

Bewcastle Primary School

Child Protection Policy

Introduction

The governors and staff of Bewcastle Primary School fully recognise the responsibility it has for the safeguarding and protection of pupils. All governors and staff (including volunteers) have a full and active part to play in protecting children and young people from harm.

All staff and governors believe that our school should provide a caring, positive, safe and stimulating environment which promotes the social, physical and moral development of individual pupils.

The purpose of this document is to ensure that the school has robust arrangements to ensure the safety of our pupils. Other relevant links that support this document include the schools:

- Health and safety policy - update
- Race equality
- Disability equity scheme
- Internet access
- Anti-bullying
- Manual handling
- Equal opportunities
- SEN policy - updated
- Sex education
- Behaviour - updated
- Administration of medicines
- Acceptable use
- Safe recruitment
- Intimate care

The school will ensure compliance with recommended LA procedures on harassment, discrimination, whistle blowing, allegations complaints against staff etc.

Aims

- To support the child's development in ways that will foster security, confidence and independence.
- To raise awareness of all staff, including volunteers, of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse.
- To provide a systematic means of monitoring children known or thought to be at risk of harm.

- The school has procedures and protocols which will be followed by all staff in cases of suspected abuse and /or the need for care.
- To develop and promote working relationships with other agencies. **See Working Together to Safeguard Children.**
- Under **section 175 of the Children's Act** to confirm the schools responsibilities of staff and governors to ensure the safeguarding of children.
- To ensure that all adults who have access to children have been checked as to their suitability and have an enhanced DBS (formally CRB) disclosure. The school will implement recruitment procedures as recommended in **Safeguarding Children and Safer Recruitment 2007.**

Procedures

Our procedures will be in line with Cumbria Local Safeguarding Children's Board:

www.cumbrialscb.org

- In line with recommendations in the **Safeguarding Children and Safer Recruitment 2007** Georgina Harland (Head Teacher) has undertaken and completed NCSL training.
- All members of staff are made aware of the signs and indicators of abuse or need **Appendix 1**
- All members of staff will know how to respond to a pupil who discloses abuse **Appendix 2 – 'What to do if you think a child is being abused'**.
- All staff will be kept updated on safeguarding issues and will be able to identify concerns and understand procedures to protect and safeguard children and young people.
- All members of staff are aware of procedures to follow to assist a child, e.g. emergency medical treatment. All staff, including midday supervisors, have up-to-date paediatric first aid training.
- All parents/carers will be made aware of the school Child Protection/Safeguarding procedures. The safeguarding policy can be found on our school website: www.bewcastleprimaryschool.co.uk
- All staff are responsible for reporting concerns regarding a colleague's behaviour. This follows recommendations by the LA.
- The school procedures will be regularly reviewed and updated.
- All staff will receive a copy of this policy and new staff will be given a copy as part of their induction programme.
- Governors will receive reports about child protection referrals, allegations against school staff and other child protection/safeguarding matters. The Chair of Governors, Bill Nelson, is Governor designated for complaints against staff.

Responsibilities

Georgina Harland (head teacher) is the designated trained child protection officer. Clare Barr will work in partnership with Georgina Harland (Head Teacher). Ann Armstrong is the named governor regarding child protection and safeguarding issues. Both GH and CB have Level 2 safeguarding training, which will be updated and upgraded to Level 3 during 2014.

Adhering to the **Cumbria Safeguarding Children Board and School policies** with regard to referring a child if there are concerns about possible abuse. **See Appendix Three – checklist for Recording.**

- Keeping written records of concerns about a child even if there is no need to make an immediate referral. These must be dated.
- Ensuring all records are kept confidentially and securely and are separate from pupil records.
- Ensuring that the following procedures are carried out for any pupil subject to a Child Protection Plan;
 - On day **one** of any absence from school, a member of staff will telephone the home. If there is no reply from the home and/or there are concerns from the child's wellbeing, Safeguarding Hub should be contacted on 0333 240 1727.

