



Child Protection Policy

September 2010 – September 2011





1. Rationale for Child Protection Policy

1.1

- i. Sidney Stringer Academy fully recognises the contribution it makes to Child Protection.
- ii. Sidney Stringer Academy recognises its responsibilities to safeguard and promote the welfare of children in accordance with Section 175 of the Education Act 2002.

1.2 There are therefore two main elements to our policy.

- i. Promotion and prevention through the teaching and pastoral support offered to students.
- ii. A clear procedure for recognising, recording and reporting of abuse or suspected abuse.
- iii. The Child Protection Link Teacher is Jane Flynn, Assistant Principal Inclusion.

The member of staff designated to deal with matters of Child Protection is Rosa Gilham, Family Outreach and Inclusion Officer.

The nominated Governor for Child Protection **XXXXXXXXXXXX**

2. Prevention and Promotion

2.1 We recognise that high self-esteem, confidence, supportive friends and good lines of communication with a trusted adult helps prevention. The school will therefore:

- i. Establish and maintain an ethos where children feel secure and are encouraged to talk and are listened to.
- ii. Ensure children know there are adults in the school whom they can approach if they are worried or in difficulty.
- iii. Include in the curriculum, activities and opportunities for PHSE which equip children with the skills they need to stay safe from abuse and to know whom to turn to for help.
- iv. Include in the curriculum the material which will help children develop realistic attitudes to the responsibilities of adult life particularly in relationship to childcare and parenting skills.



3. Safeguarding Procedures

We follow the procedures set out in the Children, Learning and Young People's Directorate: Procedures for Child Protection – Advice to Schools and the Coventry Safeguarding Children Board – Interagency Procedures.

3.1 Recognition and Disclosure

If child abuse is suspected it will be essential to have all the information available. Staff should note carefully what they have observed and when they observed it. Signs of physical injury should be described in detail or sketched. Any comment by the child concerned or by an adult who might be the abuser about how an injury occurred should be recorded preferably quoting words actually used.

It is important in cases of alleged physical abuse to record the physical injury without adjustment to clothing and where a child or young person has disclosed alleged abuse, it is important that the receiving member of staff listens to the child's account and indicates that he/she is willing to believe what is being said. **Staff should not ask leading questions or interview the child nor should the teacher promise confidentiality.**

All records should be factual, accurate and relevant and subjective judgements should be avoided.

4. Reporting and Recording

4.1 Concerns or disclosures must be reported immediately to the Rosa Gilham, Family Outreach and Inclusion Officer or in her absence Jane Flynn Assistant Principal. Should any concern immediately be of a child abuse nature, all information should then be recorded on the **Multi-Agency Referral Form (Appendix A)**.

4.2 Concerns which may not immediately be of a child abuse nature should be recorded and reported to the Rosa Gilham, or in her absence, Jane Flynn, who should note the concern and action taken **Record of Concerns (Appendix B)**.

4.3 The information contained should be regarded as confidential and kept in a confidential file. Any request for access to the information by agencies not represented on the Coventry Safeguarding Children Board (e.g. solicitor, investigating agent) must be referred to the Rosa Gilham/Jane Flynn who should contact Legal and Democratic Services for further advice.

4.4 All notes recorded by the child protection member of staff should be distributed to the House Head, and the Assistant Principal Inclusion. In more serious cases, the Principal also needs to be informed. Other members of staff may also receive such information on a need to know basis as deemed necessary by the child protection



member of staff. In all such cases, paper copies circulated must be filed in a locked filing cabinet, and all e-mails containing such information deleted.

4.5 The completed forms/records should be kept by the Assistant Principal for the duration of the child's school career and until the subject is twenty-five years old.

4.6 Where a child changes school there should be close communication between the Link Teacher of the child's school and the Link Teacher of the receiving school to ensure that records are transferred and confidentiality is maintained.

