

# Osmaston Primary School

## Safeguarding Policy

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### Policy review dates and changes

Review date	By whom	Summary of Changes made	Date implemented
9 Oct 2015	Janie Berry	Section 3.3 added 'Preventing Radicalisation'	9 October 2015
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## **1.0 Introduction**

This document outlines Osmaston Primary School's safeguarding and child protection policy. It applies to all adults, including volunteers working in or on behalf of the school.

Everyone working in, or for our school, shares an objective to help keep children and young people safe by contributing to:

- Providing a safe environment for children and young people to learn in education settings, and;
- Identifying children and young people who are suffering or likely to suffer significant harm, and taking the appropriate action with the aim of making sure they are kept safe both at home and in the school setting.

We will ensure that parents and our partner agencies are aware of our safeguarding children policy by ensuring that it is mentioned in our school prospectus, displaying information in school reception area/s, by raising awareness at initial meetings with parents of new pupils and at parent teacher meetings.

## **1.1 Aim of Policy**

The aim of this policy is to outline how the school will;

- Promote a positive school ethos where children can learn, feel secure and be safe.
- Prevent unsuitable people working with children and young people.
- Promote safe practice and challenge poor and unsafe practice.
- Identify instances in which there are grounds for concern about a child's welfare, and initiate or take appropriate action to keep them safe.
- Contribute to effective partnership working between parents and all those involved with providing services for children and young people.

The policy will be reviewed annually, unless an incident or new legislation or guidance suggests the need for an earlier date of review.

## **1.2 Context**

This policy enables Osmaston Primary School to carry out our functions with a view to safeguarding and promoting the welfare of children under sections 175 and 157 of the Education Act (2002). The policy is in line with the following legislation and guidance:

- Working Together to Safeguard Children (2015)
- Derby and Derbyshire Safeguarding Children Procedures
- Keeping children safe in Education: Statutory Guidance for schools and colleges (DfE March 2015)
- Children Act (1989)
- Children Act (2004)
- Children and Families Act 2014
- Safeguarding Children and Safer Recruitment in Education (2007)
- Information Sharing; Guidance for practitioners providing safeguarding services to children, young people parents and carers (DfE 2015)
- Protection of Freedoms Act (2012)
- Counter-Terrorism and Security Act 2015

Safeguarding the welfare of children is more than purely child protection; it should permeate all activity and functions. This policy therefore complements and supports a range of other school policies, such as:

- anti bullying
- behaviour management
- SEN
- health and safety
- toileting/intimate care
- ICT/e safety
- extended school activities
- sex education
- premises management
- central record of recruitment and vetting checks
- complaints procedure
- staff discipline, conduct and grievance
- information sharing
- whistle blowing policy.

## **2.0 Safeguarding Roles and Responsibilities of School Staff**

All adults working in, or on behalf of the school have a responsibility to safeguard and promote the welfare of children. This includes a responsibility to be alert to possible abuse and to report/record all concerns to the identified staff with safeguarding responsibilities within the school. The names of these key members of staff are listed at the end of this section.

Staff induction will include organisation vision, aspirations and expectation of all staff and what is considered acceptable and what is not. They will also receive safeguarding training during their induction period and regularly there after so they are equipped with the knowledge and skills to keep children safe. We will engender the principle that safeguarding is 'everyone's responsibility'.

### **2.1 Roles and Responsibilities of Governors**

The Governing Body will ensure the following:

- The school has an effective safeguarding policy and procedures in place in accordance with the Derby and Derbyshire Safeguarding Children Board procedures When requested they will make sure it is available to parents.
- The school operates “safer recruitment” procedures and makes sure appropriate checks are carried out on all new staff and volunteers.
- The school has procedures for dealing with allegations of abuse against staff and volunteers in accordance with the locally agreed inter-agency procedures.
- There is a senior member of the schools leadership team (the Designated Safeguarding Lead) who is designated to take responsibility for dealing with safeguarding issues, monitoring safeguarding activity, providing advice and support to other staff, liaising with the local authority and working with other agencies.
- Members of the school Governing Body will undertake training about safeguarding children (see appendix 1) and, where appropriate, safer recruitment training.
- That all staff attend safeguarding training, including refresher training appropriate to their roles.
- Any deficiencies or weaknesses in regard to safeguarding arrangements that are brought to the Governing Body’s attention are addressed without delay.
- The Chair of the Governing Body (in their absence, the Vice Chair) will be responsible for liaising with the local authority and/or partner agencies as appropriate in the event of allegations being made against the Head Teacher.
- Policies and procedures are reviewed annually and provide information about them and how they have been discharged.
- There is an individual member of the Governing Body who will take lead on safeguarding children and champion child protection issues within the school, liaise with Head Teacher (and Designated Safeguarding Lead) about them, and provide information and reports to governing body.
- Where the Governing Body provides services or activities directly under the supervision or management of school staff, the schools arrangements for safeguarding apply. Where provided by a separate body the Governing Body should seek assurance that the body concerned has appropriate policies and procedures in place regarding safeguarding children – and there are arrangements in place to liaise with the school on these matters where appropriate.

