

SMALLTHORNE PRIMARY SCHOOL



Safeguarding Child Protection POLICY

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Safeguarding Policy Child Protection

Smallthorne Primary School

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1. Safeguarding and Promoting the Welfare of Children

The definition for safeguarding and promoting the welfare of children in [Working Together to Safeguard Children 2013](#) is:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes.

Where there is a safeguarding issue, Smallthorne Primary School will work in accordance with the principles outlined in the Staffordshire and the Stoke-on-Trent Safeguarding Children Board Inter-agency policies and procedures:

- A child's welfare is paramount. Each child has a right to be protected from harm and exploitation and to have their welfare safeguarded
- Each child is unique. Action taken by child welfare organisations should be child-centred, taking account of a child's cultural, ethnic and religious background, their gender, their sexual orientation, their individual ability and any special needs
- Children, parents and other carers should be made aware of their responsibilities and their rights, together with advice about the power of professionals to intervene in their family circumstances
- Parents will be advised about Smallthorne Primary School's Safeguarding Policy in the organisations prospectus and on admission to the organisation as well as on the website.
- If a child is at risk of significant harm, there is a duty on the organisation to share information with either Staffordshire or Stoke-on-Trent Children's Social Care (CSC). On occasion, this may be both CSC services as the child may live in one authority and attend an organisation in another, however the referral should always be made to the local authority in which the child resides. This will be explained to the child or family member and appropriate reassurance given.
- Personal information is usually confidential. It should only be shared with the permission of the individual concerned (and/or those with parental responsibility) **unless** the disclosure of confidential personal information is necessary in order to protect a child or promote their welfare. In all circumstances, information must be confined to those people directly involved in the professional network of each individual child and on a strict "need to know" basis. For further guidance please refer to the Staffordshire and the Stoke-on-Trent Safeguarding Children Boards joint [Information sharing guidance for practitioners](#)
- Professionals should be mindful of the effects of outside intervention upon children, upon family life and the impact and implications of what they say and do, however this should not override the safety and welfare of the child

- Explanations by professionals to children, their families and other carers should be plainly stated and jargon-free. Unavoidable technical and professional terminology should be explained in simple terms
- Sound professional practice is based upon positive inter-agency collaboration, evidence-based research and effective supervision and evaluation.
- Early intervention in providing support services will utilise the Staffordshire / Stoke-on-Trent Early Help Assessment (EHA) and if necessary an assessment under Section 17 of the Children Act (1989). This is an important principle of practice in inter-agency arrangements for safeguarding the welfare of children.

2. Thresholds for Intervention

Early Help: The Staffordshire/ Stoke-on-Trent Early Help Assessment (EHA)

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. A Staffordshire/ Stoke-on-Trent Early Help Assessment should be initiated when welfare concerns are raised in relation to the child and their family. This should also be done when the support of more than one additional agency is needed in order to meet the child/family's needs.

Staff should discuss children who appear to have additional needs with the DSL or early help lead, the child and parents/carers. The organisation will need to obtain parental/pupil consent for a EHA to be completed. Please refer to [Section 1E: Staffordshire's Threshold Framework: „Accessing the Right Help at the Right Time“](#) / Stoke-on-Trent [Threshold Criteria for the Guide to Levels of Need for Children, Young People and Families](#) and the Joint SCB [Information sharing guidance for practitioners](#) for clarity over what you should do if consent is refused.

Certain organisations should include reference to young people being able to give their own consent for an EHA in certain circumstances if they are old enough and competent to do so.

Whenever an Early Help Assessment is initiated the organisation must inform the Local Support Team (Staffordshire) in their area/ Locality Teams (Stoke-on-Trent). They will keep a record of when this was started, why and who is involved. If at a later stage, it is felt that the support of more than one additional agency is needed in order to meet the child/family's needs then the organisation must agree who is best placed to provide this support. Organisations can speak to their LST's/ Locality Teams for guidance on this. The organisation must also inform the LST/ Locality Team when the Early Help Assessment is closed, irrespective of whether or not there is an LST worker involved with the family.

3. When concerns reach the threshold of Child in Need (S17 of the Children Act 1989)

A „Child in Need“ referral should be considered where the needs of the child are unlikely to be met under an Early Help Assessment, such as a child with complex disabilities, when a social work led assessment is required. In Staffordshire this is called a *child social work assessment* and in Stoke-on-Trent this is called a *social work assessment*.

Section 17 of the Children Act says that an assessment for services should be undertaken by the Local Authority in the following circumstances:

- Child(ren) are unlikely to achieve or maintain, or to have opportunity to achieve or maintain a reasonable standard of health or development, without the provision of services by a local authority.
- Their health or development is likely to be impaired, or further impaired without the provision of such services.
- They are disabled.

