



SAFEGUARDING PROCEDURE

2018-2020

‘Hand in hand with Jesus’

Purpose of the Safeguarding Policy at St. Vincent’s RC Primary School.

- To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children.
- To enable everyone to have a clear understanding of how these responsibilities should be carried out.

The school supports the procedures established by Rochdale Borough Safeguarding Children Board. See ‘Part 1 –Dealing with your concern –Child Protection Procedures’

School Staff & Volunteers

All school staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children. They should be aware of the important role the school has in the early recognition of the signs and symptoms of abuse or neglect and the appropriate course of action to take.

HANDLING CONCERNS ABOUT THE WELFARE AND SAFETY OF CHILDREN AND YOUNG PEOPLE

1. 1. What Should Staff/Volunteers in School Do If They Have Concerns About A Child or Young Person?

Education professionals who are concerned about a child’s welfare or who believe that a child is or may be at risk of abuse should pass any information to the Designated Safeguarding Lead (**DSL**) in school; this should *always* occur as soon as possible and certainly within 24 hours.

The Designated Safeguarding Lead is: Stephen Callaghan

The Back Up Person is: Deborah Gillan

It is these senior colleagues who are responsible for taking action where the welfare or safety of children or young people is concerned. If staff are uncertain about whether their concerns are indeed ‘child protection’ then a discussion with their DSL/line manager will assist in determining the most appropriate next course of action.

Staff should never:

- Do nothing/assume that another agency or professional will act or is acting.
- Attempt to resolve the matter themselves.

What should the DSL consider right at the outset?

- Am I dealing with ‘risk’ or ‘need’? (By definition, a child at risk is also a child in need. However, what is the *priority / level and immediacy* of risk / need?)
- Can the level of need identified be met:
 - In or by the school or by accessing universal services/without referral to Children’s Services (formerly Social Services) or other statutory / targeted services.
 - By working with the child, parents and colleagues?
- What resources are available to me / the school and what are their limitations?
- Is the level of need such that a referral needs to be made to Children’s Services which requests that an assessment of need be undertaken? (**Section 17 Child in Need referral**)

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- Is the level and/or likelihood of risk such that a child protection referral needs to be made (i.e. a child is suffering or is likely to suffer significant harm?) (**Section 47 Child Protection referral**)
- What information is available to me: Child, Parents, Family & Environment?
- What information is inaccessible and, potentially, how significant might this be?
- Who do I/don't I need to speak to now and what do they need to know?
- Where can I access appropriate advice and/or support?

Safeguarding Children's Unit

Tel: 03003030350

Fax: 01706 925262

Or

Children's Social Care

Tel: 03003030440

Fax: 01706 747001

- If I am not going to refer, then what action am I going to take? (e.g. CAF to other agency, time-limited monitoring plan, discussion with parents or other professionals, recording etc)

2. Feedback to Staff Who Report Concerns to the Designated Safeguarding Lead

Rules of confidentiality dictate that it may not always be possible or appropriate for the DSL to feedback to staff who report concerns to them. Such information will be shared on a 'need to know' basis only and the DSL will decide which information needs to be shared, when and with whom. The primary purpose of confidentiality in this context is to safeguard and promote the child's welfare.

3. Thresholds for Referral to Children's Services

Where a DSL or line manager considers that a referral to Children's Services may be required, there are two thresholds for (and their criteria) and types of referral that need to be carefully considered:

(i) Is this a Child In Need?

Under section 17 (s.17(10)) of the Children Act 1989, a child is in need if:

- (i) He is unlikely to achieve or maintain, or to have the opportunity to achieve or maintain, a reasonable standard of health or development, without the provision of services by a local authority;
- (ii) His health or development is likely to be impaired, or further impaired, without the provision of such services;
- (iii) He is disabled.

(ii) Is this a Child Protection Matter?

Under section 47(1) of the Children Act 1989, a local authority has a duty to make enquiries where they are informed that a child who lives or is found in their area:

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- (a) is the subject of an Emergency Protection Order;
- (b) is in Police Protection; or where they have
- (c) **reasonable cause to suspect that a child is suffering or is likely to suffer significant harm.**

Therefore, it is the ‘significant harm’ threshold that justifies statutory intervention into family life. A professional making a child protection referral under s.47 must therefore provide information which clearly outlines that a child is suffering or is likely to suffer significant harm.

The DSL will make judgements around ‘significant harm’, levels of ‘need’ and when to refer.

4. MAKING JUDGEMENTS ABOUT ‘SIGNIFICANT HARM’

There are no absolute criteria upon which to rely when judging what constitutes significant harm; sometimes a single traumatic event may constitute significant harm. More often, however, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child’s physical and psychological development.

(a) **Children Act Guidance and Definitions**

Within the Children Act 1989, the following guidance is offered:

Significance is not defined within the Children Act although it is to be ‘measured’ in terms of:

- a child’s health and development; and
- that which could reasonably be expected of a similar child.