## **2.2 Roles and Responsibilities of the Head Teacher**

The Head Teacher will ensure that:

- The policies and procedures adopted by the Governing Body are fully implemented and followed by all staff.
- Sufficient time and resources are allocated to enable the Designated Safeguarding Lead and other staff to discharge their responsibilities, including recording and monitoring safeguarding activities, taking part in strategy discussions, other interagency meetings and contributing to the assessment of children.
- All staff and volunteers feel able to raise concerns about poor or unsafe practice with regard to children, and concerns are addressed sensitively and effectively in a timely manner.
- The child's safety and welfare is addressed through the curriculum.
- Education Welfare Staff and Social Workers are informed immediately when a child who is subject to a protection plan goes missing (DSCB Safeguarding Children procedures section 13.39).
- They undertake appropriate training to carry out their safeguarding responsibilities effectively and keep this up-to-date by refresher training every three years (see appendix 1).

## **2.3 The Roles and Responsibilities of the Designated Safeguarding Lead (DSL)**

Our Designated Safeguarding Lead on the Senior Leadership Team is Elizabeth Hutchinson

She has lead responsibility and management oversight and accountability for child protection and, with the Head Teacher, will be responsible for coordinating all child protection activity. The Designated Safeguarding Lead will have a working knowledge of how Derby and Derbyshire Safeguarding Children Board (DSCB) operates, safeguarding children procedures, particularly the conduct of a child protection case conference; and are able to attend and contribute to these effectively when required to do so.

Maintain an updated copy of, or link to the Derby and Derbyshire Safeguarding Children Board Procedures and other related local and national documents; and ensure that staff are able to access these.

Ensures everybody working in or on behalf of the school, has access to and understands the school safeguarding policy, especially new or part time staff.

Ensure all staff have induction training covering safeguarding and are able to recognise and report any concerns as soon as they arise.

The Designated Safeguarding Lead will lead regular case monitoring reviews of vulnerable children. These reviews must be evidenced by minutes and recorded in case files.

When the school has concerns about a child, the Designated Safeguarding Lead will decide what steps should be taken and should advise the Head Teacher.

Child protection information will be dealt with in a confidential manner. Staff will be informed of relevant details only when the Designated Safeguarding Lead feels their having knowledge of a situation will improve their ability to deal with an individual child and / or family. A written record will be made of what information has been shared with whom, and when.

Child protection records will be stored securely in a central place separate from academic records. Individual files will be kept for each child: the school will not keep family files. Files will be kept for at least the period during which the child is attending the school, and beyond that, in line with current data legislation and guidance.

Access to these records by staff other than by the Designated Safeguarding Lead will be restricted, and a written record will be kept of who has had access to them and when.

Parents will be aware of information held on their children and kept up to date regarding any concerns or developments by the appropriate members of staff. General communications with parents will be in line with any home school policies and give due regard to which adults have parental responsibility.

**Do not disclose to a parent any information held on a child if this would put the child at risk of significant harm.**

If a pupil moves from our school, child protection records will be forwarded on to the Designated Safeguarding Lead at the new school, with due regard to their confidential nature and in line with current government guidance on the transfer of such records. Direct contact between the two schools may be necessary, especially on transfer from primary to secondary schools. We will record where and to whom the records have been passed and the date.

If sending by post pupil records will be sent by "Special/Recorded Delivery". For audit purposes a note of all pupil records transferred or received should be kept in either paper or electronic format. This will include the child's name, date of birth, where and to whom the records have been sent and the date sent and/or received.

If a pupil is permanently excluded and moves to a Pupil Referral Unit, child protection records will be forwarded on to the relevant organisation.

When a Designated Safeguarding Lead resigns their post or no longer has child protection responsibility, there should be a full face to face handover/exchange of information with the new post holder.

In exceptional circumstances when a face to face handover is unfeasible, the Head Teacher will ensure that the new post holder is fully conversant with all procedures and case files.

## **2.4 Roles and Responsibilities of other School Staff**

- Undertake appropriate training to carry out responsibilities effectively and keep this up-to-date by refresher training every three years (see appendix 1).
- Have an understanding of how the school safeguards and promotes the welfare of children, including the school safeguarding children policy, their role and responsibilities in this and how to report any concerns.
- All temporary staff and volunteers who work with children are made aware of the school's arrangements for safeguarding children and their responsibilities.

## **2.5 Named Osmaston Primary School staff with specific safeguarding responsibilities**

- Named person with designated responsibility for safeguarding: Elizabeth Hutchinson, Designated Safeguarding Lead (Every Child Matters Manager)
- Named deputy person/s with designated responsibility for safeguarding: Judith Lloyd-Williams, Headteacher
- Other staff with safeguarding responsibilities: Vickie Rock, Deputy Headteacher, Matt Gard, Deputy Headteacher
- Name of Designated Governor: Janie Berry
- Name of Head Teacher: Judith Lloyd-Williams

## **2.6 Other Key Safeguarding Contacts**

- Children's Social Care
  - First Contact Team 01332 641172
  - Careline (out of hours service) 01332 786968
- Local Authority Designated Officer (LADO) 01332 717818
- School Police link officer – Sean Pett/Jayne Williamson/Rob Podmore contact through 101

## **3.0 Safe School Ethos and Culture**

Osmaston Primary School adopts an open and accepting attitude towards children as part of our responsibility for pastoral care. Children, parents and staff will be free to talk about any concerns and will see the school as a safe place when there are difficulties. Children's worries and fears will be taken seriously and children encouraged to seek help from school staff.



