

**Clitheroe Royal Grammar**  
**School**

**Child Protection**  
**Policy**

***September 2011***

# Clitheroe Royal Grammar School

## Child Protection Policy

Person(s) Responsible: Deputy Headteachers  
and Nominated Governor

### Introduction

CRGS fully recognises its responsibilities for Child Protection:

All members of staff at Clitheroe Royal Grammar School have a crucial role to play in helping identify welfare concerns, and indicators of possible abuse or neglect, at an early stage: referring those concerns to the appropriate organisation, contributing to the assessment of a child's needs and where appropriate to on-going action to meet those needs.

Child protection is the responsibility of **all** adults and especially those working with children. The development of appropriate procedures and the monitoring of good practice are the responsibilities of the Lancashire Safeguarding Children Board (LSCB). This policy has been produced in-line with guidelines produced by the LSCB.

The Children's Act draws attention to the responsibilities of all adults to uphold the rights of children and to work together to protect them and promote their welfare in every way. A range of documents, circulars and guidance for good practice governs Child Protection work at Clitheroe Royal Grammar School. All members of the School's staff are issued with a copy of this policy as well as the Guidance for Safer Working Practice for Adults who work with Children and Young People.

Key documents, which underpin this policy, and could form additional reading, are:

The Children's Act 1989

Education Act 2002

What To Do If You're Worried A Child Is Being Abused (Department of Health et al, 2003) –

Child Protection Information Pack (Lancashire LA Child Protection Service, 2004) –

Children's Act (2004 and 2008).

Lancashire Safeguarding Procedures (2007).

Safeguarding Children & Safer Recruitment in Education DCFS (2007) – replaces former DCFS Guidance and makes clear roles and responsibilities of education professionals, establishments and organisations.

Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings (March 2009).

Working Together To Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (HM Government, 2010);

Lancashire Safeguarding Children Board 'Safeguarding Children Procedures' (2011)

Students have a fundamental right to be protected from harm. They can only be properly educated if they feel secure. The following categories of abuse are recognised and described in this policy, as are procedures to protect students from such neglect:

- neglect
- physical injury
- sexual abuse
- emotional abuse

## **Aims and Objectives**

Our aim is to safeguard and promote the welfare of the children in our care in every way:

Our child protection policy aims to provide clear direction to staff and others about expected codes of behaviour in dealing with child protection issues. It also makes explicit the school's commitment to the development of good practice and sound procedures. To ensure that child protection concerns and referrals may be handled sensitively, professionally and in ways which prioritise the needs of our students.

There are three main elements to our Child Protection Policy.

- (a) **Prevention:**  
(e.g. positive school atmosphere, teaching and pastoral support to pupils).
- (b) **Protection:**  
(By following agreed procedures, ensuring staff are trained and supported to respond appropriately and sensitively to Child Protection concerns).
- (c) **Support:**  
(To students and school staff and to students who may have been abused).

## **School Commitment**

'We recognise that high self-esteem, confidence, peer support and clear lines of communication with trusted adults help all students, and especially those at risk of or suffering abuse.'

Our school will therefore:

- (a) Establish and maintain an ethos where students feel secure and are encouraged to talk, and are listened to.
- (b) Ensure that students know that there are adults in the school who they can approach if they are worried or are in difficulty.
- (c) Include in the curriculum, activities and opportunities for PSHE, which equip students with the skills they need to stay safe and / or communicate their fears or concerns about abuse.
- (d) Include in the curriculum, material which will help students develop realistic attitudes to the responsibilities of adult life, particularly with regard to childcare and parenting skills.
- (e) Ensure that every effort will be made to establish effective working relationships with parents and colleagues from other agencies.

We will achieve this by:

- creating an environment where students feel secure, have their viewpoints valued, are encouraged to talk and are listened to
- ensuring that key concepts of Child Protection are integrated within the guidance and welfare system
- ensuring that we practise safe recruitment in checking the suitability of staff and volunteers working with students

- continuing to develop awareness in all staff of the need for Safeguarding Children and Child Protection (particular care being taken with students with disabilities and SEN) and their responsibilities in identifying abuse
- ensuring that all staff are aware of referral procedures within the school
- monitoring students who have been identified as 'at risk'
- ensuring that outside agencies are involved where appropriate