5. Referral

5.1 A completed multi-agency referral form should be sent to the Referral and Assessment Service. Before completion the Child Protection Link member of staff can contact the Referral and Assessment Service by telephone to make a referral but in doing so needs to be clear on the reason for the referral, provide details of action taken by the school to date, describe the nature of their concern and be specific about any concern they have about a child at risk and confirm whether they have obtained parental consent. A written referral should follow within 48 hours and a response from Social Care should be received within 48 hours.

5.2 Schools can seek general advice from the Referral and Assessment Service as well as advice prior to making a referral. When contacting the Referral and Assessment Service, the Link Teacher should make it clear whether they are asking for advice or formally making a referral. **(Appendix D - Social Care Offices)**

5.3 The Academy should keep an ongoing record related to contacts made and action taken **(Appendix C – Record of Contacts)**.

5.4 Where a referral leads to a child protection meeting, The Academy will be invited and if not able to attend should present a written report **(Appendix E - Academy Report)** suggests areas it may be beneficial to comment on in addition to information already submitted on the multi-agency referral form).

6. Parental Consent

6.1 The Data Protection Act 1998 and the European Convention on Human Rights require that agencies including schools should acquire the family's prior agreement to sharing information unless to do so could reasonably be expected to jeopardise the child's safety or place the child at risk of significant harm.

6.2 In obtaining parental consent, it needs to be clear to the parent why Social Care are being approached, what information will be shared and what it is hoped to achieve.



6.3 There may be exceptional circumstances where a school is wary of approaching parents to obtain consent: in these circumstances it is suggested that the school immediately contacts Social Care to discuss the situation further and agree a strategy.

6.4 If a parent refuses consent to refer, it is recommended that the Academy still record the information and keep it on file. It may also be appropriate for the Academy to have further discussions with Social Care or in exceptional circumstances refer without consent. The fact that parents refuse consent may change the situation.

6.5 Any young person aged 16 or over has the right to give or withhold consent, independent of their parents' views. Any young person under 16 years of age may wish to give or withhold consent to the sharing of information, independent of and in contradiction of their parents' views. This wish should be acceded to where the young person is deemed to be of sufficient age and understanding to give informed consent. It is for the practitioner working with the young person to make that judgement, applying the Fraser principles.

6.6 Not with standing the above, in any potential conflict between the responsibilities of professionals towards children and towards other family members, **the needs of the child must come first** and where there are concerns that a child may be at risk of suffering significant harm **the overriding principle must be to safeguard the child.**

[Fraser Competency]


This competency is used to consider the ability of children and young people under the age of 16 to give informed consent. It originally addressed the question of the rights of children / young people under the age of 16 years of age to consent to treatment on their own behalf and was reviewed by the courts in 1985, in connection with contraception (The Fraser ruling).

This principle has been extended beyond consent to medical treatment and has been used in subsequent legislation e.g. Children Act 1989.]

Date of review

September 2011





Promoting Children & Young People's Well-being

Multi-Agency Referral & Initial Information Form

This form should always be used to provide written confirmation to Social Services of referrals **within 48 hours**. Please complete as much information as you can, it will be helpful to the person receiving it.
Please put "not known" or "not applicable " as appropriate in any section you are unable to complete.
(Social Services staff MUST complete shaded areas)

To	Office	Fax/Address	Name
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Key Referral Information

Date and Time of Referral: 	Is this a re-referral? Yes <input type="checkbox"/> No <input type="checkbox"/> <div style="background-color: #cccccc; padding: 5px; margin-top: 5px;"> If yes, does the reason for the re-referral indicate that the response to the original referral did not appropriately address the service user's needs? Yes <input type="checkbox"/> No <input type="checkbox"/> </div>
Name of Person / Professional making referral and relationship to child young/person Name: Relationship: 	Contact details of referrer Address: Postcode: Telephone Number: E-mail Address:

A re-referral is defined as a referral about the same child/young person within twelve months of a previous referral to the same council (where the case is closed).