Osmaston Primary School/ will therefore ensure that;

- An ethos where children feel secure and are encouraged to talk and are listened too, taken seriously and responded to appropriately is established and maintained.
- Children are involved in the decision-making which affects them.
- Children know that there are adults in the school whom they can approach if they are worried or have difficulties and the school has well developed listening systems.
- Posters are displayed which detail contact numbers for appropriate support services and child protection helplines i.e. Childline.
- Curriculum activities and opportunities to equip children with the skills they need to stay safe from abuse.
- There is a clear written statement of the standards of behaviour and the boundaries of appropriate behaviour expected of staff and pupils that is understood and endorsed by all.
- Positive and safe behaviour is encouraged among children and staff are alert to changes in child's a behaviour and recognise that challenging behaviour may be an indicator of abuse.
- Effective working relationships are established with parents and colleagues from partner agencies.
- Being aware that the personal and family circumstances and lifestyles of some children lead to an increased risk of neglect and or abuse.
- Staff are appropriately trained in safeguarding according to their roles and responsibilities, have regular opportunities for safeguarding briefings and records are kept of all training undertaken.
- Safe recruitment procedures are used to make sure that all appropriate checks are carried out on staff (and volunteers) who work with children.
- Any groups using school premises for the provision of services to children have their own safeguarding policies, or adopt the school policy.

### **3.1 Safeguarding as part of the Curriculum**

Through PSHE and other curriculum opportunities, pupils are helped to talk about their feelings, know about their rights and responsibilities, to deal assertively with pressures and know who they can turn to for advice and help both in and out of the school.

The following areas are addressed within PHSE and in the wider curriculum, for example;

- Bullying
- E safety
- Stranger danger
- Fire and water safety
- Road safety
- Relationships and sex education
- Drug and alcohol use/abuse
- Listening systems.

### **3.2 Vulnerable Children**

We recognise that some children will be at increased risk of neglect and or abuse. Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion, communication issues and reluctance on the part of some adults to accept that abuse happens, or who have a high level of tolerance in respect of neglect.

To ensure that all of our children receive equal protection, we will give special consideration and attention to children who are:

- Disabled or have special educational needs
- Living in a known domestic abuse situation
- Affected by known parental substance misuse
- Asylum seekers
- Living away from home
- Vulnerable to being bullied, or engaging in bullying
- Living in temporary accommodation
- Living transient lifestyles
- Living in chaotic, neglectful and unsupportive home situations
- Vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion or sexuality
- Are at risk of sexual exploitation
- Do not have English as a first language.

Special consideration includes the provision of safeguarding information, resources and support services in community languages and accessible formats.

### **3.3 Preventing Radicalisation**

The Counter-Terrorism and Security Act 2015 places a duty on specified authorities, including local authorities and child care, education and other children's services providers in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty"). Young people can be exposed to extremist influences or prejudiced views, in particular those via the internet and other social media. Schools can help to protect children from extremist and violent views in the same ways that they help to safeguard children from drugs, gang violence or alcohol.

Examples of the ways in which people can be vulnerable to radicalisation and the indicators that might suggest that an individual might be vulnerable:

- Example indicators that an individual is engaged with an extremist group, cause or ideology include: spending increasing time in the company of other suspected extremists; changing their style of dress or personal appearance to accord with the group; their day-to-day behaviour becoming increasingly centred around an extremist ideology, group or cause; loss of interest in other friends and activities not associated with the extremist ideology, group or cause; possession of material or symbols associated with an extremist cause (eg the swastika for far right groups); attempts to recruit others to the group / cause / ideology; or communications with others that suggest identification with a group / cause / ideology.

- Example indicators that an individual has an intention to use violence or other illegal means include: clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills; using insulting or derogatory names or labels for another group; speaking about the imminence of harm from the other group and the importance of action now; expressing attitudes that justify offending on behalf of the group, cause or ideology; condoning or supporting violence or harm towards others; or plotting or conspiring with others.
- Example indicators that an individual is capable of contributing directly or indirectly to an act of terrorism include: having a history of violence; being criminally versatile and using criminal networks to support extremist goals; having occupational skills that can enable acts of terrorism (such as civil engineering, pharmacology or construction); or having technical expertise that can be deployed (eg IT skills, knowledge of chemicals, military training or survival skills).

The examples above are not exhaustive and vulnerability may manifest itself in other ways. There is no single route to terrorism nor is there a simple profile of those who become involved. For this reason, any attempt to derive a 'profile' can be misleading. It must not be assumed that these characteristics and experiences will necessarily lead to individuals becoming terrorists, or that these indicators are the only source of information required to make an appropriate assessment about vulnerability.