### **Summary of in-school responsibilities for safeguarding children:**

#### **1. All staff:**

- Should be familiar with the school's child protection policy including issues of confidentiality.
- Should be alert to signs and indicators of possible abuse. See **Appendix 1** for current definitions of abuse and examples of harm.
- Should deal with a disclosure of abuse from a child in line with the recommendations in **Appendix 2**. These must be passed to the DSP immediately, followed by a written account.
- Should record concerns on the **Child Protection Cause for Concern Form (CP1 form)** – **Appendix 3**. This form is appended to this document and copies are available in both staffrooms and on the Moodle VLE. Completed CP1 forms should be handed immediately to one of the Designated Senior Persons (DSPs) in a sealed envelope along with any other notes that have been made.
- Should be involved in monitoring and recording to support the implementation of individual education programmes and inter-agency child protection and child support plans. This will be recorded on the **Child Protection – On-going Monitoring Form (CP2 form) - Appendix 4**.
- Will be subject to an Enhanced CRB Disclosure including supply staff, work placement students, volunteers, etc.
- Will be expected to behave in accordance with the school's general behaviour policy.

#### **2. The Designated Senior Persons (DSPs)**

##### **The DSPs are:**

Jonathan Powell and Peter Halstead

##### **The Back-up DSPs are:**

Anne Farmer and Judith Child

Our school will ensure that the DSPs, back-up DSPs and the nominated governor for Child Protection attend training relevant to their role at intervals of no longer than 2 years. The DSPs/back-up DSPs will also attend Multi Agency Child Protection training within this timescale.

All staff within school, whether in a paid or voluntary capacity and irrespective of their role, that come into contact with children, will receive basic level 1 child protection training. The DSPs should deliver this training.

Training will be provided for staff by the DSPs at least annually, following the updating of the policy.

New members of staff will be provided with a copy of this policy and the Safer Working Practices document at a training session as part of the Induction Process.

- Where the school has concerns about a student, the DSP, in consultation with appropriate staff, will decide what should happen next. See **Appendix 5** for the decision-making flowchart.
- Child Protection information needs to be dealt with **in a confidential manner**. A **written record** will be made of what information has been shared, with whom, and when. Staff will be informed of relevant details when the DSP feels that the sharing of such knowledge will improve their ability to deal with an individual child and /or family.
- Child Protection records will be stored securely in a central place separate from academic records. They should be kept for the period during which the child is attending the school.
- Access to these records by other staff, apart from the DSPs and the Headteacher will be restricted, and a **written record** will be kept of who has had access to them.
- Parents will be made aware of information held on their children and kept up to date regarding any concerns or developments by the appropriate members of staff. **The school will not disclose to a parent any information held on a child if it would put the child at risk of significant harm.**
- Child protection records received at transition points will be forwarded to the DSP, who will take any appropriate action necessary.
- If a student moves from our school, child protection records will be forwarded on to the new school, with due regard to their confidential nature. Contact between the two schools may be necessary.
- The DSP has responsibility to liaise with the local Children's Integrated Services Team and other agencies in cases of abuse **of children up to the age of 18**.
- The DSP will discuss the matter with the Headteacher prior to any formal referral.

In cases of formal referral the DSP will refer these cases to or discuss them with the Lancashire Safeguarding Children Board (LSCB) in accordance with the procedures established by the LSCB (explained in the School Child Protection Procedures below) and will inform the Headteacher of any outcome.

### **3. The Nominated Governor**

The nominated Governor is Dr Andrew Clayton.

The nominated Governor is responsible for liaising with the Headteacher and DSPs over all matters regarding child protection issues. The role is strategic rather than operational – the governor nominated will not be involved in concerns about individual pupils.

The nominated governor should liaise with the Headteacher and DSPs to produce an annual report for governors.

The nominated governor will attend specific training on his/her role.

**Procedures in the event of an allegation against a member of staff**

If the allegation is against a member of staff/volunteer then the Headteacher is the Senior Officer who deals with this and liaises with the Local Authority. If the allegation is against the Headteacher then the Senior Officer who deals with this is the Chair of Governors.

In all instances, the Senior Officer has no role of investigation at the onset of the allegation and advice should be sought from the Safeguarding in Education Team (01772 532723) or Local Authority Designated Officer (LADO) (01772 533953).

