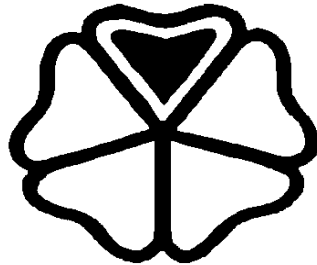


# CHILD PROTECTION POLICY



## SACRED HEART RC PRIMARY & NURSERY SCHOOL

Person responsible for this policy: Nichola Day  
Policy reviewed: September 2016  
Agreed by governors: Agenda for FGB Meeting on 10.11.16

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# **Child Protection Procedures**

## ***Sacred Heart Primary & Nursery School***

### **1) What is Child Protection?**

1.1 Child protection is one very important aspect of safeguarding. It refers to the activity which is undertaken to protect specific children who are suffering, or at risk of suffering, significant harm.

### **2) What is significant harm?**

2.1 The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention by statutory agencies in family life in the best interests of children. There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes it might be a single traumatic event but more often it is a compilation of significant events which damage the child's physical and psychological development. Decisions about significant harm are complex and require discussion with the statutory agencies.

### **3) Purpose of these procedures**

3.1 These procedures should be read in conjunction with the Safeguarding Policy. They apply to the Headteacher, all staff (including supply and peripatetic staff), volunteers and anyone working on behalf of Sacred Heart and explain what action should be taken if there are concerns that a child is or might be suffering harm. A child is a person under 18 years but the principles of these procedures apply also to vulnerable young adults over 18 years.

### **4) Responsibilities and roles**

4.1 All those who come into contact with children and families in their work, including those who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of children within a culture of vigilance.

4.2 Governing bodies/proprietors are accountable for ensuring their establishment has effective policies and procedures in place and monitoring the school's compliance with them. Each governing body should nominate an individual member to take the lead in safeguarding and to work closely with the Designated Safeguarding Lead in school (**Designated Safeguarding Governor: Paul Garside**).

4.3 This school has a Designated Safeguarding Lead (DSL) with responsibility for child protection who is **Nichola Day**. This is the person with whom you should normally discuss any concerns or allegations relating to the children in our care and s/he should be able to offer appropriate advice and refer to other agencies as necessary.

Other Designated Child Protection Staff are **Helen Brown (Headteacher) and Christine Nott (SENDco and Pastoral Support)**.

4.4 In addition, the Children in Need Service (Children's Services) the Safeguarding Unit can provide advice and guidance on safeguarding and child protection matters.

*See Appendix 1 for useful contacts.*

*See Appendix 2 for the role and responsibilities of the DSL/DDSL.*

4.5 All action is taken in line with the following guidance:

- South West Child Protection Procedures – <http://www.proceduresonline.com/swcpp/torbay> (updated February 2016)
- Working Together to Safeguard Children March 2015 – Guidance published by HM Government
- What to do if you're worried a child is being abused – Government Guidance – DfE March 2015
- Keeping Children Safe in Education– September 2016

## **5) What is child abuse?**

5.1 It is generally accepted that there are four main forms of abuse. The following definitions are based on those from *Keeping Children Safe (Sept2016)*. <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

### **Types of abuse and neglect**

All school and college staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

**Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or by another child or children. 37. **Physical abuse:** a form of abuse which 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:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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, although it may occur alone.

**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:** 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); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

5.2 It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children are subjected to more than one form of abuse at any one time. These four definitions do not minimise other forms of maltreatment.

## **6) Recognising child abuse – signs and symptoms**

6.1 Recognising child abuse is not easy, and it is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk. You do, however, have a responsibility to act if you have a concern about a child's welfare or safety.

6.2 The following information is not designed to turn you into an expert but it will help you to be more alert to the signs of possible abuse. The examples below are not meant to form an exhaustive list.