### **3.4 Working with parents and carers**

We recognise the importance of working with together with parents/carers to educate as well as safeguard and promote the welfare of children.

Osmaston Primary School) will ensure that;

- We work with parents positively, openly and honestly.
- Parents are encouraged to discuss their issues or concerns about safety and welfare of children, and they will be listened to and taken seriously.
- We will provide parents with information about the support available to keep children safe within the school, locally and nationally.
- Up to date and accurate information is kept about pupils i.e. names and contact persons with whom the child normally lives, those with parental responsibility, emergency contact details, if different from the above those authorised to collect the child from school, name and contact details of GP, any relevant court orders or any other factors which may impact on the safety and welfare of the child.
- Information about pupils given to us by children themselves, their parents or carers or by other agencies will remain confidential. Staff will be given relevant information on a 'need to know' basis in order to support the child.
- It is made clear to parents and carers that the school has a duty to share information when there are any safeguarding concerns. Also that there is a duty to keep records which relate to safeguarding work by the school, or partner agencies. These will be kept securely, kept apart from the main pupil record and only accessible to key members of staff. Copies of these records will be sent to any school which the child transfers.
- Where we have reason to be concerned about the welfare of child we will always seek to discuss this with the child's parents or carers first, however there may be occasions where we are not able to do this.

## 4.0 Taking Action on Safeguarding Concerns

Key points to remember for taking action are;

- In an emergency take the action necessary to help the child, for example, call 999.
- Report your concern to the DSL by the end of the day.
- If the DSL is not around, ensure the information is shared with the most senior person in the school that day and ensure action is taken to report the concern to Children's Social Care.
- Do not start your own investigation.
- Share information on a need-to-know basis only – do not discuss the issue with colleagues, friends or family.
- Complete a record of the concerns (see Appendix 6).
- Seek support for yourself if you are distressed.

**All staff should follow the Derby and Derbyshire Safeguarding Children Procedures;** these can be located in office of the Every Child Matters Manager's.

It is **not** the responsibility of the school staff to investigate welfare concerns or determine the truth of any disclosure or allegation; this is the responsibility of Children's Social Care. All staff however have a duty to recognise concerns and maintain an open mind. Accordingly all concerns regarding the welfare of pupils will be recorded and discussed with the Designated Safeguarding Lead (or another senior member of staff in the absence of the designated person) prior to any discussion with parents.

### 4.1 If you suspect a child is at risk of harm

Information about abuse and neglect can be found in Appendix 3. There will be occasions when you suspect that a child may be at serious risk, but you have no 'real' evidence. The child's behaviour and or appearance may have changed, their attendance at school may have reduced, their ability to concentrate and focus may have altered or you may have noticed other physical but inconclusive signs. In these circumstances, you should try to give the child the opportunity to talk. The signs you have noticed may be due to a variety of factors and it is fine to ask the child if they are alright or if you can help in any way.

Ensure you record these early concerns using the green initial concerns form. If a child or adult does begin to reveal that a child is being harmed you should follow the advice in the section 'If information is disclosed to you'.

### 4.2 If information is disclosed to you

It takes a lot of courage for a child, parent, carer or other significant adult to disclose that they are worried or have concerns. They may feel ashamed, the abuser may have threatened what will happen if they tell, they may have lost all trust in adults, or they may believe, or have been told, that the abuse is their own fault.

If a child or adult talks to you about any risks to a child's safety or wellbeing you will need to let them know that **you must** pass the information on – you are not allowed to keep secrets. The point at which you do this is a matter for professional judgement. If you jump in immediately the child or adult may think that you do not want to listen, if you leave it till the very end of the conversation, they may feel that you have misled them into revealing more than they would have otherwise.

During your conversation with the child or adult:

- Allow them to speak freely, listen to what is being said without interruption and without asking leading questions.
- Keep questions to a minimum and of an open nature i.e. 'can you tell me what happened?' rather than 'did x hit you?'
- Remain calm and do not over react – the child or adult may stop talking if they feel they are upsetting you.
- Give reassuring nods or words of comfort – 'I'm so sorry this has happened', 'I want to help', 'This isn't your fault', 'You are doing the right thing in talking to me'.
- Do not be afraid of silences – remember how hard this must be for the child or adult.
- Under no circumstances ask investigative questions – such as how many times this has happened, whether it happens to siblings too, or what do other family members think about all this.
- At an appropriate time tell the child or adult that in order to help them you must pass the information on.
- Do not automatically offer any physical touch as comfort; it may be anything but comforting to a child who has been abused.
- Avoid admonishing the child or adult for not disclosing earlier. Saying 'I do wish you had told me about this when it started' or 'I can't believe what I'm hearing' may be your way of being supportive but the they may interpret it that they have done something wrong.
- Tell the child or adult what will happen next. The child or adult may agree to go with you to see the Designated Senior Person. Otherwise let them know that someone will come to see or contact them before the end of the day.
- Report verbally to the Designated Safeguarding Lead.
- Write up your conversation as soon as possible and hand it to the Designated Safeguarding Lead.
- Seek support if you feel distressed.