Date of last review:	Summer 2011
Date of approval by the Governing Body:	Summer 2011
Date of next review:	Summer 2012

## SCHOOL CHILD PROTECTION PROCEDURES

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

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 Senior Person (DSP) in school; this should *always* occur as soon as possible and certainly within 24 hours (see Flowchart at Appendix 5):

**The Designated Senior Person in School is: Mr Jonathan Powell / Dr Peter Halstead**

**The 'Back Up' DSP is Mrs Judith Child / Miss Anne Farmer**

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 the DSP 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 DSP consider immediately?**

- 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/ undertaking a level 2 CAF, without referral to Children's Social Care (formerly Social Services) or other 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 Social Care which requests that an assessment of need be undertaken? (**Section 17 Child in Need referral via level 3 CAF**)
- 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 via level 4 CAF**)
- What information is available to me: Student, 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 in Education Team 01772 532723**)
- If I am not going to refer, then what action am I going to take? (e.g. time-limited monitoring plan, discussion with parents or other professionals, recording etc)

### 2. Feedback to Staff Who Report Concerns to the Designated Senior Person

Rules of confidentiality dictate that it may not always be possible or appropriate for the Designated Senior Person to feedback to staff who report concerns to them. Such information will be shared on a 'need to know' basis only and the Designated Senior Person 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 Social Care (CSC)

Where a Designated Senior Person considers that a referral to CSC may be required, there are two thresholds with criteria for the 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:

- (a) He/she 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;
- (b) His/her health or development is likely to be impaired, or further impaired, without the provision of such services;
- (c) He/she 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:

- (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 Designated Senior Person will make judgements around 'significant harm', levels of 'need' and when to refer.**

### 4. Making Referrals to CSC (Guidance for the Designated Senior Person)

(i) **Child In Need/Section 17 Referrals**

The DSP should complete a Common Assessment Framework (CAF) and email this to [csc.acscustomerservices@lancashire.gov.uk](mailto:csc.acscustomerservices@lancashire.gov.uk).

- This is a request for assessment/support/services and, as such, you **must obtain the consent** of the parent(s) (and child/young person where appropriate). This should be identified on the CAF
- Where a parent/child/young person refuses to consent, you should make clear your on-going plans and responsibilities in respect of support, monitoring etc, and the possibility of a child protection referral at some point in the future if things deteriorate or do not improve. (This is not about threats or saying that this is inevitable but about openness and transparency in dealings with parents.)

(ii) **Child Protection/Section 47 Referral**

Make a telephone call to The Customer Services Centre 0845 0530009. You will speak to a Customer Care Officer (not a Social Worker) whose role is to receive your referral information, enter it onto the appropriate IT system and forward to the relevant Social Work Team Manager for consideration:

- You still need to complete a CAF and should forward this as soon as possible, and certainly within 48 hours. Email to [csc.acscustomerservices@lancashire.gov.uk](mailto:csc.acscustomerservices@lancashire.gov.uk)
- 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 / children; or
  - (b) because, in the referrer's professional opinion, to do so might impede an investigation that may need to be undertaken; or
  - (c) because there would be an undue delay caused by seeking consent which would not serve the child's best interests; or
  - (d) because the referral is in respect of intrafamilial sexual abuse, fabricated or induced illness, forced marriage / honour-based violence.

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 CAF and in any telephone contact with Children's Social Care .

## 5. CSC Responses to Referrals and Timescales

In response to a referral, Children's Social Care 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 ten working days);
- Convene an Initial Child Protection Conference (within 15 working days of a Strategy Meeting);  
(see [www.lancashire.gov.uk/safeguardingchildrenboard](http://www.lancashire.gov.uk/safeguardingchildrenboard) - **click on contents and go to Chapter 3**; Managing Individual Cases where there are Concerns about a Child's Safety and Welfare - Procedures
- 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.

## 6. Feedback from Children's Social Care

Upon receiving a referral, Children's Social Care will decide on a course of action. They should acknowledge receipt of a written referral within **ONE** working day. If the referrer has not received an acknowledgement within **THREE** working days they should make contact with the relevant manager in the Children's Social Care Team. The Children's Social Care manager is responsible for ensuring that the referrer and the family (provided this does not increase any risk to the child) are informed of the outcome of the referral and reasons for supporting the decision. This will be done as soon as possible and, in all cases, within a **maximum of SEVEN working days**.