If the DSL considers that the welfare concerns indicate that a „Child in Need“ referral is appropriate, he/she will speak with parents / carers and the child where appropriate and obtain their consent for referral to First Response/ ART.

Consent: Whilst professionals should in general discuss any concerns with the child, their parents / carers and where possible seek their agreement to making referrals to First Response/ ART, **this should only be done where such discussion and agreement-seeking will not place the child or others at increased risk of suffering significant harm. Consent / agreement is not required for child protection referrals;** however you, as the referring professional, would need to where possible discuss with and inform parents or carers that you are making a referral as stated above, **unless** by alerting them you could be putting that child or others at risk

With the exception of child protection, referrals will not be accepted by the First Response Service/ ART in the Multi Agency Safeguarding Hub (MASH)¹ without the child's (if appropriate age for consent), parents/ carers having been consulted. If a discussion about the referral being made has not been held with the child, parents / carers the reason for this should be clearly shared with First Response / ART at the time of the referral being made. In the few cases where

¹ The Multi-Agency Safeguarding Hub (MASH) is the central resource for the whole of Staffordshire and Stoke-on-Trent receiving all safeguarding and child protection enquiries. The MASH is staffed with professionals from a range of agencies including police, probation, health and social care (adults and children). These professionals share information to ensure early identification of potential significant harm, and trigger interventions to prevent further harm. MASH staff gather information from every agency and use this to decide the most appropriate intervention to respond to the child's identified needs. Where appropriate, the MASH team is able to immediately trigger a response.

parents / carers have expressed an unwillingness to agree to the assessment process, the First Response Service will help to manage this difficulty.

Staff should be invited to participate in Child in Need (CIN) meetings convened by CSC when children are deemed to require section 17 services.

Some children in „acute need“ (see SSCB Threshold guidance/ Stoke-on-Trent Guide to the levels of Need) may require Child in Need Section 17 support.

4. Making referrals

Where a child is registered at Smallthorne Primary School consultation must take place with the DSL (or named deputy according to the organisation's procedures – any variations should be detailed within this policy) who will be the most appropriate person to initiate any referral. A written record of concerns should be made using the incident record form contained within the **Staffordshire and Stoke-on-Trent SCB Joint Guidance on recording incidents** (www.staffscb.org.uk. www.safeguardingchildren.stoke.gov.uk)

This should then be given to the DSL (or Deputy as per organisations internal procedures – which should be detailed here when relevant) who will then make the decision whether a referral is needed to the First Response Team/ ART or the child's existing social worker or implement Early Help Assessment. If the child lives outside of Staffordshire/ Stoke-on-Trent, the matter will be referred by the DSL to the relevant CSC team in the area where the child resides.

As per statutory government guidance „Working Together to Safeguard Children 2013“ **anybody** can make a referral. However, due to the role of the DSL this member of staff may be party to additional and pertinent information and therefore is best placed to do so. If it is not possible to speak to the DSL or Deputy DSL, or there would be an unwarranted delay by doing so, the member of staff should contact the First Response Team/ ART (See page 16 for contact details) to discuss concerns or follow the Early Help Assessment. In these circumstances, the DSL must be informed about the referral as soon as possible.

The phone call must be followed up with written confirmation on the Multi-Agency Referral Form (MARF) within 48 hours. The MARF is available from the Staffordshire SCB website [Section 3C Multi-Agency Referral Form](#) / Stoke-on-Trent SCB website [C09 Multi-Agency Referral Form](#)

5. Safeguarding Children policy and procedure for (insert organisation name)

1. There will be a named person for safeguarding who will be responsible for dealing with any concerns about the safety and welfare of children. This person is the Headteacher. For further details of their role please see **Appendix B**.

2. All staff and volunteers will be carefully selected and vetted to try and ensure they do not pose a risk to children or vulnerable adults (**See Appendix C**). Those staff and volunteers who are involved in regulated activity with children, young people and vulnerable adults will be checked through the [Disclosure and Barring Service](#) (DBS)².

Please see either:

[SSCB Inter Agency procedure 2C – „Recruitment and Selection for All“](#)

SSCB Inter Agency procedures recruitment and selection -
www.safeguardingchildren.stoke.gov.uk

3. All staff and volunteers will receive an induction and basic training in line with Working Together 2013 and the respective Safeguarding Children Board training strategies³. This will include information on recognising where there are concerns about a child, where to get advice and what to do if no one seems to have taken their concerns seriously.
4. We will endeavour to make this organisation a safe and caring place for children to be by having a code of conduct for staff and users. This will be given to all staff and users and they will be expected to comply with it. See **Appendix C**.
5. Any information given to users about activities of the organisation will include information about the safeguarding children policy and procedure. Parents and carers of any children using supervised activities for children will be given specific information about the child protection policy and procedure. See **Appendix D**.
6. There will be a complaints procedure, see **Appendix E**