Supporting Children

- We recognise that a child who is abused or witnesses violence may find it difficult to develop and maintain a sense of self worth. We recognise that a child in these circumstances may feel helpless and humiliated. We recognise that a child may feel self blame.
- We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm.
- We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to behaviour which is aggressive or withdrawn.

Support will be given to all pupils by;

- Encouraging self-esteem and self assertiveness while not condoning aggression or bullying.
- Promoting a caring, safe and positive environment within the school.
- Liaising and working together with all other support services and those agencies involved with the safeguarding of children.
- Notifying Triage as soon as there is a significant concern.
- Providing continuing support to a pupil about whom there have been concerns who leaves school, by ensuring that appropriate information is forwarded to the pupil's new school under confidential cover.
- Establishing and maintaining an ethos where children feel secure and are encouraged to talk and are always listened to.
- Ensuring all children know there is an adult in the school whom they can approach if they are worried or in difficulty.
- Including in the curriculum opportunities for PHSE and Citizenship, which equip children with the skills they need to stay safe from harm and to know whom they should turn to for help (e.g. Childline assemblies for Y5/6 Spring term 2014).

Confidentiality

- We recognise that all matters relating to Child Protection are confidential
- The Head Teacher (GH) and Senior teacher (CB) will only disclose sensitive information about a pupil to other staff on a 'need to know' basis.
- All staff must be aware that they have a professional responsibility to inform Georgina Harland or Clare Barr of any safeguarding concern in the first instance.
- All staff must be aware that they cannot promise a child to keep secrets.

Supporting staff

- We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm, may find the situation stressful and upsetting.
- We will support such staff by providing an opportunity to talk through their anxieties with the designated officer and to seek further support as appropriate.

Allegations Against Staff

- 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:
 - Take the allegation seriously;
 - Ensure the child is safe and supported;
 - Inform the Head Teacher as soon as possible.
- The member of staff should then accurately record the content of what has been informed/observed.
- The Head Teacher, on all such occasions, will discuss the content of the allegation with the Local Authority Designated Officer (LADO).
- The following information contains the most up-to-date information about contacting the LADO from the LSCB website

If you have concerns regarding an adult who works with a child then this should be reported to the Local Authority Designated Officer (LADO) within one working day. To report a concern to LADO please use the notification form:

[LADO - Allegation Notification Form \(Doc\)](#)

The LADO (local authority designated officer for dealing with allegations against staff):

- Phone 01768 812267
- Or you can email lado@cumbria.gov.uk
- Fax: 01768 812090
- LADO, Cumbria Safeguarding Hub, Skirsgill Depot, Penrith, Cumbria, CA10 2BQ

LADO working hours are Monday to Thursday 9am to 5pm and Friday 9am to 4.30pm.

- In case of emergency outside of the above hours please contact **Emergency Duty Team** on **0333 240 1727**.

LADO - Allegations Management Procedure Flow Chart

- Allegations are managed according to Chapter 7 of Cumbria's Safeguarding Procedures which can be accessed via the ['Procedures' link](#).
- If an allegation is made against the Head Teacher, then the Chair of Governors, Bill Nelson, must be informed who will then discuss the allegation with the Local Authority Designated Officer (see contact information above).
- The school will follow both the Safeguarding Children Board's protocols for managing allegations. ***Circular 095/07, Safeguarding Children and Safer Recruitment in Education (Chapter 5) and the Cumbria Child Protection Procedures.***

Safer Recruitment

- The school will implement their responsibilities for safer recruitment strategies as recommended in ***Safeguarding Children and Safer Recruitment 2007***.
- This will include appropriate training for the Head Teacher and others who recruit and select staff and volunteers. This NCSL Safer Recruitment training module is being undertaken by the Head Teacher. Ann Armstrong has undertaken this training on behalf of the governing body.
- As part of the Safer Recruitment process and policy, all staff being offered positions within the school should have their offer made subject to an enhanced DBS disclosure (formally CRB clearance).
- These checks should be renewed every three years.
- The head teacher keeps a single central record electronically and securely, containing all DBS clearance information.