Child/Young Person's Details

Surname:		SURFACS Number:		<input type="text"/>	
Forename:		Address:			
Also known as:		Date of Birth:			
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Postcode:			
Telephone Number:					
Resides with		Relationship		Parental Responsibility / Residence Order	
1.		1.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.		2.		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please record all names the child and parents/carers have been known by.

This is the child / young person's usual or home address. Where the parents have shared care, the child / young person may have two addresses.

Other household members (including non-family members)

Surname	Forename	Date of Birth	SURFACS Number	Relationship to child	Also referred to Social Services

This section records all children/young people and adults living at the child / young person's usual or home address.

If another child / young person in the household is being referred to Social Services, please tick the box. A separate Referral & Information Form should be completed for each child referred.

Other significant family members who are not members of the child's household

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Telephone Number:	Telephone Number:
Relationship:	Relationship:
Parental Responsibility / Residence Order: Yes <input type="checkbox"/> No <input type="checkbox"/>	Parental Responsibility / Residence Order: Yes <input type="checkbox"/> No <input type="checkbox"/>

This section records all significant family members who are not members of the child's household.



Referral awareness

<p>Is the child aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Child's response to referral:</p>	<p>Is the Parent / Carer aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Parent / Carer's response to referral:</p>
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Risk to staff

Is there any information which suggests that there may be a potential risk to workers visiting this child/family?

Yes No If yes, specify:

Child / Young Person's Ethnicity

White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Groups	
White British	White & Black Caribbean	Indian	Caribbean	Chinese	The child / young person or the child's parents should be asked which ethnic group the child belongs to. This information on ethnicity will enable local authorities to complete statistical returns eg. SSDA903 return, child in need census
White Irish	White & Black African	Pakistani	African	Any other ethnic group	
Any other White background	White & Asian Any other Mixed background	Bangladesh Any other Asian background	Any other Black background	If other, <i>please specify</i>	

Child / Young Person's Religion

None	Christian	Buddhist	Hindu	Jewish
Muslim	Sikh	Any other relig	Not given	



Language and Communication

Child's first language:	Parent / Carer's first language:
Is an interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Other communication needs (BSL, Makaton etc):

Special Needs or Disability

Does the child and/or parents/carers have any special needs which need to be taken into consideration when responding to this referral?			
Child: If yes, specify:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Parent / Carer: If yes, specify:
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
On disability register?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	On disability register?
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>

School or Nursery

Name:
Address:
Postcode:
Main Contact:
Telephone Number:

Reason for Referral / Request for Services

	<p>Please record brief details about the reason for referral, or services requested by or on behalf of the child. It is important to record details even when services cannot be provided immediately or at all.</p>
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Signature of referrer:	Print Name:	Date:

Important File Information

Need Code: Use the Referral Reason list to identify the correct codes for this referral	Primary	<input type="checkbox"/> N <input type="checkbox"/>	Secondary	<input type="checkbox"/> S <input type="checkbox"/>
Check File Indicator: Is there additional information recorded on the case file which should be checked before any contact is made with the client?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Immigration Status

Asylum Seeking	<input type="checkbox"/>	Nationality (if not British):	<input type="text"/>
Refugee Status	<input type="checkbox"/>	Home Office registration number:	<input type="text"/>
Exceptional leave to remain	<input type="checkbox"/>		

EU citizens are not required to register with the Home Office

Statutory Status

CHILD PROTECTION	The child / young person referred is on the Child Protection Register in Coventry	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	The child / young person referred is on the Child Protection Register of another Local Authority Social Services department	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	The child / young person referred has been registered previously on a Child Protection Register by any Local Authority Social Services department	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of Local Authority:		Date of registration:	Date of de-registration:		
Category:					

The Child Protection Registration categories set out in *Working Together (1999)* are Physical Abuse, Sexual Abuse, Emotional Abuse, and Neglect.

These categories are different from the previous *Working Together (1991)*.