## 7. Risk Assessment 'Checklist'

- Does/could the suspected harm meet the LSCB definitions of abuse?
- Are there cultural, linguistic or disability issues?
- Am I 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?
- 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 1

### Definitions and indicators of abuse

Our school recognises that students who are abused or who witness violence may find it difficult to develop a sense of self-worth and to view the world in a positive way. This school may be the only stable, secure and predictable element in the lives of students at risk. Whilst at school, their behaviour may still be challenging and defiant and there may even be moves to consider suspension or exclusion from school.

We recognise that, statistically, students with behavioural difficulties and disabilities are particularly vulnerable to abuse. School staff who work, in any capacity, with students with profound and multiple disabilities, sensory impairment and/or emotional and behaviour problems will need to be particularly sensitive to signs of abuse.

### Neglect

Neglect is the persistent failure to meet a student's basic physical and/or psychological needs, likely to result in the serious impairment of the student's health or development. Neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a student from physical or emotional harm or danger, failure to ensure adequate supervision including the use of inadequate caretakers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness, to a student's basic emotional needs (Working Together 2006:9).

Examples which **may** be possible indicators of neglect (this **is not** designed to be used as a checklist):

- Hunger
- Tiredness or listlessness
- Child dirty or unkempt
- Poorly or inappropriately clad for the weather
- Poor school attendance or often late for school
- Poor concentration
- Affection or attention-seeking behaviour
- Untreated illnesses/injuries
- Pallid complexion
- Stealing or scavenging compulsively
- Failure to achieve developmental milestones, for example growth, weight
- Failure to develop intellectually or socially
- Neurotic behaviour

### 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. (Working Together 2006:8).

Examples which **may** indicate physical abuse (this is not designed to be used as a checklist):

- Patterns of bruising; inconsistent account of how bruising or injuries occurred
- Finger, hand or nail marks, black eyes
- Bite marks

- Round burn marks, burns and scalds
- Lacerations, weals
- Fractures
- Bald patches
- Symptoms of drug or alcohol intoxication or poisoning
- Unaccountable covering of limbs, even in hot weather
- Fear of going home or parents being contacted
- Fear of medical help
- Fear of changing for PE
- Inexplicable fear of adults or over-compliance
- Violence or aggression towards others including bullying
- Isolation from peers

### **Sexual abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. (Working Together 2006:8).

Examples which **may** indicate sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge
- Anal or vaginal discharge, soreness or scratching
- Reluctance to go home
- Inability to concentrate, tiredness
- Thrush, persistent complaints of stomach disorders or pains
- Eating disorders, for example anorexia nervosa and bulimia
- Attention-seeking behaviour, self mutilation, substance abuse
- Aggressive behaviour including sexual harassment or molestation
- Unusually compliant
- Regressive behaviour, enuresis, soiling
- Frequent or open masturbation, touching others inappropriately
- Depression, withdrawal, isolation from peer group
- Reluctance to undress for PE or swimming
- Bruises, scratches in genital area

### **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 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 maltreatment of a child, though it may occur alone. (Working Together 2006:8).

Examples which **may** indicate emotional abuse (this is not designed to be used as a checklist):

- Over-reaction to mistakes, continual self-deprecation
- Delayed physical, mental, emotional development
- Sudden speech or sensory disorders
- Inappropriate emotional responses, fantasies
- Neurotic behaviour: rocking, banging head, regression, tics and twitches
- Self harming, drug or solvent abuse
- Fear of parents being contacted
- Running away
- Compulsive stealing
- Masturbation
- Appetite disorders - anorexia nervosa, bulimia
- Soiling, smearing faeces, enuresis

### **Responses from parents**

Research and experience indicates that the following responses from parents may suggest a cause for concern **across all four categories**:

- An unexpected delay in seeking treatment that is obviously needed
- An unawareness or denial of any injury, pain or loss of function (for example, a fractured limb)
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development
- Reluctance to give information or failure to mention other known relevant injuries
- Frequent presentation of minor injuries
- Unrealistic expectations or constant complaints about the child
- Alcohol misuse or other drug/substance misuse
- Parents request removal of the child from home
- Violence between adults in the household

## APPENDIX 2: TALKING AND LISTENING TO CHILDREN

### Dealing with a disclosure of abuse:

#### If a child wants to confide in you, you **SHOULD**

- Be accessible and receptive;
- Listen carefully and uncritically, at the child's pace;
- Take what is said seriously;
- Reassure students that they are right to tell;
- Tell the student that you must pass this information on;
- Make sure that the child is ok ;
- Make a careful record of what was said (see *Recording*).