Appendix A

Categories of Abuse

Recognising the Signs and Symptoms of Abuse

It is important in this section to provide definitions of abuse and the organisation should advise that all staff need to familiarise themselves with these definitions. It is also important in this section that you reflect your organisations commitment to ensuring that all workers have a basic awareness of child abuse and how you will ensure this happens i.e. through training. More information regarding training can be sourced at:

² The DBS was established under the Protection of Freedoms Act 2012 and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA)

³ For advice on training please refer to www.staffsscb.org or www.safeguardingchildren.stoke.gov.uk

www.staffsscb.staffordshire.gov.uk/Training/

www.safeguardingchildren.stoke.gov.uk

Working Together to Safeguard Children 2013 (pg 85/86) defines the main categories of child abuse, which is also used for the purposes of drawing up child protection plans for children at risk of harm. The categories are as follows:

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); or
- Ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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.

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 acts of sexual abuse, as can other children.

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 involve seeing or hearing the ill-treatment of another. 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 of a child, though it may occur alone

Signs and Symptoms of Abuse

There is no clear dividing line between one type of abuse and another. The following section is divided into four areas to help categorise what may be seen or heard. Children/young people may show symptoms from one or all of the categories. This should not be used as a checklist. Workers and volunteers should be aware of anything unusual displayed by the child.

PHYSICAL SIGNS OF ABUSE	<ul style="list-style-type: none">• Bruise marks consistent with either straps or slaps• Undue fear of adults - Fear of going home to parents or carers• Aggression towards others• Unexplained injuries or burns – particularly if they are recurrent and especially in non mobile babies• Any injuries not consistent with the explanation given for them• Injuries that occur to the body in places which are not normally exposed to falls, rough games, etc• Reluctance to change for, or participate in games or swimming• Bruises, bites, burns, fractures etc which do not have an accidental/ satisfactory explanation• Cuts/scratches/substance abuse• Hitting (with the hand or implement) smacking, punching, kicking, slapping, twisting/pulling ear, hair or fingers, holding/squeezing with a tight grip, biting, and burning• Fabricated illness –see SSCB website for the procedure inc signs and symptoms
NEGLECT	<ul style="list-style-type: none">• Exposure to danger/lack of supervision• Neglect - under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care etc.• Injuries that have not received medical attention

	<ul style="list-style-type: none"> • Inadequate/inappropriate clothing • Constant hunger • Poor standards of hygiene • Untreated illnesses • Persistent lack of attention, warmth or praise
EMOTIONAL SIGNS OF ABUSE	<ul style="list-style-type: none"> • Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging. Also depression/aggression, extreme anxiety • Nervousness, frozen watchfulness • Obsessions or phobias • Sudden under-achievement or lack of concentration • Inappropriate relationships with peers and/or adults • Attention-seeking behaviour • Persistent tiredness • Running away/stealing/lying • Humiliating, taunting or threatening a child whether in front of others or alone. • Persistent lack of attention, warmth or praise. • Shouting/yelling at a child • Radicalisation – use of inappropriate language, possession of violent extremist literature, behavioural changes, the expression of extremist views, advocating violent actions and means, association with known extremists, seeking to recruit others.
INDICATORS OF POSSIBLE SEXUAL ABUSE	<ul style="list-style-type: none"> • Language and drawing inappropriate for age. • Child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour • Regularly engages in age inappropriate sexual play • Sexual knowledge inappropriate for their age • Wariness on being approached • Soreness in the genital area or unexplained rashes or marks in the genital areas • Pain on urination • Difficulty in walking or sitting • Stained or bloody underclothes • Recurrent tummy pains or headaches • Bruises on inner thigh or buttock. • Any allegations made by a child concerning sexual abuse • Sexual activity through words, play or drawing • Child who is sexually provocative or seductive with adults • Inappropriate bed-sharing arrangements at home • Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations • Eating disorders - anorexia, bulimia • Unaccounted sources of money • Telling you about being asked to „keep a secret“ or dropping

	hints or clues about abuse.
Remember- Signs and symptoms often appear in a cluster, but also many of the indicators above may be caused by other factors- if in doubt check it out. The most important factor is a report by the child	

APPENDIX B

DESIGNATED SAFEGUARDING LEAD (DSL)

- This organisation will have a dedicated person to take responsibility for safeguarding matters including allegations about a person who works with children.
- They should ideally be someone with sufficient knowledge or expertise in the field of safeguarding/ child protection and/or childcare. If the organisation does not have a person who already has this level of knowledge s/he should be given **specialist training** as quickly as

possible to undertake the role. For details of training available locally please refer to the following web site:

Staffordshire: www.staffsscb.staffordshire.gov.uk/Training

Stoke-on-Trent: www.safeguardingchildren.stoke.gov.uk

Working Together 2013 sets out the roles and responsibilities of the designated safeguarding lead. These are;