### **i) Physical abuse**

Most children will collect cuts and bruises in their daily lives. These are likely to be in places where there are bony parts of the body, like elbows, knees and shins. Some children, however, will have bruising which can almost only have been caused non-accidentally. An

important indicator of physical abuse is where bruises or injuries are unexplained or the explanation does not fit the injury or there are differing explanations. A delay in seeking medical treatment for a child when it is obviously necessary is also a cause for concern. Bruising may be more or less noticeable on children with different skin tones or from different racial groups and specialist advice may need to be taken.

Patterns of bruising that are suggestive of physical child abuse include:

- bruising in children who are not independently mobile
- bruises that are seen away from bony prominences
- bruises to the face, back, stomach, arms, buttocks, ears and hands
- multiple bruises in clusters
- multiple bruises of uniform shape
- bruises that carry the imprint of an implement used, hand marks or fingertips

Although bruising is the commonest injury in physical abuse, fatal non-accidental head injury and non-accidental fractures can occur without bruising. Any child who has unexplained signs of pain or illness should be seen promptly by a doctor.

Other physical signs of abuse may include:

- cigarette burns
- adult bite marks
- broken bones
- scalds

Changes in behaviour which can also indicate physical abuse:

- fear of parents being approached for an explanation
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched
- reluctance to get changed, for example wearing long sleeves in hot weather
- running away from home

## ii) **Emotional abuse**

Emotional abuse can be difficult to measure, and often children who appear well cared for may be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Children who live in households where there is domestic violence can often suffer emotional abuse. Emotional abuse can also take the form of children not being allowed to mix/play with other children.

The physical signs of emotional abuse may include:

- a failure to thrive or grow, particularly if the child puts on weight in other circumstances, e.g. in hospital or away from parents' care
- sudden speech disorders
- developmental delay, either in terms of physical or emotional progress.

Changes in behaviour which can also indicate emotional abuse include:

- neurotic behaviour, e.g. sulking, hair twisting, rocking
- being unable to play

- fear of making mistakes
- self harm
- fear of parents being approached.

### iii) **Sexual abuse**

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers.

Usually, in cases of sexual abuse it is the child's behaviour which may cause you to become concerned, although physical signs can also be present. In all cases, children who talk about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

- pain or itching in the genital/anal areas
- bruising or bleeding near genital/anal areas
- sexually transmitted disease
- vaginal discharge or infection
- stomach pains
- discomfort when walking or sitting down
- pregnancy.

Changes in behaviour which can also indicate sexual abuse include:

- sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares
- running away from home
- sexual knowledge which is beyond their age or developmental level
- sexual drawings or language
- bedwetting
- eating problems such as overeating or anorexia
- self harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money
- not being allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults

### iv) **Neglect**

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children.

The physical signs of neglect may include:

- constant hunger, sometimes stealing food from other children
- being constantly dirty or smelly
- loss of weight, or being constantly underweight
- inappropriate dress for the conditions.

Changes in behaviour which can also indicate neglect may include:

- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments

- having few friends
- mentioning being left alone or unsupervised

6.3 The above list is not meant to be definitive but as a guide to assist you. It is important to remember that many children and young people will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring.

6.4 There may well be other reasons for changes in behaviour, such as a death or the birth of a new baby in the family, relationship problems between parents/carers, undiagnosed medical conditions etc.

## 7) Responding to the child who makes an allegation

- Listen carefully to what is said
- Stay calm
- Find an appropriate opportunity to explain that the information will need to be shared with others - do not promise to keep secrets
- Allow the child to continue at her/his own pace and do not interrupt if the child is freely recalling events
- You do not need to find a 'witness'
- Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer. Questions should be framed in an open manner and not 'lead' the child in any way. For example say, "Tell me what has happened", rather than, "Did s/he do..."
- Reassure the child that s/he has done the right thing in telling you
- Explain what you will do next and with whom the information will be shared
- Do not ask the child to repeat the disclosure to anyone else in school or ask him/her to write a 'statement'
- Contact your Designated Safeguarding Lead (Nichola Day) or Deputy DSL (Helen Brown/Christine Nott ) as soon as you can or, where such contact is not possible, ensure a referral is made without delay to the appropriate Social Care office – **01803 208100**
- Record in writing what was said - in the child's own words - as soon as possible. Note the date, time, any names mentioned and to whom the information was given. This information should be logged on CPOMS which will automatically alert the safeguarding team. If you feel that your concern requires an immediate response, please alert one of the safeguarding team in person to ensure the electronic alert has been read. There are concern forms (pink forms) still available around the school for recording if you do not have access to a computer. Please ensure that the pink forms are signed and dated and that a member of the safeguarding team have been alerted to your concerns immediately.
- Do not discuss with parents/carers. The Designated Safeguarding Lead will agree with the Social Care team when parents/carers should be contacted and by whom