Making A Child Protection Referral

Who to contact: Cumbria Safeguarding Hub
Skirsgill Depot
Penrith
Cumbria
CA10 2BQ

Telephone number: 033 2401727

Fax: 01228 221572

Email: safeguardinghub.fax@cumbria.gov.uk

- Seek advice from the Duty Social Worker if you are unsure as to whether to make a referral.

- All referrals should be sent in writing using the multi-agency referral form. The exception is in the case of urgent child protection, where the referral will be taken over the telephone and followed up in writing by the next working day (24-72 hours).
- With few exceptions, the parents should be informed that a referral is being made. If you are unsure, consult a Duty Social Worker prior to sending the referral.

Common Assessment Framework

The CAF is designed as an assessment tool to facilitate early intervention and cooperation between agencies to improve outcomes for children/young people with additional needs.

You might use a CAF:

- If you are concerned about how the child is progressing in terms of their health, welfare, behaviour, learning or any other aspect of their wellbeing.
- If you receive a request from the child/or parent/carer for more support.
- If you are concerned about the child's appearance of behaviour, but their needs are unclear or are broader than your service can address.
- If you want to use the CAF to help you identify the needs of the child/young person and/or to pool knowledge and expertise with other agencies to better support the child/young person.

Case Conferences

- If invited to a Child Protection Case Conference, staff will be given priority to attend.
- A full report should be taken to the Conference or sent (if unavoidably unable to attend). **See Appendix Four.**

Please also refer to the schools policies on Bullying, Behaviour, Physical Restraint, Attendance, Health and Safety, First Aid.

Particular reference for all aspects of further support and guidance on safeguarding can be found on www.cumbrialscb.org

Guidance on Recognising Suspected Abuse

Child abuse is a term used to describe ways in which children are harmed by someone often in a position of power. It may not be our responsibility to decide whether child abuse is occurring but we are required to act on any concerns and report it to the appropriate party. The health, safety and protection of a child is paramount.

Physical Abuse

Can include; hitting, shaking, throwing, poisoning, burning, suffocating or causing any form of physical harm to a child. Possible signs include:

- Unexplained injuries or burns
- Refusal to discuss injuries
- Improbable explanations of injuries
- Untreated injuries or lingering illness
- Admission of punishment which appears excessive
- Shrinking from physical contact
- Fear of returning home or parents being contacted
- Fear of undressing
- Fear of medical help
- Aggression/bullying
- Over compliant behaviour
- Running away
- Significant changes in behaviour
- Deterioration in work
- Unexplained pattern of absences

Emotional Abuse

This is persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on a child's emotional development. It can include;

- Conveying to a child that they are worthless or unloved
- Placing inappropriate age-related expectations on children
- Making children feel frightened or in danger on a frequent basis

Possible signs of emotional abuse include;

- Continual self-depreciation
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Self-harm or mutilation
- Compulsive stealing/scrounging
- Drug/solvent abuse
- 'Neurotic' behaviour – obsessive rocking, thumb-sucking
- Air of detachment 'don't care' attitude
- Social isolation
- Attention-seeking behaviour
- Eating problems

- Depression, withdrawal

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. They can include non-contact activities, such as involving children looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Possible signs include;

- Bruises, scratches, burns or bite marks
- Scratches, abrasions or persistent infection in the anal or genital regions
- Pregnancy
- Sexual awareness inappropriate to the child's age
- Frequent public masturbation
- Attempts to teach other children about sexual activity
- Refusing to stay with certain people or go to certain places
- Aggressiveness, anger, anxiety, tearfulness
- Withdrawal from friends

Neglect

Neglect is also a form of abuse. It is the persistent failure to meet a child's basic physical and/or psychological needs and can affect the child's health and development. It might include failure to provide adequate food, shelter and clothing, failure to protect a child from physical harm or danger, failure to ensure appropriate access to medical care and treatment.

