

St Hugh of Lincoln RC Primary School

Child Protection Policy

*“St Hugh of Lincoln School will nurture, guide, educate
and develop all our children on their journey with Jesus*

Amen

Updated: September 2019
Review date: September 2022
(or when national updates are required)

St Hugh of Lincoln RC Primacy School fully recognises its responsibilities for child protection. This policy applies to all staff, Governors agency staff and volunteers working in school.

We recognise that, because of their day-to-day contact with children, school staff are well placed to observe the outward signs of abuse. The school will therefore:

- establish and maintain **an environment where children feel secure**, are encouraged to talk, and are listened to
- ensure children know that there are adults in the school **whom they can approach** if they are worried
- include opportunities in the personal, social, health and economic (PSHE) curriculum and Assemblies, for **children to develop the skills** they need to recognise and stay safe from abuse.
- Raise awareness of child protection issues through **regular training**
- Ensure **safe recruitment** and **check suitability** of adults in school
- Develop and implement **clear procedures** for identifying and reporting suspected cases, which are clear to all staff

Categories for concern are:

Neglect

The persistent or severe neglect of a child which results in serious impairment of the child's health or development. Neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment
- NB staff need to be aware that some "neglect" may be temporary and due to changes in home circumstances; schools need to establish in these cases the nature of intervention and support they may be able to offer

Physical Abuse

Physical injury to a child - reasonable suspicion that the injury was inflicted or knowingly not prevented. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Sexual Abuse

The involvement in sexual activities to which the child was unable to give informed consent. The activities may involve physical contact. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Emotional Abuse

Persistent or severe emotional ill treatment or rejection. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only in so far as they meet the

needs of another person. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger

Grave Concern

Children whose situations do not currently fit the above categories but for whom there is significant risk of abuse.

Peer on Peer Abuse

Peer on peer abuse occurs when a young person is exploited, bullied and / or harmed by their peers who are the same or similar age; everyone directly involved in peer on peer abuse is under the age of 18.

Procedures:

This school recognises that the class teacher is the first stage in the pastoral care of the child in the school. Teachers/Other Adults are well placed to observe outward signs of abuse, changes in behaviour or failure to develop or thrive.

All adults working within the school community are considered 'trusting adults', if they have concerns, worries, observations or disclosures about a child they will share this immediately with the nominated persons.

Child Protection Designated officers are:

The Headteacher

Assistant Headteachers

SENDCO

The Governor with responsibility for Child Protection (Mr K Speake September 2019)

If a member of staff becomes aware of a concern about a child, one of the Child Protection Co-ordinators shall be informed immediately. The Child Protection Co-ordinators will investigate, so far as is possible, and involve the relevant agencies (parents, foster-parents, social services, police etc.).

- All staff receive annual updates and training regarding recognising the signs of abuse, how to report concerns, internally on CPOMS or with named staff/governor and externally (MARAT).

The Child Protection Co-ordinator(s) will keep the class teacher/member of staff up-to-date with developments.

Every attempt will be made to offer support for the child whilst at school and it is hoped that the school will provide an environment within which he/she can relax and spend the school day in complete confidence and safety.

Information gathering and Recording

All staff have received training on and have access to CPOMS to record concerns, evidence and paperwork related to any incident or concern. The senior staff and child protection coordinators have a 'two tiered' access to the system for extra security and protection. All concerns, even those regarded as minor, are recorded.

How to respond to a disclosure:

- Listen carefully to the child. DO NOT directly question the child
- Give the child time and attention

- Allow the child to give a spontaneous account; do not stop a child who is freely recalling significant events
- Make an accurate record of the information you have been given taking care to record the timing, setting and people present, the child's presentation as well as what was said. Do not throw this away as it may later be needed as evidence
- Use the child's own words where possible
- Explain that you cannot promise not to speak to others about the information they have shared - do not offer false confidentiality
- Reassure the child that:
 - they have done the right thing in telling you;
 - they have not done anything wrong;
- Tell the child what you are going to do next and explain that you will need to get help to keep him/her safe
- DO NOT ask the child to repeat his or her account of events to anyone

How to make a Referral

The type of referral you make would depend on which of the 4 levels of intervention you decide the case warrants. Parents/carers should be informed if a referral is being made **except in cases** of: Sexual abuse, organised or multiple abuse, Fabricated or induced illness.

However, inability to inform parents for any reason should not prevent a referral being made. It would then become a joint decision with Children's Social Care about how and when the parents should be approached and by whom.

In the main, a referral would follow this route:

- If your concern is about harm or risk of harm from a family member or someone known to the children, you should make a telephone referral to MARAT on 0161 912 5125. They will advise on next steps
- If your concern is about harm or risk of harm from someone not known to the child or child's family, you should make a telephone **referral directly to the Police** and consult with the parents
- If your concern is about harm or risk of harm from an adult in a position of trust **see Allegations against staff (below)**
- If your concern is that a child or family need additional help or support, you should contact Trafford Early Help on 0161 912 5020

Information required when making a referral

Be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available). The majority of this information is available on the SIMS database to which all staff have password protected access.

Unavailability of some information should not stop you making a referral.

- Your name, telephone number, position and request the same of the person to whom you are speaking
- Full name and address, telephone number of family, date of birth of child and siblings
- Gender, ethnicity, first language, any special needs

- Names, dates of birth and relationship of household members and any significant others
- The names of professionals known to be involved with the child/family e.g.: GP, Health Visitor, School
- The nature of the concern; and foundation for the concern
- An opinion on whether the child may need urgent action to make them safe
- Your view of what appears to be the needs of the child and family
- Whether the consent of a parent with [Parental Responsibility](#) has been given to the referral being made

Action to be taken following the referral

- Ensure that you keep an accurate record of your concern(s) made at the time and record on CPOMS
- If applicable and following advice from MARAT complete a SARF, email to MARAT and place copy on CPOMS
- Accurately record the action agreed or that no further action is to be taken and the reasons for this decision

Allegations against staff (Child Protection)

Please refer to The Managing Allegations of Abuse by Staff Policy.

The senior manager/Chair will consult with/make a referral to the [LADO \(Local Authority Designated Officer\)](#), Safeguarding Children Unit. Presently:

Anita Hopkins

Safeguarding Unit

Trafford Council

Trafford Town Hall, Talbot Road, Stretford M32 0TH

Tel: 0161 912 5024

Issues here would relate to any adult working with children (in a paid or unpaid capacity) where information has come to light suggesting they have:

- behaved in a way that has harmed or may have harmed a child
- possibly committed a criminal offence against, or related to, a child
- behaved towards a child/ren in a way that indicated s/he is unsuitable to work with children

Sharing

This policy and any revisions will be shared with, and approved by staff and Governors
A copy of this policy is available to Parents on Request. A point explaining this will be included on the school web site

The allocated Child Protection Governor will monitor and evaluate this policy in discussion with the named officer