*Further advice on information sharing can be found in 'What to do if you're worried a child is being abused', Appendix 3. Copies can be found on the safeguarding board in the staffroom, in the green*



*Safeguarding folder, also in the staffroom and in the reception area by the main office.*

### 7.1 Remember

It is important that everyone in the school is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred and should not conduct an investigation to establish whether the child is telling the truth. That is a task for Children's Services and the Police following a referral to them of concern about a child. Your role is to act promptly on the information you have received and follow school procedures.

## 8) Responding to concerns or suspicions of abuse

8.1 Any suspicion or concern that a child or young person may be suffering or at risk of suffering significant harm, **MUST** be acted on. Doing nothing is not an option. Any suspicion or concerns should be discussed without delay with the Designated Safeguarding Lead or their deputies. If the child/young person is felt to be in immediate danger, the Police should be called.

8.2 A careful record should be made of what you have seen/heard that has led to your concerns and the date, time, location and people who were present. As far as possible, record verbatim what was said and by whom. Ensure that you use the child's words and not your interpretation of them, where physical injuries have been observed; these should be carefully noted but should not be photographed. Do not ask to see injuries that are said to be on an intimate part of the child's body.

*See Appendix 3 for record keeping*

8.3 The Safeguarding team at Sacred Heart ensure that one member is available onsite at all times. However, in the rare circumstance where the Designated Safeguarding Lead or either Deputy DSL are not on-site or contactable by phone, you should discuss your concerns with either:

- Sarah James **07525 815441** (TESS Education Social Worker)
- Multi Agency Safeguarding Hub (MASH) Tel: **208100**

Staff should refer to Torbay's safeguarding procedures by visiting: <http://www.proceduresonline.com/swcpp/torbay> or refer to the green safeguarding file / notice board in the staff room where all important safeguarding information is kept.

8.4 Following a concern, the Designated Safeguarding Lead or Deputy DSL should telephone the referral to TESS/MASH without delay. The Designated Safeguarding Lead should keep a record of the conversation with the referral team, noting what actions will be taken and by whom, giving the date and time of the referral. The referral should be confirmed in writing on the inter-agency referral form as soon as possible and at least within 48 hours.

## 9) Responding to allegations or concerns about staff or volunteers

9.1 Rigorous recruitment and selection and other safeguarding procedures, and adhering to safer practice guidance will hopefully mean that there are no allegations against or concerns about staff or volunteers. However, if there is any reason to believe that another member of staff or volunteer has acted inappropriately or abused a child or young person, you must take action by discussing your belief or concern with the **Headteacher**. Even though it may seem difficult to believe that one of your colleagues may be unsuitable to work with children, the risk is far too serious for any member of staff to dismiss such a suspicion without taking action. In the circumstance of an allegation against an adult, concerns **should not** be reported to Nichola Day. You must contact Helen Brown directly; where she is not available, contact must be made with the Chair of Governors, Julie Burnard.