- To develop a culture of listening to children and taking account of their wishes and feelings.
- To support other professionals to recognise and respond to the needs of children including rescue from possible abuse or neglect.
- To promote safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a Disclosure and Barring Service (DBS) check.
- To ensure that staff have the appropriate level of supervision and support, including undertaking safeguarding training (in line with their respective Staffordshire and Stoke-on-Trent Safeguarding Children Board training strategy).
- To ensure that staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported when they do.
- To act as a source of advice on all safeguarding matters and seek further advice and guidance from local statutory agencies as and when required.
- Ensure that a record is kept of any concerns about a child or person working with them and of any conversation or referrals to statutory agencies.
- And to conduct regular audit activity to ensure the organisation is working in line with current practice **See Appendix F**.

APPENDIX C

GUIDANCE FOR STAFF AND VOLUNTEERS

Working Together 2013 explains that everyone has a responsibility to promote the welfare and safety of children, therefore it is the responsibility of Smallthorne Primary School to develop and nurture a culture that supports this approach.

Please read this guidance carefully. It will tell you what you need to know to safeguard children.

All staff and volunteers are expected to follow this guidance.

- The Designated Safeguarding Lead (DSL) for Smallthorne Primary School is Mr Chris Crook. If you have any queries around the safety and welfare of any child please contact them.
- Please read:
 - This guidance
 - The Code of Conduct for staff and volunteers
 - Stoke-on-Trent: [D01 Managing allegations against staff and volunteers working with children and young people \(LADO\)](#)

You must follow the advice given in the documents above. If there is anything that you do not understand or do not agree with please talk to your DSL about this.

- Please attend any training and multi-agency meetings that you are invited to.
- All staff and volunteers must inform the DSL if they are: -
 - Charged with a criminal offence involving a child, violence, breach of trust or a criminal offence relevant to their duties, for example driving offence if they are driving as part of their duties.
 - Investigated by any authority due to concerns that you may have had involvement in causing harm to a child.
 - Diagnosed with any medical condition that may affect your ability to carry out your role with children safely⁴, for example psychotic illness.
- Make sure you know what to do if a child tells you or you suspect that they are being harmed.

Key points are:-

X DO NOT

- Carry out your own investigation
- Put words in any child's mouth by asking direct questions such as "Did your Dad do it?"
- Feel that you must inform parents/carers if you think it may put the child at risk of further harm or cause them to be silenced.
- Ignore your worry

⁴ Further guidance for Early Years providers is contained within the EYFS 2014 Section 3 The Safeguarding and Welfare Requirements, pg 20: 3.19 – Staff taking medication/ other substances

- Ask the child to sign what you have recorded or to repeat it to another member of staff
 - Take photographs of any injury
 - Delete information/ photographs from a computer/ memory stick/ mobile phone or any other electronic device
 - Make promises to the child.
- ✓ **DO**
- Ask open-ended questions to clarify your concern e.g. “What happened to your arm?”
 - Listen to the child / your gut feelings
 - Take action.

Action to take:-

1. If a child has a serious injury (for example involving pain and bleeding) or is in immediate danger (for example parent/ carer has arrived to collect a child and is unfit to care for them, or a child left alone at home) dial 999 and request assistance from the ambulance service and/or police. If you know or suspect the child has come to harm through the actions of another make sure that the professional you hand the child over to understands this and take their name and record it. It will generally be appropriate to inform the child’s parent/ carers what has happened once the child is safe with an appropriate professional.
2. If it seems that a child has been abused in any way including sexual abuse (but is not in immediate danger) report this immediately to the service for the area where they live. The numbers are;

Staffordshire’s First Response
0800 1313 126

8.30am – 5.00pm Monday to Thursday
8.30am- 4.30pm Friday
or
email: firstr@staffordshire.gov.uk

EDS (out of hours) Tel No. 0845 6042886
Or email eds.team.manager@staffordshire.gov.uk

Non-emergency - call Staffordshire Police on 101

Stoke on Trent Advice and Referral Team (ART)
01782 235100

8.30am – 5.00pm Monday to Thursday
8.30am- 4.30pm Friday
or
Emergency Duty Team (out of hours)

Tel No. 01782 234234

3. If the concern is long term rather than immediate, for example a child who is often dirty, smelly or who has disruptive behaviour, you should discuss this with the DSL who will decide whether it meets the threshold for making a referral to First Response/ ART or to initiate a Early Help Assessment
4. If you are unable to do so beforehand, inform the DSL as soon as you can that you have had to make an immediate referral. Ensure this is recorded.