‘**Harm**’ means ill treatment or the impairment of health or development;

‘**Development**’ means physical, intellectual, social, emotional or behavioural development;

‘**Health**’ means physical or mental health; and

‘**Ill treatment**’ includes sexual abuse and forms of treatment that are not physical, including for example, impairment suffered from seeing or hearing the ill treatment of another.

(b) **To begin with, in order to understand and establish significant harm, it is necessary to consider:**

- The child’s development within the context of their family and wider social environment;
- Any special needs and how they impact at all levels (child and family);
- The nature of any harm and its likely impact upon the child’s health and development;
- The adequacy of parental care.

(c) **More specifically, how does the following contextual information shape your professional judgement about this situation?**

- Age of child (developmental stage/needs, vulnerability, abilities)?
- The ‘act(s)’ described or referred to – what is being described? Possible criminal act/investigation required? (10 is the age of criminal responsibility – e.g. if the concern relates to the actions of one child against another)
- Severity of ill-treatment?
- Degree and extent of physical harm?

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- Duration and frequency?
- Extent and degree of premeditation?
- Degree of threat or coercion?
- Immediate risk?
- Nature of risk and evidence of risk – when and how is the child at risk?
- Impact upon the child’s health and development?
- What am I being asked to do and what am I required to do in response to this information?

See Appendix 1 ‘Risk Assessment Checklist’

5. **Common Assessment Framework (CAF) process**

1. Identify a child/young person has an additional need.
2. Discuss identified need with the child/young person and/or their parent/carer.
3. During the discussion gain consent to complete the common assessment and share information. Any child aged 12 or over and is deemed competent can consent to their own CAF.
4. Check CAF index to ascertain if a common assessment has already been completed by e-mailing karen.donnelly@Rochdale.gov.uk giving details of the child/young person’s name, address and date of birth. A response will be e-mailed back to you.
5. If a CAF already exists contact the person who undertook the assessment and inform them of your involvement.
6. If a CAF does not exist undertake the common assessment with the child/young person and/or their parent/carer.
7. Document the information from the assessment on the CAF form.
8. Agree next steps with the family and record these on the action plan of the CAF form.
9. There are 3 likely results from the assessment
 - a) assessment indicates no additional support is required
 - b) assessment indicates additional support is required from another single agency - liaise with this agency regarding provision of support
 - c) assessment indicates a multi-agency response is required – arrange a Team Around the Child (TAC) meeting.

Should a TAC meeting be convened it cannot go ahead without the child (if age appropriate)/young person and/or their parent/carer being present.

10. The Lead Professional is appointed at the first TAC meeting. This is not necessarily the person who completed the CAF but usually the person who is most relevant to the action plan.
11. The CAF Action Plan and TAC plan should be reviewed regularly.
12. Copies of completed CAF and TAC documentation including reviews should be:
 - a) kept as part of your own child/young person in-house records

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- b) given to the child/young person or parent/carer
- c) sent to CAF admin by e-mail.

CAF forms and TAC documentation along with further information on the CAF process and advice on completing common assessments can be obtained from the Rochdale CAF co-ordinator – **Karen Donnelly 01706 925127**.

(iii) How to Make A Child Protection/Section 47 Referral

If urgent, telephone the **Safeguarding Children Unit (03003030350)**; your referral information will be collated and forwarded to the team manager for consideration and action.

- You still need to complete a Referral form and should forward this as soon as possible - **within 48 hours**
- You **do not require the consent** of a parent or child/young person to make a child protection referral
- A parent should, **under most circumstances, be informed** by the referrer that a child protection referral is to be made. The criteria for not informing parents are:
 - (a) Because this would increase the risk of significant harm to a child(ren); or
 - (b) Because, in the referrer’s professional opinion, to do so might impede an investigation that may need to be undertaken;
 - (c) Because there would be an undue delay caused by seeking consent which would not serve the child’s best interests.

Fear of jeopardising a hard won relationship with parents because of a need to refer is **not** sufficient justification for not telling them that you need to refer. To the contrary, this lack of openness will do little to foster ongoing trust, particularly as the source of referrals will be disclosed to parents except in a limited number of circumstances. If you feel that your own or another adult’s immediate safety would be placed at risk by informing parents then you should seek advice and/or make this clear on the referral form and in any telephone contact with Children’s Social Care .

6. CSC Responses to Referrals and Timescales

In response to a referral, CSC may decide to:

- Provide advice to the referrer and/or child/family;
- Refer on to another agency who can provide services;
- Convene a Strategy Meeting (within five working days);
- Provide support services under Section 17;
- Undertake an Initial Assessment (completed within seven working days);
- Convene an Initial Child Protection Conference (within 15 working days of a Strategy discussion/meeting)
- Undertake a Core Assessment (completed within 35 working days);
- Accommodate the child under Section 20 (with parental consent);
- Make an application to court for an Order;
- Take no further action.

