

SAFEGUARDING CHILDREN POLICY

The provider must take necessary steps to safeguard and promote the welfare of children. Children's behaviour must be managed effectively and in a manner appropriate for their stage of development and particular individual needs.

Providers must ensure that adults looking after children, or having unsupervised access to them, are suitable to do so.

This document is the Safeguarding Children Policy for The River School which will be followed by all members of the setting and followed and promoted by those in the position of leadership within the setting.

The River School aims to provide a safe, caring environment where children are valued and nurtured. The welfare, safety and safeguarding of the children in our setting is paramount.

All staff are subject to an Enhanced CRB check when they begin working within the setting and work with a colleague until CRB checks are complete. New members of staff receive training in Child Protection and Safeguarding Procedures during their induction and staff training is updated as necessary. This Safeguarding Children Policy is re-read by all staff annually at a minimum.

We know that being a child or young person makes children vulnerable to abuse by adults. The purpose of this policy is to make sure that the actions of any adult in the context of the work carried out by the setting are transparent and safeguard and promote the welfare of all children.

Principles upon which the Safeguarding Children Policy is based:

- The welfare of a child will always be paramount.
- The welfare of families will be promoted.
- The rights, wishes and feelings of children and their families will be respected and listened to.

In all cases it is vital to take whatever action is needed to safeguard the child or children concerned.

- If emergency medical attention is required this can be secured by calling an ambulance (dial 999) or taking a child to the nearest Accident and Emergency Department.
- If a child is in immediate danger the Police should be contacted (dial 999) as they alone have the power to remove a child immediately if protection is necessary, via their powers to use Police Protection.

Recognition of abuse or neglect

Abuse and neglect are forms 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 a stranger. They may be abused by an adult or adults, or another child or children.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Emotional abuse

Emotional abuse is the persistent emotional ill treatment 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 in so far as they meet the needs of another person.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child though it may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. 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.

Neglect

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

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

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

Signs of abuse

Children and young people often find it very difficult to talk about the abuse they are experiencing. So adults have a vital role to play in looking out for the possible signs. Although it is sometimes hard to be fully certain that a child is being abused, some of the signs to watch out for:

- A child who is often bruised or injured.
- A child who is often very withdrawn.
- A child who is often very dirty or smelly.
- A child who is often hungry, or under or over-dressed for the time of year.
- A child who is often left at home alone.
- A child who is often left in unsafe situations, or without medical attention when they need it.
- A child who is constantly 'put down', insulted, sworn at or humiliated.
- A child who seems very afraid of particular adults, and reluctant to be alone with them.
- A child who has unexplained changeable emotions, such as depression, anxiety or severe aggression.
- A child who shows sexual knowledge or behaviour that is inappropriate for their age.
- A child who is growing up in a home where there is domestic violence.
- A child who is living with parents or carers who are involved in serious drug or alcohol abuse.

In some cases these signs may have an acceptable explanation. However, this list does not cover every possibility. You may see other things in the child's behaviour or circumstances that worry you. Individuals within our setting need to be alert to the potential abuse of children both within their families and also from other sources including abuse by members of our organisation.

The setting should know how to recognise and act upon indicators of abuse or potential abuse involving children and where there are concerns about a child's welfare. There is an expected responsibility for all members of staff to respond to any suspected or actual abuse of a child in accordance with these procedures.

It is good practice to be as open and honest as possible with parents/carers about any concerns. However, you **must not** discuss your concerns with parents/carers in the following circumstances:

- where sexual abuse or sexual exploitation is suspected.
- where fabricated or induced illness (previously known as Munchausen Syndrome by proxy) is suspected.
- where contacting parents/carers would place a child, yourself or others at immediate risk.

These decisions should not be taken in isolation. Consult with the Supervisor or Designated Senior member of staff for Safeguarding (DSMS)

The River School Designated Senior member of staff for Safeguarding: **Timothy Crow or Richard Wood**
The Brook School Designated Senior member of staff for Safeguarding: **Maggie Hall**

What to do if children talk to you about abuse or neglect

It is recognised that a child may seek you out to share information about abuse or neglect, or talk spontaneously individually or in groups when you are present. In these situations **you must:**

- 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.

If you have a Child Protection concern you should consult a Supervisor or DSMS about your concern.

Because of your observations of, or information received, you may become concerned about a child who has not spoken to you.

It is good practice to ask a child why they are upset or how a cut or bruise was caused, or respond to a child wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action.

If you are concerned about a child you must share your concerns. Initially you should talk to one of the people designated as responsible for child protection within your organisation. In this setting these people are:

The River School Designated Senior member of staff for Safeguarding: **Timothy Crow or Richard Wood**
The Brook School Designated Senior member of staff for Safeguarding: **Maggie Hall**

You should consult with your local Children's Social Care (contact details below) in the following circumstances:

- When you remain unsure after internal consultation as to whether child protection concerns exist.
- When there is disagreement as to whether child protection concerns exist.
- When you are unable to consult promptly or at all with your DSMS.
- When the concerns relate to any DSMS.

This consultation is not the same as making a referral but should enable a decision to be made as to whether a referral to Children's Social Care or the Police should progress.

Make a referral

A referral involves giving Children's Social Care or the Police information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

Parents/carers should be informed if a referral is being made except in the circumstances outlined above. 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.

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). 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 or 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.
- Put your concerns in writing to the Children's Social Care Team following the referral (within 48 hours – and using the multi-agency referral form MARF).
- Accurately record the action agreed or that no further action is to be taken and the reasons for this decision.

Allegations against adults who work with children

If you have information which suggests an adult who works with children (in a paid or unpaid capacity) has:

- 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.

Then you should speak immediately with a Supervisor or DSMS. They will consult with/make a referral to Children's Social Care.

Confidentiality

The River School ensures that any records made in relation to a referral are kept confidential and in a secure place. Information in relation to child protection concerns should be shared on a 'need to know' basis. However, the sharing of information is vital to child protection and, therefore, the issue of confidentiality is secondary to a child's need for protection.

Local Advisor for Independent Schools: **Sally Mills 01905 728902 or 07809 665973**

Worcestershire Childrens Services Social Care Access Centre:

Professionals only: **01905 768054**

Public only: **0845 607 2000**

Fax: **01905 768056**

Email: **SocialCare@worcestershire.gov.uk**

Postal address: **Social Care ACCT, PO BOX 585, Worcester WR4 9AD**

Minicom: **01905 768052**

Worcestershire Safeguarding Children Board (WSCB)

www.worcestershiresafeguarding.gov.uk

Please remember as a member of staff, you reflect God's character to the children in your care. Therefore you should make every effort to observe the highest standard of care, respect and wisdom when dealing with pupils.

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