

# Silverhill School

## SAFEGUARDING CHILDREN

### Child Protection Policy

Our policy at Silverhill School is founded on the following three principles:

- The welfare of the child is paramount.
- Working together with recognised agencies - it is not always possible to protect a child on our own.
- Open dialogue with parents is important - subject not to putting the child at risk.

Our aim is to ensure that staff is aware of child protection issues and to safeguard and promote the welfare of children within their care.

Sensitivity and confidentiality are required throughout.

**All real concerns must be reported immediately to Jenifer Capper who, as headmistress, is the Designated Senior Person. The DSP is the primary liaison for all these issues and, in addition, will provide training and support for staff as appropriate.**

Never keep suspicions or concerns to yourself.

Refer to the following guidance on how to respond to a child protection concern.

Statistics suggest that

25% of the population have experienced some type of abuse

10% of the population have been sexually abused

160,000 children are abused each year

These are frightening figures.

With such staggering figures as these it is likely that all of us will come across victims of abuse in our teaching careers.

**Staff need to be aware of**

the types of abuse

how to respond to children

the signs of abuse

the part Social Services play

how to monitor, record, share and report information

confidence and trust in dealing with concerns

**Child abuse is defined by the concept of 'significant harm' (Children Act 1989)**

- Harm  
ill treatment or the impairment of health or development
- Development  
means physical, intellectual, emotional, social or behavioural
- Health  
means physical or mental
- ill-treatment  
includes sexual abuse and forms of ill-treatment which are not physical

Somebody may abuse or neglect a child by inflicting harm, or by failing to prevent harm.

Children may be abused in a family or in an institution or community setting, often by those known to them.

Abuse can be perpetrated by an adult or another child.

Always there is an element of power over the victim and an abuse of trust.

The 4 main categories of abuse are

**physical**

**emotional**

**sexual**

**neglect**

These are the categories for Child Protection Registration.

### **Physical abuse**

This may involve hitting, shaking, throwing, poisoning, burning or scalding, suffocating or any other cause of physical harm.

'Munchausen's syndrome by proxy' where the parent causes an 'illness'

### **Emotional abuse**

Conveying to children that they are worthless, unloved, inadequate, causing the child to feel frightened or in danger.

### **Sexual abuse**

Forcing or enticing a child to take part in sexual activities whether or not the child is aware of what is happening.

It may include physical contact.

It may involve the child looking at pornographic material or watching sexual activities.

### **Neglect**

This is the persistent failure to meet a child's basic physical and psychological needs, likely to result in impairing the child's health and development.

It may include failing to provide adequate food, shelter and clothing; failing to protect a child from physical danger; failing to provide appropriate medical care.

Sexual abuse is uppermost in public consciousness, physical abuse is usually easiest to identify.

Neglect and emotional abuse are very common but often hard to prove.

### **Over reaction**

It is often felt that if suspicions of abuse are reported to Social Services they may turn out to be unfounded or will result in an overly-dramatic intervention.

The Social Services have **a duty to prevent** and  
**a duty to investigate**

### **Duty to prevent**

'It shall be the general duty of every local authority to safeguard and promote the welfare of children within their area who are in need and so far as is consistent with that duty, to promote the upbringing of such children by providing a range and level of services appropriate to those children's needs.' (Section 17 of the Children Act 1989)

### **Duty to investigate**

'Where a local authority has reasonable cause to suspect that a child who lives or is found in their area is suffering or is likely to suffer significant harm, the authority shall make enquiries to enable them to determine what action is necessary' (Section 47 of the Children Act)

The responsibility of the SSD is to assess the overall need of the child and family and put child protection concerns into context.

Our judgement may be affected by some of the following factors:

- the child's age and understanding
- the degree and extent of physical harm
- bizarre or unusual events
- the frequency and duration of abuse
- the extent of premeditation or coercion
- our own professional knowledge and understanding
- perceptions of cultural norms
- whether or not the child has other sources of help
- our own experience of family life
- perceptions of the possible outcomes of making a judgement

The bottom line, of course, is how the child experiences what has happened to them.