7. Feedback from Children’s Social Care

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CSC have 24 hours within which to make a decision about a course of action in response to a referral. If you do not receive any (same day) verbal feedback following an urgent child protection referral, and where this places school / a child(ren) in a vulnerable position, you should ask to speak to a Duty Social Worker, the relevant Team Leader or the Lead Officer For Safeguarding Schools (03003030440)

8 Record Keeping/Information sharing

Good record keeping is essential in recording Safeguarding concerns. The use of chronologies can highlight patterns of concern/harm in particular in cases of neglect or emotional abuse.

The review of such records is a vital role for the designated person a system should be established and recorded that says all records have been reviewed and if any further action has been taken.

Child protection files should always be stored separately to the general school files and stored confidentially (only certain staff should have access).

All school staff are bound by a confidentiality agreement if safeguarding files are accessed inappropriately this could lead to a disciplinary matter.

Appendix 2 of this document is the Government guidelines on information sharing. Record keeping is vital in this area and reasons why information has been shared should be recorded as well as when it has not.

SAFEGUARDING TRAINING

All staff (teaching and non-teaching) received 'Basic Introduction to Safeguarding Children' training (11th September 2018) delivered by Claire Heap.

All staff have been trained in 'Team Teach' handling techniques

DSL and Deputy DSL have attended DSL

CONFIDENTIALITY

Child Protection raises issues of confidentiality that must be clearly understood by all staff/volunteers in school.

All staff in school, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Advice and Assessment Team and the Police).

If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies for the child's sake. Within that context, the child should, however, be assured that the matter will be disclosed only to people who need to know about it.

Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

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If an allegation of abuse is made against a member of staff/volunteer, the person receiving the allegation must take it seriously and immediately inform the Headteacher.

If any member of staff/volunteer has reason to suspect that another member of staff/volunteer may have abused a child at the school, or elsewhere, they must immediately inform the Headteacher. They should also make a record of the concerns including a note of anyone else who witnessed the incident/alleged incident. [If the concerns are about the Headteacher, the Education Welfare Officer must be contacted] The Headteacher will not investigate the allegation itself, or take written or detailed statements, but he/she will assess whether it is necessary to refer to the Advice and Assessment Team in consultation with the other agencies.

If the Headteacher decides that the allegation warrants further action through Child Protection Procedures he must immediately make a referral to the Advice and Assessment Team.

Under these circumstances the member of staff against whom an allegation has been made should not be informed of said allegation until future action is agreed with the Social Work Team Manager. It may be necessary to discuss appropriate steps to ensure other children are not at risk. The allegation will be investigated in accordance with the Rochdale BC ACPC Procedures.

If it is decided that it is not necessary to refer to Advice and Assessment Team the Headteacher will consider whether there needs to be an internal investigation.

Safeguarding on appointment.

All staff and volunteers appointed to St. Vincent's will undertake an enhanced CRB check and we will follow the LA Guidelines.

At least one governor will have taken the Safeguarding on Appointments training. This is currently Stephen Callaghan.

For further information see:

Rochdale Borough Safeguarding Children Board Child Protection Procedures – copy in Admin office.

Appendix 1: Risk Assessment 'Checklist'

- Does/could the suspected harm meet the RSCB definitions of abuse?
- Are there cultural, linguistic or disability issues?
- I am wrongly attributing something to impairment?
- Does the chronology indicate any possible patterns which could/do impact upon the level of risk?
- Are any injuries or incidents acute, cumulative, episodic?
- Did any injuries result from spontaneous action, neglect, or intent?
- Explanations consistent with injuries/behaviour?
- Severity and duration of any harm?
- Effects upon the child's health/development?
- Immediate/longer term effects?
- Likelihood of recurrence?
- Child's reaction?
- Child's perception of the harm?
- Child's needs wishes and feelings?
- Parent's/carer's attitudes/response to concerns?

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- How willing are they to cooperate?
- What does the child mean to the family?
- What role does the child play?
- Possible effects of intervention?
- Protective factors and strengths of/for child (i.e. resilience/ vulnerability);
- Familial strengths and weaknesses?
- Possibilities?
- Probabilities?
- When and how is the child at risk?
- How imminent is any likely risk?
- How grave are the possible consequences?
- How safe is this child?
- What are the risk assessment options?
- What are the risk management options?
- What is the interim plan?

Appendix 2

Seven golden rules for information sharing

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

2. 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.

3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

4. Share with 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, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

5. 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.

6. 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.

7. 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.

Additional contacts:

Rochdale Borough Safeguarding Children’s Board (RBSCB): 03003030350

Multi Agency Screening Service (MASS): 03003030440

Rochdale Children’s Social Care (CSC): 03003030440

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Children's Social Care – out of hours emergency: 03003038875

Early Help: 01706925127

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