX 1 – Staff Register

- I have received Level 1 Training in Child Protection.
  My contacts for concerns about a child are: Head teacher (Dee Statham) or Clare Clark
- I know the Child Protection file is located in the STAFFROOM.
- I am aware of the procedures for Safeguarding Children set out in the school's Child Protection Policy.
- I know that the LA Policies & Procedures for Child Protection can also be found on the website at http://www.saferchildrenyork.org.uk/policy/index.html
- I have read Part One of "Keeping Children Safe In Education – Statutory Guidance for Schools and Colleges April 2014"

STAFF	POSITION