9.2 If the concern is about the Headteacher, it should be discussed with the Chair of Governors (**Julie Burnard**). Julie's contact details are available on the safeguarding display board (email) and in the school office. **Staff should be aware where to find these without having to ask.**

9.3 In all cases of allegations against staff or volunteers, the Headteacher/Chair of Governors, must follow the correct procedure as set out in the *Allegations against Staff* policy. A précised version of this is displayed on walls around the school and full procedures are available at

[http://www.proceduresonline.com/swcpp/torbay/p\\_alleg\\_against\\_staff.html?zoom\\_highlight=allegations+against+staff](http://www.proceduresonline.com/swcpp/torbay/p_alleg_against_staff.html?zoom_highlight=allegations+against+staff)

## 10) What happens after a referral is made to Children's Services Social Care?

- Referral

Once a referral is received by the MASH, a manager will decide on the next course of action by the Service, within one working day. When there is concern that a child is suffering, or at risk of suffering significant harm, this will be decided more quickly and an initial assessment will be conducted

- Initial Assessment

The Initial Assessment must be completed at least within 7 working days of receiving the referral, and will determine what should happen next.

- Strategy Discussion

If there is reasonable cause to suspect actual or likely significant harm, the Service Manager in the MASH and the Police (with other agencies as appropriate) will hold a Strategy Discussion or meeting to decide whether to initiate a child protection enquiry (s47 enquiry) and whether a joint criminal investigation is required.

- Section 47 (Children Act, 1989) Enquiries

The process of the investigation is determined by the needs of the case, but the child/young person will always be seen as part of that process. On occasions, this will mean the child/young person is jointly interviewed by the Police and Social Workers, sometimes at a special suite where a video-recording of the interview is made.

- The Child Protection Conference

If, following the s47 enquiries, the concerns are substantiated and the child is judged to be at continuing risk of significant harm, a Child Protection Conference (CPC) will normally be convened. The CPC must be held within 15 days of the Strategy Discussion and staff invited to attend (normally the Headteacher or DSL) should produce a written report following *Signs of Safety* guidelines. This must be shared with the child/young person and his/her family [rior to the initial CPC is held. A copy should also be sent to the person chairing the initial CPC 10 working days in advance.

## **11) Children who are disabled**

11.1 Children who are disabled are especially vulnerable to abuse and adults who work with them need to take extra care when interpreting apparent signs of abuse or neglect.

11.3 These child protection procedures should be followed if a child who is disabled discloses abuse or there are indicators of abuse or neglect. There are no different or separate procedures for children who are disabled.

11.4 Staff responsible for intimate care of children should undertake their duties in a professional manner at all times and in accordance with the school's intimate care policy.

## **12) Female Genital Mutilation**

12.1 Female genital mutilation (FGM) is a collective term for procedures, which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between 4 and 13, but in some cases it is performed on new-born infants or on young women before marriage or pregnancy.

12.2) Female Genital Mutilation (FGM) is an illegal in the United Kingdom and is a violation of human rights of girls and women. Information on FGM will be incorporated into staff Safeguarding and Child Protection training and briefings.

12.3) Any concerns that a young person may be at risk of FGM will be referred to the appropriate safeguarding agencies.

## **13 Child Sexual Exploitation**

13.1) Sexual exploitation involves an individual or group of adults taking advantage of the vulnerability of an individual or groups of

children or young people, and victims can be boys or girls. Children and young people are often unwittingly drawn into sexual exploitation through the offer of friendship and care, gifts, drugs and alcohol, and sometimes accommodation. Sexual exploitation is a serious crime and can have a long-lasting adverse impact on a child's physical and emotional health. It may also be linked to child trafficking.

The school includes the risks of sexual exploitation in the PSHE and SRE curriculum. A common feature of sexual exploitation is that the child often doesn't recognise the coercive nature of the relationship and doesn't see themselves as a victim. The child may initially resent what they perceive as interference by staff, but staff must act on their concerns, as they would for any other type of abuse.

All staff are made aware of the indicators of sexual exploitation and all concerns are reported immediately to the DSL. School will engage with and make referrals to TESS/MASH where appropriate.

#### **14) Preventing Radicalisation and Extremism**

14.1) **Radicalisation** is defined as the act or process of making a person more radical or favouring of extreme or fundamental changes in political, economic or social conditions, institutions or habits of the mind.