#### You should **NEVER**

- Investigate or seek to prove or disprove possible abuse;
- Make promises about confidentiality or keeping 'secrets' to children;
- Assume that someone else will take the necessary action;
- Jump to conclusions, be dismissive or react with shock, anger, horror etc;
- Speculate or accuse anybody;
- Investigate, suggest or probe for information;
- Confront another person (adult or child) allegedly involved;
- Offer opinions about what is being said or the persons allegedly involved;
- Forget to record what you have been told;
- Fail to pass this information on to the correct person (the Designated Senior Person).

### Children with communication difficulties, or who use alternative/augmentative communication systems

- While extra care may be needed to ensure that signs of abuse and neglect are interpreted correctly, any suspicions should be reported in exactly the same manner as for other children;
- Opinion and interpretation will be crucial (be prepared to be asked about the basis for it and to possibly have its validity questioned if the matter goes to court).

The LA's Child Protection Information Pack (2004) provides guidance on these issues insofar as children with disabilities/complex needs are concerned – See Document C4.

### Recordings should

- State who was present, time, date and place;
- Be written in ink and be signed by the recorder;
- Be passed to the DSP or Headteacher immediately (certainly within 24 hours);
- Use the student's words wherever possible;
- Be factual/state exactly what was said;
- Differentiate clearly between fact, opinion, interpretation, observation and/or allegation.

### What information do you need to obtain?

- Schools have **no investigative role** in child protection (Police and Children's Social Care will investigate possible abuse very thoroughly and in great detail, they will gather evidence and test hypotheses – leave this to them!);
- Never prompt or probe for information, your job is to listen, record and pass on;
- Ideally, you should be clear about what is being said in terms of **who, what, where and when**;
- The question which you should be able to answer at the end of the listening process is 'might this be a child protection matter?';
- If the answer is yes, or if you're not sure, record and pass on immediately to the Designated Senior Person.

### **If you do need to ask questions, what is and isn't OK?**

- **Never** asked closed questions i.e. ones which children can answer yes or no to e.g. Did he touch you?
- **Never** make suggestions about who, how or where someone is alleged to have touched, hit etc e.g. Top or bottom, front or back?
- If you must, use only '**minimal prompts**' such as 'go on ... tell me more about that ... tell me everything that you remember about that ... ..'
- Timescales are very important: '**When was the last time this happened?**' is an important question.

### **What else should we think about in relation to disclosure?**

- Is there a place in school which is particularly suitable for listening to children e.g. not too isolated, easily supervised, quiet etc;
- We need to think carefully about our own body language – how we present will dictate how comfortable a child feels in telling us about something which may be extremely frightening, difficult and personal;
- Be prepared to answer the 'what happens next' question;
- We should never make face-value judgements or assumptions about individual children. For example, we 'know that [child.....] tells lies';
- Think about how you might react if a student DID approach you in school. We need to be prepared to offer a student in this position exactly what they need in terms of protection, reassurance, calmness and objectivity;
- Think about what support **you** could access if faced with this kind of situation in school.

### **Immediately afterwards**

**You must not deal with this yourself.** Clear indications or disclosure of abuse must be reported to social services without delay, by the Headteacher or Designated Teachers using the correct procedures.

Listening to and supporting a student/young person who has been abused can be traumatic for the person. Support for you will be available from your DSP or Headteacher.

**The Designated Senior Person in School is: Mr Jonathan Powell / Dr Peter Halstead**

**The 'Back Up' DSP is Mrs Judith Child / Miss Anne Farmer**

Staff can use the staff counselling service should they have any concerns or issues.