Code of Conduct for Staff and volunteers

It is important that all adults working with children understand that the nature of their work and the responsibilities related to it and as such places them in a position of trust. The points below only provide a few examples of appropriate and safe behaviours for all adults working with children in paid or unpaid capacities, in all settings and in all contexts. Further detailed guidance can be found in the following document: [Joint SCB Guidance for Safer Working Practice for Adults who Work with Children and Young People. October 2014](#)

Best practice as advised by both Safeguarding Children Boards would be to use this information to compliment and therefore strengthen any existing documents you have within your organisation.

1. Always remember that while you are caring for other people's children you are in a position of trust and your responsibilities to them and the organisation must be uppermost in your mind at all times.
2. Never use any kind of physical punishment or chastisement such as smacking or hitting.
3. Do not smoke in front of any child or young person.
4. Do not use unprescribed drugs or be under the influence of alcohol.
5. Never behave in a way that frightens or demeans any child or young person.
6. Do not use any racist, sexist, discriminatory or offensive language.
7. Do not give your personal contact details / personal website details to children, parents and carers (exempt childminders)
8. Do not use internet or web-based communication channels to send personal messages to/ befriend children.
9. The use of mobile phones or any other devices to take images of children must be carefully managed. In some settings/ agencies, it may be necessary to take photographs of children in order to evidence progression in terms of their development, particularly with very young children and those with disabilities. Attention must be paid to the way in which the photographs are used and stored, whether this is on a mobile phone or other device. Mobile phones or any other devices

must not be used to take images of children's injuries. You should always follow your organisations policy and procedures in relation to the taking or recording of images and informed written consent from parents / carers (and the child) should always be sought. For further advice and guidance on the use of social networking sites/ mobile phones/ computers/ cameras, please visit www.ceop.police.uk

10. Generally you should not give children presents or personal items. The exceptions to this would be a custom such as buying children a small birthday token or leaving present or help to a family in need such as equipment to enable them to participate in an activity. Both types of gift should come from the organisation and be agreed with the named person for child protection and the child or young person's parent. Similarly do not accept gifts yourself other than small tokens for appropriate celebrations, which you should mention to the activity leader.
11. You should not invite a child to your home or arrange to see them outside the set activity times.(exempt childminders) Should the need arise to invite a child into your home then a discussion with a senior manager must be conducted in order to ensure this is the most appropriate action.
12. You should not engage in any sexual activity (this would include using sexualised language) with a child you meet through your duties or start a personal relationship with them, this would be an abuse of trust.
13. Exercise caution about being alone with a child. In situations where this may be needed (for example where a child wants to speak in private) think about ways of making this seem less secret for example by telling another worker or volunteer what you are doing and where you are, leaving a door ajar, being in earshot of others and lastly note the conversation in the log.
14. Physical contact should be open and initiated by the child's needs, e.g. for a hug when upset or help with toileting. Always prompt children to carry out personal care themselves and if they cannot manage ask if they would like help.
15. Do talk explicitly to children about their right to be kept safe from harm.
16. Do listen to children and take every opportunity to raise their self-esteem.
17. Do work as a team with your co-workers/volunteers. Agree with them what behaviour you expect from children and be consistent in enforcing it.
18. If you have to speak to a child about their behaviour remember you are challenging „what they did“ not „who they are“.
19. Do make sure you have read the Safeguarding children procedure and that you feel confident that you know how to recognise when a child may be suffering harm, how to handle any disclosure and how to report any concerns.

20. Do seek advice and support from your colleagues, activity leaders or supervisors and your DSL.

21. Do seek opportunities for training such as that available through the Staffordshire or Stoke on Trent Safeguarding Children Board

www.staffsscb.org.uk

www.safeguardingchildren.stoke.gov.uk

APPENDIX D

Information for Parents

We want Smallthorne Primary School to be a safe place for children. We have a safeguarding children policy and procedure. You can ask for a full copy of this. Below is a brief summary of the key points.

We aim to keep children safe by:

- Having a Designated Safeguarding Lead (DSL) who is the Headteacher
- Please contact them if you have any safeguarding concerns about any child or the behaviour of anyone working in the organisation
- Ensuring all staff and volunteers are properly checked and vetted.
- Making proper arrangements for all activities.
- Having a code of conduct for staff/volunteers and making sure that all staff and volunteers know what to do if they have concerns about a child.
- Following National Guidance and Local Safeguarding Children Board policies and procedures and particularly do this by reporting any serious concerns to Staffordshire's First Response (FR)/ Stoke-on-Trent's Advice and Referral Team (ART) or the Police as appropriate.

We would ask you to support us in keeping children safe by:

- Following the code of conduct and treating people with respect
- Supervising your child at all times where appropriate and to provide basic details about your child and make sure that we can contact you if there is an emergency.
- Talking to the DSL if you have concerns about any child using the organisation or the behaviour of any adult in the organisation.

APPENDIX E

Complaints Policy and Procedure

For the purpose of this policy and procedure, it is important to make a distinction between what is a complaint and what is an allegation against a person working with children.

What is a complaint?