**Extremism** is defined as the holding of extreme political or religious views.

14.2) Sacred Heart values the fundamental rights of freedom of speech, expression of beliefs and ideology and tolerance of others which are the core values of our democratic society. However, all rights come with responsibilities and free speech or beliefs designed to manipulate the vulnerable or which advocate harm or hatred towards others will not be tolerated. Sacred Heart seeks to protect its students and staff from all messages and forms of violent extremism and ideologies including those linked to, but not restricted, to the following: Far Right/Neo Nazi, White Supremacist ideology, extremist Islamic ideology, Irish Nationalist and Loyalist paramilitary groups and extremist Animal Rights groups.

14.3 Sacred Heart is clear that exploitation and radicalisation will be viewed as a safeguarding concern and will be referred to the appropriate safeguarding agencies.

#### **15) Child Missing in Education**

15.1) Attendance, absence and exclusions are closely monitored. A child going missing from education is a potential indicator of abuse and neglect, including sexual abuse and sexual exploitation. The DSL will monitor unauthorised absence and take appropriate action, particularly where children go missing on repeated occasions. See *Child Missing in Education Policy* for further information.

#### **16) Safer Working Practice**

16.1 All adults who come into contact with children at this school should behave at all times in a professional manner which secures the best outcomes for children and also prevents allegations being

made. Advice on safer working practice can be found in *Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings*. March 2009

16.2 Refer to school's Code of Conduct policy.

## **17) Training**

17.1 Child protection must be part of induction for all staff and volunteers new to the school. *All new members of staff/volunteers/students receive an induction pack followed by an induction meeting with Nichola Day (DSL) or Chris Nott (DDSL). Safeguarding files including more detailed information are available around the school; the induction file will signpost them to these.*

17.2 This should be followed up by basic child protection training that equips individuals to recognise and respond appropriately to concerns about pupils. The depth and detail of the training will vary according to the nature of the role and the extent of involvement with children.

17.3 Staff who do not have designated responsibility for child protection, including the Headteacher and qualified teachers, should undertake suitable refresher training at 3 yearly intervals. *We invite outside agencies to deliver CP training on a 3 yearly cycle and whole school INSET takes place at the start of each September led by the DSL.*

17.4 When staff with designated responsibility for child protection take up the role they should receive training in inter-agency working. They should be updated at 2 yearly intervals after that. *Nichola Day attends half termly safeguarding network meetings and a refresher annually. Chris Nott and Helen Brown attend refreshers bi-annually.*

*See Appendix 4 for further information on training*

## **18) THE CURRICULM**

- The school promotes pupil's spiritual, moral, social and cultural development through the curriculum and access to a wide variety of teaching resources and cultural activities.
- The school year always begins with a refresher week on e-safety. This is referred to and built upon throughout the year.
- The curriculum, organisation of teaching and learning and ethos in settings and schools contributes to teaching children and young people about a range of safety issues including, but not exclusively, road safety, accident prevention, substance misuse, water safety, internet safety, safe touch, staying safe and building resilience, using visits and visitors where possible, such as the local PCSOs and lifeguards; NSPCC and school nurses.
- Staff expectations of pupil behaviour, attendance and attainment are high.
- School has developed approaches to tackling all forms of bullying: racist, homophobic, SEN and cyberbullying via mobile phones, text, e-mails and the internet. This includes tackling

issues leading to grooming, child sexual exploitation and radicalisation. Concerns are recorded on CPOMS and safeguarding staff alerted. These concerns will be discussed at the weekly concern meeting.

- There are formal and informal opportunities to praise, reward and celebrate pupils behaviour and achievements in lessons, assemblies, dinner time, break time, before and after school, trips etc.

### **WHISTLEBLOWING**

All staff must be aware of their duty to raise concerns about the attitude or actions of colleagues in line with the schools Code of Conduct / Whistleblowing policy (see green safeguarding file in the staff room).

Any staff member can press for re-consideration of a case if they feel a child's situation does not appear to be improving. They must refer their concerns to Social Care directly if they have concerns for the safety of a child.