If following your conversation you remain concerned about a child, you should always discuss your concerns with the Designated Safeguarding Lead.

**Staff must immediately inform the Designated Safeguarding Lead if there is:**

- Any 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.
- Any explanation given which appears inconsistent or suspicious.
- Any behaviours which give rise to suspicions that a child may have suffered harm.
- Any concerns that a child may be suffering from inadequate care, ill treatment, or emotional maltreatment.
- Any concerns that a child is presenting signs or symptoms of abuse or neglect.

- Any significant changes in a child's presentation, including non-attendance.
- Any hint or disclosure of abuse about or by a child / young person.
- Any concerns regarding person(s) who may pose a risk to children e.g. living in a household with children present.
- Information which indicates that the child is living with someone who does not have parental responsibility for them (private fostering).

#### **4.3 Role of the Designated Safeguarding Lead following identification of concerns**

The Designated Safeguarding Lead (DSL) will;

- Assess any urgent medical needs of the child.
- Consider whether the child has suffered or is likely to suffer significant harm.
- Check whether the child is currently subject to a Child Protection Plan or has previously been subject to a plan, has a CAF or is open to a Multi Agency Team (MAT).
- Confirm whether any previous concerns have been raised by staff.
- Consider whether the matter should be discussed with the child's parents or carers or whether to do so may put the child at a further risk of harm (see below).
- If unsure that a child protection referral should be made, seek advice from Children's Social Care.

#### **4.4 Notifying parents**

The school will normally seek to discuss any concerns about a child with their parents. This must be handled sensitively and the DSL will make contact with the parent in the event of a concern, suspicion or disclosure. However, if the school believes that notifying parents could increase the risk to the child or exacerbate the problem, then advice will first be sought from Children's Social Care.

#### **4.5 Referral to Children's Social Care**

The DSL will make a referral to Children's Social Care First Contact Team if it is believed that a child is suffering or is at risk of suffering significant harm. If a referral to Social Care is not considered appropriate, consideration should be made to what support the child and family need. The school will consider what support could be offered within the school, it may be useful to undertake a CAF to clarify the child's needs/strengths and the supports required and/or make a referral for other services. Full written records of the information that the DSP received, detailing the actions taken or not taken and the reasons for these will be made.

#### **4.6 Action following referral**

The DSL or other appropriate member of staff will:

- Maintain contact with the allocated Social Worker.
- Contribute to the Strategy discussion and/or the Strategy meeting.
- Provide a report for, attend and contribute to any Initial and Review Child Protection Conference.
- Share the content of this report with the parent and if appropriate the child, prior to the meeting.

- Attend Core Group meetings for any child subject to a Child Protection Plan or Child in Need meeting for any child subject to a Child in Need Plan.
- Where a child on a Child Protection Plan moves from the school or goes missing, immediately inform the key worker in Social Care.

#### **4.7 Confidentiality and sharing information**

The school will operate with regard to 'Information Sharing; Guidance for practitioners providing safeguarding services to children, young people, parents and carers ' (2015) (please see Appendix 4).

Staff should only discuss concerns with the Designated Safeguarding Lead, Head Teacher or Chair of Governors (depending on who is the subject of the concern). That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis.

Wherever possible consent will be sought to share information however where there are safeguarding concerns about a child, information will be shared with the appropriate organisations such as Children's Social Care. In most cases concerns will be discussed with parents and carers prior to the referral taking place unless by doing so would increase risk.

Records of concerns documentation and other written information will be stored in a locked facility and any electronic information will be password protected and only made available to relevant individuals. Safeguarding information will be stored separately from the child's school file and the school file will be 'tagged' to indicate that separate information is held.

The school's policy on confidentiality and information-sharing is available to parents and children on request.

#### **4.8 Support for those involved in a safeguarding/child protection issue**

Child neglect and abuse is devastating for the child and can also result in distress and anxiety for staff who become involved. We will support the children and their families and staff by;

- Taking all suspicions and disclosures seriously.
- Nominating a link person who will keep all parties informed and be the central point of contact.
- Where a member of staff is the subject of an allegation made by a child, a separate link person will be nominated to avoid any conflict of interest.
- Responding sympathetically to any request from a child or member of staff for time out to deal with distress or anxiety.
- Maintaining confidentiality and sharing information on a need-to-know basis only with relevant individuals and agencies.
- Storing records securely.
- Offering details of helplines, counselling or other avenues of external support.
- Following the procedures laid down in our whistle blowing, complaints and disciplinary procedures.
- Co-operating fully with relevant statutory agencies.

## **5.0 Safer Recruitment and Selection of School Staff**

The school pays full regard to 'Keeping Children Safe in Education' (DfES 2015). Safer recruitment practice includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional and character references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking interviews and undertaking appropriate checks through the Disclosure and Barring Service (DBS).

All recruitment materials will include reference to the school's commitment to safeguarding and promoting the wellbeing of pupils.