Possible signs include;

- Constant hunger
- Poor personal hygiene
- Inappropriate clothing
- Frequent lateness or non-attendance
- Untreated medical problems
- Low self-esteem
- Poor social relationships

- Compulsive stealing or scrounging
- Constant tiredness

Bullying

Bullying can be defined as using deliberately hurtful behaviour, usually over a period of time, where it is difficult for those bullied to defend themselves. The three main types of bullying are;

- Physical
- Verbal
- Emotional

All incidents of bullying should be dealt with by the class teacher in the first instance, followed by the Head Teacher as appropriate.

Self Harm

If it comes to the attention of a teacher/member of staff that a child is self-harming, they should alert the designated teacher for child protection. Actions by the designated teacher might include;

- Contacting parents
- Contacting Child Adolescent Mental Health Services
- Contacting Social Care if the child meets the referral criteria.

A copy of this policy has been distributed to all school staff.

Appendix One Definitions of child abuse and neglect
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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 feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying causing children frequently to feel frightened or in danger or the exploration 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, 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. They may include non-contact activities, such as involving children in looking at or in the production of pornographic material or watching sexual activities or encouraging children to behave in sexually inappropriate ways.

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.

Appendix Two**What to do when a child discloses abuse**

- Stay calm and reassuring
- Arrange a time and place to talk privately immediately after the child has initiated contact. Listen, the child should lead the discussion
- Explain that you cannot promise to keep what the child tells you a secret – you may have to contact a social worker or the police
- Don't make any other promises to the child – the situation may cause you to react emotionally
- Listen and reassure. Accept what the child says without challenge
- **Do not press for details** – this is likely to need further and possibly extensive investigation. It is better for the child if s/he does not have to repeat the details unnecessarily. This could also compromise a potential criminal investigation
- Tell the child that s/he was right to tell – that s/he is not to blame for the incident. Let the child know that you understand how difficult it is to talk about such experiences. Thank the child
- As soon as possible afterwards, record your conversation with the child. Remember the child's exact words. Record your own statements to the child
- **Refer**
- Debrief with the Head

Note: A wide range of situations can fall into the category of 'disclosure'. Because it is impossible to know in advance what a child will say, it is advisable to always follow these suggestions.

Many victims of child abuse say that having the first person they told be supportive was the first step in recovering from their experience.

Appendix Three**Child protection procedures – physical injury to children****Checklist for Recording**

When you notice an injury to a child which causes concern it needs to be recorded. Try to record the following information with regard to each injury;

- Exact position of injury on the body, e.g, upper/outer arm / left cheek
- Size of injury – in approximate centimetres or inches (or use indicators, e.g, size of a one pence coin, etc)
- Approximate shape of injury, e.g, round/square or straight line
- Colour of injury – if more than one colour, say so
- Is the skin broken?
- Is there any swelling at the site of injury, or elsewhere on the body?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff, etc?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot/does the child feel hot?
- Does the child feel pain?

Note: Do not attempt to guess at things beyond your own field of expertise, e.g, age of injury – only record the facts, not assumptions or interpretations.

Only record visible injuries; do not strip children. If the child is injured, Children's Social Care will arrange for a Child Protection Medical.

Also record;

- Explanation for the injury; Child (use child's own words) Adult
- General appearance of the child; Clothing/Hygiene
- Child's attitude/demeanour
- Parent's attitude
- Action taken/proposed – in your view, does the child need treatment?
- Your name, designation, agency, telephone number
- Date and time of your observation

Appendix Four

Format for report for a child protection conference

Reports for conference should aim to be not longer than two to three sides of A4.

Reports should contain principally fact and direct observation. Keep opinion to a minimum, and only opinion which can be evidenced by fact.

Report for Child Protection Conference

Name of child:

Date of birth:

Address:

1. How long child/children have been at school and, if appropriate, names and dates of any previous schools
Reason for referral to agency if applicable
Services offered/referrals made

2. Brief information re.the child
Health
General progress
School attendance
Who brings/collects
Communication skills
Social skills
Relationships peers-staff-family
Child's response to school

3. Comments, if any, re. the incident leading to the conference
4. Any historical information regarding the family and child, of relevance
5. Any comments regarding other members of the child's family – parents/carers/extended family/siblings