A complaint is defined as an oral or written expression of dissatisfaction or concern you may have about **facilities or services** provided by Smallthorne Primary School for example, issues around fees, opening times, policies and procedures, staff ratios, food and drink or outings.

This does **NOT** include:

- harassment and bullying
- disciplinary or misconduct procedures
- concerns about a child in relation to safeguarding
- allegations against a person who works with children⁵

These issues are covered by separate procedures, but if in doubt please speak to your manager, who will advise you on which procedure to follow.

The complaints procedure

It is understood that there may be times when individuals feel unhappy with the service they are receiving. It is hoped that in such situations, the parties concerned will feel able to discuss any concerns or issues that they may have with the Deputy Headteacher at Smallthorne Primary School

If individuals feel unable to discuss their concerns directly or that after such discussion, the matter remains unresolved then the individual may want to put their complaint in writing, addressing it to the Headteacher.

Once a complaint has been received, either verbally or in writing the following process should be followed:

Using a separate complaints record, the named person responsible for dealing with complaints should record the following

- The name of the person making the complaint.
- The nature of the complaint.
- The date and time of the complaint.

⁵ In the case of early years providers – please refer to the Early Years Foundation Stage 2014, Section 3: The Safeguarding and Welfare Requirements. If concerns are raised around the behaviour of a person who works with children, then the LADO should be contacted for further advice.

- Action taken in response to the complaint including the date on which this was completed.
- The outcome of the investigation e.g. measures taken to improve the service.
- Details of information and findings given to the person making the complaint.
- If the complaint was made in writing, the named person for dealing with complaints should respond, in writing within 28 days. A copy of this response should be kept on file.
- A summary of the complaint made will be kept on file to provide, on request, to the individual and also for regulatory bodies such as Ofsted. This summary will not include the name of the person making the complaint.
- Records should be kept for a minimum of 3 years.

If, during an investigation of a complaint, there is evidence that a person in a position of trust may have harmed a child, committed a criminal offence against a child, or behaved towards a child in a way that indicates they could pose a risk to children, then a referral must be made to the LADO as highlighted above.

Other matters which indicate there may have been a criminal offence committed may need to be referred to the local police station, for example theft of property.

Appendix F

Allegations against a person who works with children

Any situation in which an allegation or concern arises about the conduct of a person who *'works'* with children should be managed using the Staffordshire or Stoke-on-Trent Safeguarding Children Board inter-agency policy and procedure for dealing with allegations against a person who works with children.

Specifically, the question should be asked as to whether the allegation or concern possibly meets any one of the following thresholds:

- 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
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

If any of these situations apply then it is **not** a complaint but an allegation/ concern and therefore it must be referred by the senior manager to the Local Authority Designated Officer (LADO) within 24 hours of the allegation being made.

Contact Details for the LADO - Staffordshire

Freephone: 0800 1313 126

(Monday to Thursday, 8.30am to 5pm and Friday 8.30am to 4.30pm)

Email: frist@staffordshire.gov.uk

In an emergency outside office hours telephone **0845 6042 886**

Contact Details for the LADO – Stoke-on-Trent

The Advice and Referral Team (ART) 01782 235100

(Monday to Thursday, 8.30am to 5pm and Friday 8.30am to 4.30pm)

In an emergency outside office hours telephone **01782 234234**

Further guidance can be found using the following links:

- Stoke: [D01 Managing allegations against staff and volunteers working with children and young people \(LADO\)](#)
- Staffordshire: [Section 4A Allegations of Abuse against a Person who Works with Children](#)