Judith Lloyd-Williams, Headteacher and Anthony Slater, Chair of Governors have undertaken CWDC/NCSL Safer Recruitment training. One of the above will be involved in **all** staff / volunteer recruitment processes and sit on the recruitment panel.

### **Staff support**

We recognise the stressful and traumatic nature of child protection work. We will support staff by providing an opportunity to talk through their anxieties with the Designated Safeguarding Lead and to seek further support as appropriate.

## **5.1 'Extended school' and off site arrangements**

Where extended school activities are provided by and managed by the school, our own safeguarding policy and procedures apply. If other organisations provide services or activities on our site we will check that they have appropriate procedures in place, including safer recruitment procedures. When our children attend offsite activities, we will check that effective child protection arrangements are in place.

## **6.0 Allegations against teachers and other staff (including volunteers)**

This procedure should be used in any case in which it is alleged that a member of staff, governor, visiting professional or volunteer has:

- Behaved in a way that has harmed a child or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved in a way that indicates s/he is unsuitable to work with children.

Although it is an uncomfortable thought, it needs to be acknowledged that there is the potential for staff in school to abuse children.



All staff working within our school must report any potential safeguarding concerns about an individual's behaviour towards children and young people immediately. Allegations or concerns about colleagues and visitors must be reported direct to the Head Teacher unless the concern relates to Head Teacher. If the concern relates to the Head Teacher, it must be reported immediately to the Local Authority Designated Officer in children's social care, who will liaise with the Chair of Governors and they will decide on any action required.

Osmaston Primary School) will always follow the Derby and Derbyshire Safeguarding Children Procedures, Section 11, Allegations against Staff, Carers and Volunteers.

### **6.1 If you have concerns about a colleague**

Staff who are concerned about the conduct of a colleague towards a child are undoubtedly placed in a very difficult situation. They may worry that they have misunderstood the situation and they will wonder whether a report could jeopardise their colleague's career. All staff must remember that the welfare of the child is paramount. All concerns of poor practice or concerns about a child's welfare brought about by the behaviour of colleagues should be reported to the Head Teacher. Complaints about the Head Teacher should be reported to the Chair of Governors.

### **6.2 Initial actions following an allegation**

- The person who has received an allegation, or witnessed an event will immediately inform the Head Teacher and make a record which will include time, date, place of incident, persons present, what was witnessed, what was said etc; this should then be signed and dated (see Appendix 6).
- In the event the allegation is against the head teacher the matter will be reported to the Chair of Governors, who will proceed as the 'Head Teacher'.
- The Head Teacher where appropriate will take steps to secure the immediate safety of children and urgent medical needs.
- The member of staff will not be approached at this stage unless it is necessary to address the immediate safety of children.
- The Head Teacher may need to clarify any information regarding the allegation; no person will be interviewed at this stage.

Some allegations will be so serious as to require immediate intervention by Children's Social Care and/or police.

- The Head Teacher or principle, or Chair of Governors should immediately discuss the allegation with the Local Authority Designated Officer (LADO); see other key safeguarding contacts list on page 7. This discussion will consider the nature, content and context of the allegation and agree a course of action.
- The Head Teacher will inform the Chair of Governors of any allegation.
- Consideration will be given throughout to the support and information needs of pupils, parents and staff.
- If consideration needs to be given to the individual's employment, advice will be sought from HR.

### **6.3 Staff who are the subject of an allegation**

When an allegation is made against a member of staff, set procedures must be followed. It is rare for a child to make an entirely false or malicious allegation, although misunderstandings and misinterpretations of events can and do happen. A child may also make an allegation against an innocent party because they are too afraid to name the real perpetrator. We must accept that some adults do pose a serious risk to children's welfare and safety and we must act on every allegation made. Staff who are the subject of an allegation have the right to have their case dealt with fairly, quickly and consistently and to be kept informed of its progress. Suspension is not mandatory, nor is it automatic but, in some cases, staff may be suspended where this is deemed to be the best way to ensure that children are protected.

### **6.4 Safeguarding by Association**

Osmaston Primary School will adopt the position as advised by the Local Authority and the Derby and Derbyshire Safeguarding Children Board.