Date these procedures were adopted by the governing body.....10.11.16

## **Useful contacts**

### **1) Torbay MASH**

208 100

### **2) TESS Safeguarding Support 01803 393857**

**Sarah James : 07525 815441**

The TESS Education Social Workers offer general advice and support to Headteachers and Designated Safeguarding Leads (DSL) staff in relation to any safeguarding issues.

### **3) LADO: John Edwards - 01803 208411 Patrick Duke – 01803 208562**

Email: **[cpunit@torbay.gcsx.gov.uk](mailto:cpunit@torbay.gcsx.gov.uk)**

[john.edwards@torbay.gcsx.gov.uk](mailto:john.edwards@torbay.gcsx.gov.uk)  
[patrick.duke@torbay.gcsx.uk](mailto:patrick.duke@torbay.gcsx.uk)

(secure email).

**The role and responsibilities of the Designated Safeguarding Lead**

The Designated Safeguarding Lead

Governing bodies and proprietors should appoint a member of staff of the school's or college's leadership team to the role of designated safeguarding lead. This should be explicit in the role-holder's job description. This person should have the appropriate authority and be given the time, funding, training, resources and support to provide advice and support to other staff on child welfare and child protection matters, to take part in strategy discussions and inter-agency meetings – and/or to support other staff to do so – and to contribute to the assessment of children.

The Designated Safeguarding Lead should liaise with the local authority and work with other agencies in line with Working Together to Safeguard Children 2015. There should always be cover for this role.

If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Anybody can make a referral.

The Designated Safeguarding Lead should undergo updated child protection training every two years. The headteacher and all staff members should undergo child protection training which is updated regularly, in line with advice from the LSCB



## **Record Keeping**

### **A) Record to be made by an adult receiving a disclosure of abuse**

There are two ways to record a concern. All teaching and teaching support staff have been trained in using CPOMS (electronic record keeping system). Any concerns regarding a child should be recorded on this system which automatically alerts the safeguarding team. MTAs, students and volunteers have been advised on how to use the 'pink form' record sheet and what to do with it in the event that one has been completed.

Whether CPOMS or pink forms, records should be made as soon as possible after the disclosure has been reported to the Designated Safeguarding Lead. The facts, not opinions, should be accurately recorded in a non judgemental way and should include:

- The child's name, gender and date of birth
- Day, date and time of the conversation
- What was the context and who was present during the disclosure?
- What did the child say? – verbatim
- What questions were asked? – verbatim
- Responses to questions –verbatim
- Any observations concerning child's demeanour and any injuries
- The name of the person to whom you reported the disclosure
- Print your name and position in school (pink form)
- Sign and date the record (pink form)
- Pink forms should be taken to the Headteacher's office and given to Helen Brown or Chris Nott, in her absence.

This should be retained in the original form (as it could be used as evidence in criminal proceedings), even if later typed or if the information is incorporated into a report

### **B) Records kept by the Designated Safeguarding Team**

- The concern record should be passed to the safeguarding team who will make a judgement about what action needs to be taken, in accordance with local inter-agency safeguarding procedures (CPOMS entries will automatically alert the safeguarding team).

- Information about concerns, allegations and referrals relating to individual pupils should be kept in separate files rather than in one generic 'concern log'. *Concerns from April 2016 will be kept electronically on CPOMS. Concerns pre-dating CPOMS are kept in separate files in a locked cupboard.*
- Individual files should include a chronology of incidents and subsequent actions/outcomes.
- All records relating to child protection concerns should be kept in a secure place, separate from the main school files, and access to the keys strictly controlled. Electronic records should be password protected or kept on a protected drive. *CPOMS – only the safeguarding team hold merrilock keys to access historic information.*
- Child protection information should be shared with all those in school who have a need to have it, either to enable them to take appropriate steps to safeguard the pupil or to enable them to properly carry out their own duties, but it should not be shared wider than that.