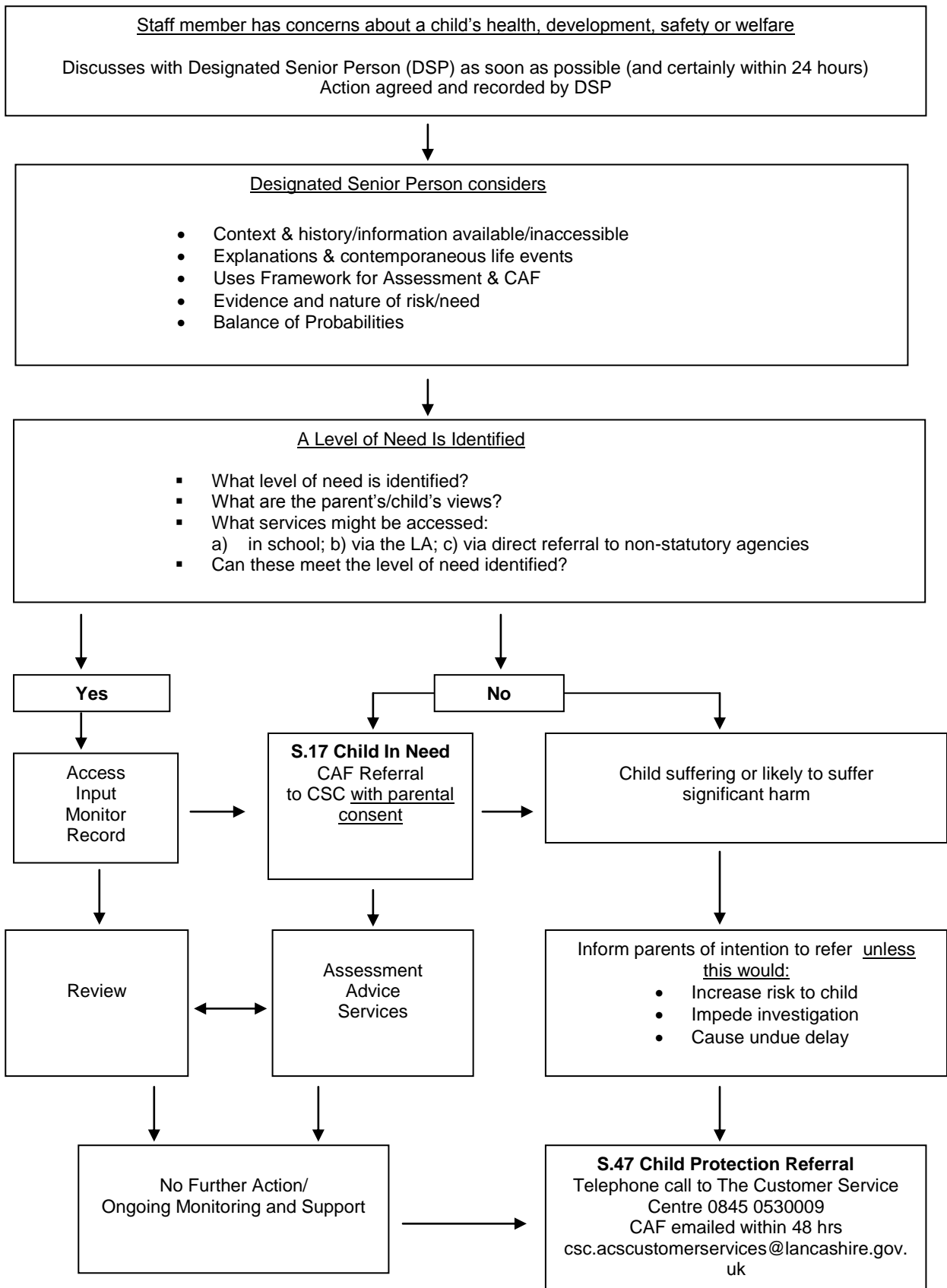


CONFIDENTIAL  
Child Protection - Ongoing Monitoring Form (CP2)

Name of child..... Tutor group.....

Day & Date	Observation / incident	Staff initials	Action taken

**APPENDIX 5  
TAKING ACTION ON CHILD WELFARE/PROTECTION CONCERNS IN SCHOOL**



**APPENDIX 6:**

**Children's Social Care**

**Integrated Assessment and Support Teams**

<b>The Customer Service Centre</b>	0845 0530009
<b>email address for referrals</b>	<a href="mailto:csc.acscustomerservices@lancashire.gov.uk">csc.acscustomerservices@lancashire.gov.uk</a>
<b>Emergency Duty Team (Out of Hours)</b>	(0845) 6021043

**Clitheroe Royal Grammar School**

**Child Protection Policy**

**Policy and Guidance - Basic introduction and training for all staff.**

I confirm that I have read my copy of the **Child Protection Policy**.

I will keep my copy to hand for future reference.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_