## **Appendix 1 Osmaston Primary School Recommended Safeguarding Training**

<b>Role</b>	<b>Recommended Safeguarding Training</b>
<b>School Governing Body</b>	<p>Safeguarding included in induction.</p> <p>Annual training programme for Governors and Clerks to Governing Bodies (or similar)</p> <ul style="list-style-type: none"> <li>• Safeguarding and Promoting Child Welfare E-learning package, or</li> <li>• Safeguarding children for School Governors training</li> </ul>
<b>Designated Governor</b>	<p>Safeguarding included in induction.</p> <p>DSCB training</p> <ul style="list-style-type: none"> <li>• Safeguarding Children: Inter Professional Working (Group 3)</li> </ul> <p>Annual training programme for Governors and Clerks to Governing Bodies (or similar)</p> <ul style="list-style-type: none"> <li>• School Recruitment Practices E-learning package</li> </ul>
<b>Head teacher</b>	<p>Safeguarding included in induction</p> <p>DSCB training</p> <ul style="list-style-type: none"> <li>• Safeguarding Children: Inter Professional Working (Group 3)</li> </ul> <p>Plus any group 3 or 4 training course outlined in DSCB programme as a refresher every 3 years (if not covering DSP role).</p> <p>Safer recruitment training.</p>
<b>Designated Safeguarding Lead</b>	<p>Safeguarding included in induction</p> <p>DSCB training</p> <ul style="list-style-type: none"> <li>• Safeguarding Children: Inter Professional Working (Group 3)</li> </ul> <p>Plus any group 3 or 4 training course outlined in DSCB programme as a refresher every 2 years.</p>
<b>Other staff with safeguarding responsibilities</b>	<p>Safeguarding included in induction</p> <p>DSCB training</p> <ul style="list-style-type: none"> <li>• Safeguarding Children: Inter Professional Working (Group 3)</li> </ul> <p>Plus any group 3 or 4 training course outlined in DSCB programme as a refresher every 2 years.</p>
<b>Whole School Staff Team</b>	<p>Safeguarding included in induction</p> <p>School based group 2 as outlined in the DSCB training programme every 3 years.</p>

**Appendix 2****Dates of staff training and details of course title/training provider**

<b><i>Role</i></b>	<b><i>Course title</i></b>	<b><i>Training provider</i></b>	<b><i>Date/s</i></b>
<b>Governing Body</b>			
<b>Designated Governor</b>			
<b>Head Teacher</b>			
<b>Designated Safeguarding Lead</b>			
<b>Deputy Designated Safeguarding Lead (if appointed)</b>			
<b>Other staff with safeguarding responsibilities</b>			
<b>Whole School Staff Team</b>			

## **Appendix 3          Definitions and Indicators of Abuse**

### **1          NEGLECT**

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

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

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

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger;
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor school attendance or often late for school;
- Poor concentration;
- Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;
- Failure to develop intellectually or socially;
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
- The child is regularly not collected or received from school; or
- The child is left at home alone or with inappropriate carers

### **2          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.

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks;
- Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- Bald patches;
- Symptoms of drug or alcohol intoxication or poisoning;
- Unaccountable covering of limbs, even in hot weather;
- Fear of going home or parents being contacted;
- Fear of medical help;
- Fear of changing for PE;
- Inexplicable fear of adults or over-compliance;
- Violence or aggression towards others including bullying; or
- Isolation from peers.

### **3 SEXUAL ABUSE**

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

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge;
- Anal or vaginal discharge, soreness or scratching;
- Reluctance to go home;
- Inability to concentrate, tiredness;
- Refusal to communicate;
- Thrush, persistent complaints of stomach disorders or pains;
- Eating disorders, for example anorexia nervosa and bulimia;
- Attention seeking behaviour, self-mutilation, substance abuse;
- Aggressive behaviour including sexual harassment or molestation;
- Unusual compliance;
- Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;

- Reluctance to undress for PE or swimming; or
- Bruises or scratches in the genital area.

#### **4 SEXUAL EXPLOITATION**

Child sexual exploitation occurs when a child or young person, or another person, receives “something” (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person.

The presence of any significant indicator for sexual exploitation should trigger a referral to children’s social care. The significant indicators are:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity);
- Entering and/or leaving vehicles driven by unknown adults;
- Possessing unexplained amounts of money, expensive clothes or other items;
- Frequenting areas known for risky activities;
- Being groomed or abused via the Internet and mobile technology; and
- Having unexplained contact with hotels, taxi companies or fast food outlets.

#### **5 FEMALE GENITAL MUTILATION (FGM)**

Female genital mutilation (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. FGM causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth, also causing dangers to the child. It is practised by families for a variety of complex reasons but often in the belief that it is beneficial for the girl or woman. FGM is practised in 28 African countries as well as in parts of the Middle East and Asia. The practice is illegal in the UK. It has been estimated that over 20,000 girls under the age of 15 are at risk of FGM in the UK each year, and that 66,000 women in the UK are living with the consequences of FGM. The girls may be taken to their countries of origin so that FGM can be carried out during the summer holidays, allowing them time to "heal" before they return to school. Some girls may have FGM performed in the UK. FGM is child abuse and a form of violence against women and girls.

#### **6 EMOTIONAL ABUSE**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not

giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another person. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly;
- Over-reaction to mistakes;
- Delayed physical, mental or emotional development;
- Sudden speech or sensory disorders;
- Inappropriate emotional responses, fantasies;
- Neurotic behaviour: rocking, banging head, regression, tics and twitches;
- Self harming, drug or solvent abuse;
- Fear of parents being contacted;
- Running away;
- Compulsive stealing;
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

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

## **7 RESPONSES FROM PARENTS**

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

- Delay in seeking treatment that is obviously needed;
- Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb);
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development;
- Reluctance to give information or failure to mention other known relevant injuries;
- Frequent presentation of minor injuries;
- A persistently negative attitude towards the child;
- Unrealistic expectations or constant complaints about the child;
- Alcohol misuse or other drug/substance misuse;



- Parents request removal of the child from home; or
- Violence between adults in the household.