### **Access to child protection records**

- The child who is the subject of a child protection record has the right to access the file, *unless* to do so would affect his/her health or well-being or that of another person, or would be likely to prejudice a criminal investigation or a Section 47 assessment under the Children Act 1989.
- Parents (i.e. those with parental responsibility) are entitled to see their child's child protection file, with the same exemptions as apply to the child's right to access the record. Note that an older pupil may be entitled to refuse access to his/her parents.
- Always seek advice if there are any concerns or doubt about a child or parents reading records. However, it is generally good practice to share all information held unless there is a valid reason to withhold it, e.g. to do so would place the child at risk of harm. Any requests to see the child's record should be made in writing so that confidential information, such as any details of other pupils, can be removed.
- Child protection information should not normally be shared with professionals other than those from Social Care, the Police, Health or the Local Authority. Information should not be released to parents' solicitors on request; advice should be sought from LA Legal Services in such cases.

### **Transfer of child protection records**

- When a pupil transfers to another school, the Designated Safeguarding Lead should inform the receiving school as soon as possible by telephone that child protection records exist. The original records must be passed on either by hand or sent by recorded delivery.
- If the records are to be posted, they should be copied and these copies should be retained until there has been confirmation in writing that the originals have arrived at the new school.
- Whether child protection files are passed on by hand or posted, it is good practice to have written evidence of the transfer (such as a form or slip of paper signed and dated by a member of staff at the receiving

school.) This form should be retained by the originating school for 6 years (in line with guidance from the Records Management Society).

- If the pupil is removed from the roll to be home educated, the school should pass the child protection file to the Education Other Than At School Service (EOTAS) using the process detailed above. If the child later enrolls at the same or another school, the PESW will pass on the child protection records.

#### **Retention of records**

- The school should retain the record for as long as the child remains in school and then transferred as described above.
- Guidance from the Records Management Society is that when a pupil with a child protection record reaches statutory school leaving age (or where the pupil completed 6<sup>th</sup> form studies), the last school attended should keep the child protection file until the pupil's 25<sup>th</sup> birthday. It should then be shredded.

## **Mandatory training**

There are 3 levels of safeguarding training:-

- 1) Single agency      *\*all school staff and volunteers*
- 2) Multi agency      *\*\*designated safeguarding staff*
- 3) Those with particular strategic and managerial responsibilities

### **\*Single agency training**

This should include:-

- how to recognise children who are, or may be, suffering harm
- how to respond to child welfare concerns, including disclosures of abuse
- safer working practice

This training generally takes place with other adults who work/volunteer in school, as a twilight or inset session, and can be delivered by the Designated Safeguarding Lead or one of the TSCB approved training providers who will charge for this delivery.

Update required every 3 years.

At Sacred Heart, we have annual training from the DSL and bi-annual whole staff training from TSCB approved training providers.

### **\*\*Multi-agency training**

This should give the Designated Safeguarding staff:-

- a higher minimum level of expertise
- a greater understanding of how to work together with other agencies to identify and address child welfare concerns
- the means to plan, undertake and review interventions
- the ability to manage and contribute to child protection procedures

There are two courses ('TSCB Introduction to Safeguarding and Child Protection' and 'TSCB Safeguarding Children Refresher') run by the TSCB, that **must** both be attended by newly appointed Child Protection staff.

Information about these courses is sent out from TESS.

In addition, there are courses which should be considered in order to meet the continuous professional development needs of Designated Child Protection staff on topics such as the impact of domestic abuse on children, emotional abuse and neglect and the implications for children etc, the details of which can be located on the following website ([www.torbay.gov.uk/tscb](http://www.torbay.gov.uk/tscb) or <http://torbay.learningpool.com/course/index.php?categoryid=71> ).

As a minimum Designated Child Protection staff should attend an update course every 2 years:-

- 1 day 'Safeguarding Refresher multi-agency course – details sent out from TESS.

Nichola Day: Nov 15 (booked on for Feb 17)

Helen Brown: Jan 15 (booked on for 1.11.16)

Chris Nott: Jan 15 (booked on for 5.12.16)