Appendix G

All round checklist

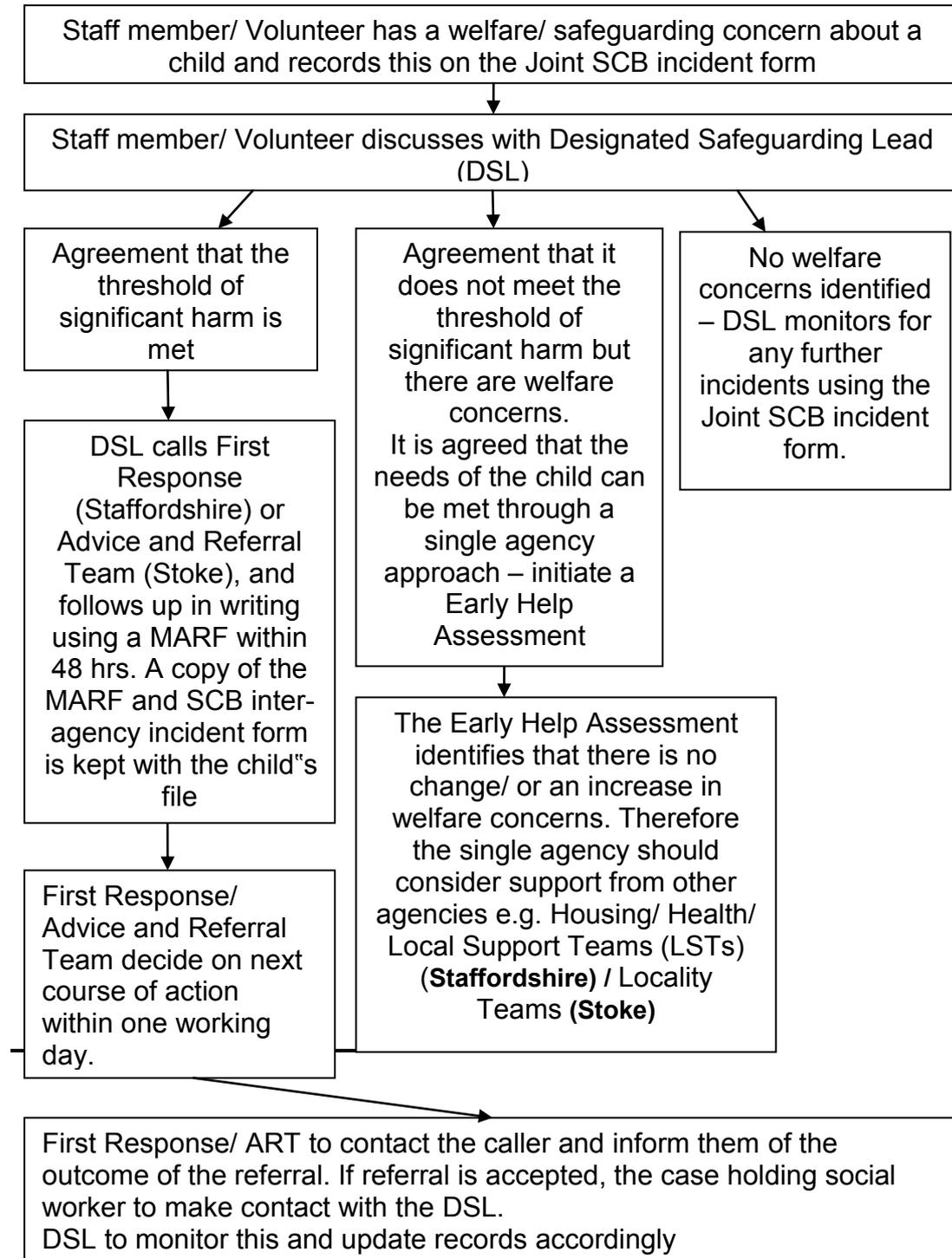
Here is a basic checklist of the main safeguards to have in place. You may have other essential safeguards specific to your group or activity. You can add them in the space below. Think about the safeguarding issues that might come up because of the types of children and young people you have contact with, or the types of activities they are involved in. Furthermore, think about how you would use this information to evidence your efforts in keeping children and young people safe. How do your policies link and feed into each other? Is there a „golden thread“ running throughout your organisation that underpins safeguarding?

Does your group have?	Yes	No	Action needed and when?	Date action completed and how?
A safeguarding children policy and a procedure that includes what to do if there are concerns about a child's welfare. How often are these updated?				
A named person for dealing with concerns or allegations of abuse and step-by-step guidance on what action to take who is level 2 trained.				
A rigorous recruitment and selection process for paid staff and volunteers who work with children.				
A written code of behaviour which outlines good practice when working with children.				
A training plan and regular opportunities for all those in contact with children to learn about safeguarding children.				
A whistle-blowing policy. This is an open and well-publicised way for adults and young people to voice any concerns about abusive or unethical behaviour.				
Information for children, young people and for parents and carers about the safeguarding children policy and procedure inc where to go for help.				
A protective culture that puts children's interests first – children must feel confident that if they have concerns someone will listen and take them seriously				
Guidance on taking children away on trips and on internet use: new technology safety, guidance on photographs, video, digital equipment and web sites, including chat rooms and social networking sites.				
Policies on bullying and on health and safety. You will need processes for dealing with complaints and for taking disciplinary action here necessary.				
Are there up to date written risk assessments that take account of specific activities/ events/ outings/ equipment involving children/ young people/ care needs.				