## **8 DISABLED CHILDREN**

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

- A bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child;
- Not getting enough help with feeding leading to malnourishment;
- Poor toileting arrangements;
- Lack of stimulation;
- Unjustified and/or excessive use of restraint;
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries;
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment. for example callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.

## Appendix 4

## Seven Golden Rules for Information Sharing

**Remember that the Data Protection Act and Human Rights law are not a barrier to justified information sharing** but provide a framework to ensure that personal information about living persons is shared appropriately.

**Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

**Seek advice** from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the person where possible.

**Share with informed consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

**Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

**Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

**Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

*Taken from Information Sharing: Guidance for practitioners and managers, DfE (2015)*

**Appendix 5 Child Referral Form to Children's Social Care**

Sent to:.....Children's Social Care

<b>REFERRED BY:</b> (print)		Status				
Address:						
Postcode:		Telephone:				
Confirmation of verbal referral: Yes / No		If Yes Date:		Receiving Worker:		
<b>Child / Young Person / Expected Baby details</b>						
Family Name:			Forename:		DOB:	
Gender: M / F	Disability:			Ethnic Origin:		
Address:						
Postcode:		Telephone:			Mobile:	
Main Address if different from above:						
Postcode:		Telephone:				
<b>Child / Young Person's principal carers / expectant mother</b>						
Name DOB	Relationship to child	Address	Tel No:	Parental responsibility	Ethnic Origin	Disability
				Yes / No		
				Yes / No		
<b>Other household members (including children and non family members)</b>						
Surname	Forename	DOB	Relationship to child	Concerns	Ethnic Origin	Disability
				Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		
Other contact addresses & Tel No (e.g. Grandparents)						

<b>Agencies Involved</b>			
GP:	Base:	Tel No:	
Health Visitor:	Base:	Tel No:	
School Nurse:	Base:	Tel No:	
School / Day care:			
Others Agencies Involved:			
<b>Is parent / carer aware of referral?</b>	Yes / No	Re referral	Yes / No
Has consent been obtained to refer?	Yes / No	Date discussed	
If No Reason:			
Has a Common Assessment (CAF) been completed	Yes / No Date	Lead Professional details:	
Is an Interpreter / Signer required?	Yes / No	Language / method required:	
Additional Information			

### **Additional Information**

**According to YOUR current knowledge of the family, complete where possible each section with information you currently hold. Be clear and specific about why you feel Children's Social Care involvement is warranted now.**

<b>CHILDS NAME:</b>
<b>Child's Developmental Needs</b> (may include health, education, emotional and behavioural development, family and social relationships, social presentation, self-care skills):

**Parenting Capacity** (may include basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability):

--

**Family and Environmental Factors** (may include wider family, housing employment, social/community integration – include any worker safety issues):

--

**Do you believe the information is sufficient to warrant enquiries under the safeguarding children procedures? Is the child at risk of significant harm?**

--

**Reason for request for Children’s Social Care Assessment:**

--

**Signature:**

**Date:**

*Taken from Derby and Derbyshire Safeguarding Children Procedures (2008)*

## **Appendix 6                      Concerns Form**

Education settings must ensure that volunteers, staff and governors are able to record concerns about:

- The welfare of a child or young person
- The behaviour of a volunteer, member of staff, governor or person connected with the school

The following headings illustrate the minimum information that should be included in the local arrangements that is agreed within the individual education setting.

### **Principles**

A statement should be included on the form used in the setting that confirms:

"Any member of the school staff, including volunteers, must record any concerns about a child or young person. This form must be completed as soon as possible after the discovery of the concern and send to the Designated Safeguarding Lead (DSL). If the concerns are immediate, please tell the DSL straight away."

### **Concerns about a child or young person**

<b>Child's name:</b>		<b>Date of Birth:</b>	
		<b>Class/Year/Form:</b>	
<b>Concern identified by:</b>		<b>Role:</b>	
<b>Date of concern:</b>		<b>Time of concern:</b>	
<b>Witness/es:</b>		<b>Place of incident:</b>	
<b>Name of alleged person (s) responsible for the harm</b>			
<b>Not Known</b>			
<b>Pupil in this school/college</b>			
<b>Pupil in another school/college (Please specify)</b>			
<b>Family member</b>			
<b>Volunteer</b>			
<b>Member of staff</b>			
<b>Governor</b>			
<b>Other (Please specify)</b>			

**Please Note: A copy of this record must be kept on the personnel file for any volunteer, member of staff, governor or person connected with the school**

**Concern/Incident/Disclosure: Why are you concerned about this child? What have you observed and when? What have you been told and when?**  
 Please provide a description of any incidents or anything you have been told by a child, or another person. Remember to make clear what is fact and what is hearsay/opinion. Note the language/terminology used by the child, or adult, and be clear about who has said what. Continue on a separate sheet if necessary.

**Has any action already been taken in relation to this concern?**  
 For example child taken out of class, first aid

Name of person concerns reported to	Date

**Action to be taken / recommendations from DSL**

Name of person completing form	Signature	Date and time