Their ability to make sense of, and move on from their experience will determine how 'abusive' the experience has been.

As professionals we have to respond by taking children seriously.

- Listen
- Reassure
- Do **not** promise confidentiality
- Make a written record
- Seek advice and pass information on. Never keep concerns to yourself
- Monitor and record all developments

### **Recognising abuse**

Signs of physical abuse are often easy to see (Changing for PE lessons). Other indicators may not be so readily recognised.

Where there is obvious injury or direct disclosure by the child then immediate action is necessary.

Other cases will need monitoring, recording, sharing information in order to build a complete picture.

Many indicators may have other, more innocent explanations. Children do have mood swings, eat ravenously, have attention seeking behaviour.

It is when indicators begin to accumulate and form patterns that we need to be concerned. This is why all information should be recorded carefully and shared professionally.

It is important to acknowledge that what children say should always be put into the context of other aspects of their presentation, otherwise we risk misinterpreting signals and statements.

**Grave concern** should lead to immediate referral

**Concern** consultation may lead to referral

**Monitor** consult, record and monitor

## **Increasing children's awareness of child protection issues**

These are the different ways in which child protection issues are raised with children within the curriculum throughout the school:

The school regularly invites the police to come and talk to different years groups within the school about "Stranger Danger"

In the PHSE lessons and circle times, the staff will regularly ask the children to think about what makes them happy and what makes them sad. They encourage them to talk openly about it. The staff will also encourage them to think about the people who can help us and explore the range of possibilities in this area.

In the Topic areas in Early Years and KS1 there are many opportunities for the staff to explore these issues.

Where appropriate in the KS2 curriculum, e.g. Geography, RE, IT (safety on the internet) the staff will raise these issues.

## **Listening and responding to a young person**

Things to do

- Listen carefully
- Ask open questions to clarify (who, what, how)
- Be accessible and receptive
- Take it seriously
- Reassure the child that they are right to tell
- Reassure the child it was not their fault
- Tell them that you must involve others (e.g. SSD)
- Tell them that you will help them tell the right people
- Report all suspicions or disclosures immediately
- Make careful records of what was said. Try to use the child's own words wherever possible. Date your report.

## Things **not** to do

- Do not jump to conclusions
- Do not try to force the child to talk
- Do not speculate or accuse anybody
- Do not ask leading questions (was it Daddy/ Mummy)
- Do not make promises you cannot keep. The child has chosen you to talk to and will expect your support.

**Remember it is the role of the Police and Social Services to investigate.**

## **Avoiding allegations of abuse**

To ensure that allegations of abuse against staff and volunteers are prevented, these guidelines should be followed:

- always be publicly open when working with children, avoiding, where possible, being left alone with an individual child
- if physical contact is necessary for coaching or instruction, it should be done openly.

The increasing sensitivity among children and parents about **touching** or **one-to-ones** should be respected.

## **Referring cases to Social Services Department**

Any referral to SSD should be followed up in writing within 24 hours.

SSD will advise the school on contact with parents/carers.

SSD must decide how to proceed within 24 hours.

SSD will determine whether the criteria are met for CP procedures to be started and relay this information to the school.

Where the criteria are met the school and SSD have a responsibility to keep each other informed of progress and outcomes.

Where the criteria are met SSD will hold a **Strategy discussion** between SS, Police and Health. School will also be involved.

Where unresolved significant harm is identified, SSD will convene a **CP Conference**.

This must be convened within 15 working days of referral

Headteacher is requested to give written report on behaviour, health, SEN, attendance, relationships with parents and school etc.

The Head is also invited to attend the conference.

The content of the report is shared with parents/ young person before the conference.

The school is part of the core group which monitors progress and impact of interventions upon the child.

SSD and school should keep each other informed.

### **Child Protection Register**

Case conferences are held on all children on the CPR every 6 months.

De-registration is always considered at these conferences.

If a child remains on the CPR for 2 years or more consideration is given to take legal proceedings to take the child into public care.

[See also anti-Bullying & Concerns and Complaints policies](#)