Does your group have?	Yes	No	Action needed and when?	Date action completed and how?
When a child or family who in need of extra support it is important we identify the best way forward at the earliest opportunity. The Early Help Assessment is a universal tool that practitioner can use to summaries and clearly record current circumstances including areas of need and strengths. Have you completed an Early Help Assessment?				
Is the information clear on who has parental responsibility/ legal contact and does this impact on the child/ young person?				
Are there systems in place that collect detailed information about each child's medical history/ dietary needs, allergies/ specific developmental needs				
Is there an up to date first aid box and staff/ volunteers who are paediatric first aid trained.				
Is there a reporting procedure for accidents children and a procedure for those arriving with existing injuries - recording system?				
Do you hold adequate insurance for all the groups/ organisations requirements and is this clearly displayed				
Are you compliant with regulations covering safeguarding, fire precautions, food hygiene, health and safety, use of hazardous substances, reporting injuries and/or diseases and for children under 8 years of age – adult: child ratios				

14. Appendix H

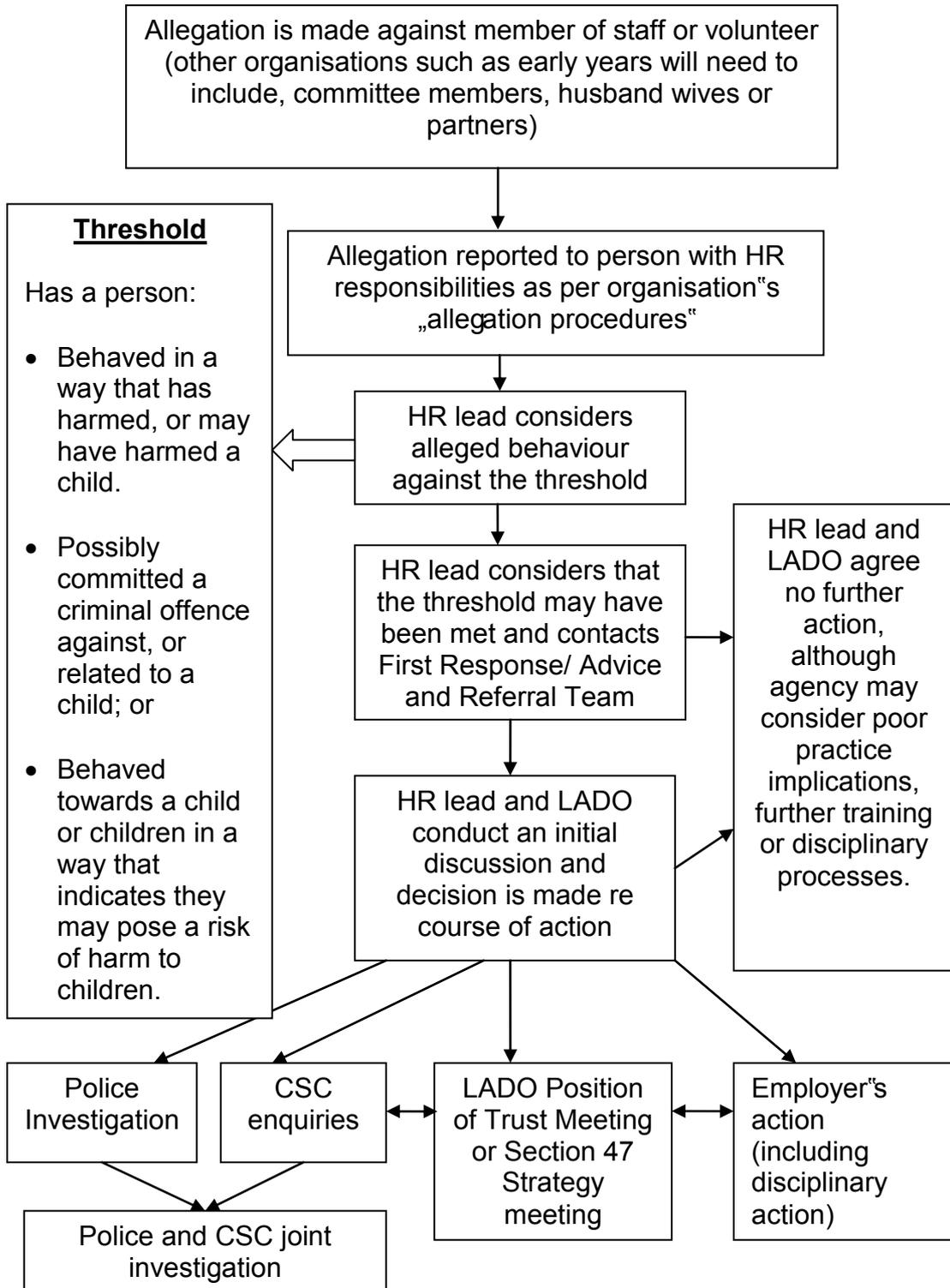
Flow Chart - What to do if you have welfare/ safeguarding concern's about a child



The **First Response Service** (Staffordshire) can be contacted on 0800 1313 126, or the Police on 101

Stoke-on-Trent Advice and Referral Team - 01782 234234 during normal office hours, or the Police on 101

Appendix I
Managing Allegations against Staff and Volunteers



LADO tracks progress, monitors and records outcomes
 Advises employer about duty to report to Disclosure and Barring Service (DBS) when appropriate