Please record all episodes of the child's name being on the child protection register.

LOOKED AFTER	The child / young person referred is Looked After by Coventry Social Services	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	The child / young person referred is Looked After by another Local Authority Social Services department	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	The child / young person referred has been Looked After previously by any Local Authority Social Services department	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of Local Authority:		Start date:	End date:		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Legal Status / Orders	Date made	To whom	Duration (days)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Where child welfare concerns are raised about a child who is looked after, the Local Authority where the child is living has responsibility for the child's safety and welfare until that responsibility is transferred to the responsible Authority.

Please record all episodes of the child being looked after



Key Agencies

Please give name and contact details of all key professionals involved with the family		Tick if parental consent to contact obtained	Date consent obtained	<p>The name of key professionals from all agencies currently involved with the child and family should be recorded. This includes agencies working with parents.</p> <p>Parental permission to contact other agencies should be obtained unless permission seeking may itself place a child at increased of significant harm (Paragraph 5.6, Working Together)</p> <p>It should be ascertained whether other professionals agree to the information they are asked to provide being shared with the child and/or family.</p>
Health Visitor	Address:			
Name:	Tel/Fax/E-mail:			
GP	Address:			
Name:	Tel/Fax/E-mail:			
Paediatrician	Address:			
Name:	Tel/Fax/E-mail:			
Midwife	Address:			
Name:	Tel/Fax/E-mail:			
School Nurse	Address:			
Name:	Tel/Fax/E-mail:			
Nursery / Sure Start	Address:			
Name:	Tel/Fax/E-mail:			
Education Welfare Officer	Address:			
Name:	Tel/Fax/E-mail:			
Mental Health	Address:			
Name:	Tel/Fax/E-mail:			
CAFCASS	Address:			
Name:	Tel/Fax/E-mail:			
Probation Services	Address:			
Name:	Tel/Fax/E-mail:			
Voluntary Organisations	Address:			
Name:	Tel/Fax/E-mail:			



Other Name:	Address: Tel/Fax/E-mail:		
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Form 1A: Outcome of referral information / feedback form

Further Action: To be completed by Team Manager, Social Services

Provision of information / advice: <input type="checkbox"/>	Refer to other agencies (please specify): <input type="checkbox"/>
Initial Assessment (to be completed within 7 days) <input type="checkbox"/>	No further action: <input type="checkbox"/>
Reason for further action and details of case allocation:	
Child / Young Person informed of action taken: Yes <input type="checkbox"/> No <input type="checkbox"/>	Parent / Carer informed of action taken: Yes <input type="checkbox"/> No <input type="checkbox"/>
Social Worker (print name)	Signature: _____ Date: _____
Endorsed by (Team manager):	

Feedback on Action taken by Social Services should be given *within 48 hours* by returning a copy of this form to the referrer. If the action taken does not correlate with the expected outcome on the referral telephone contact *MUST* be made with the referrer.

Feedback to referrer

Name of children:	Home Address:
Form completed by:	
Postal Address:	



Initial Action taken by Social Services:

<input type="checkbox"/>	Commenced Section 47 inquiry / Core Assessment	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Commenced Child in Need Initial Assessment	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Re-directed to (please give details)								
<input type="checkbox"/>	No further action								

Signature of Team Manager

Print Name

Date:



Record of Concerns

Name of Child:

Concern:
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Recorded by:

Date:.....

Reported to:

Date:.....

Action Taken:
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Contact Record

Name:

DATE	ACTION TAKEN



Form 1A: Outcome Of Referral Information / Feedback Form

Provision of information / advice: <input type="checkbox"/>	Refer to other agencies (please specify): <input type="checkbox"/>
Initial Assessment (to be completed within 7 days) <input type="checkbox"/>	No further action: <input type="checkbox"/>
Reason for further action and details of case allocation:	
Child / Young Person informed of action taken: Yes <input type="checkbox"/> No <input type="checkbox"/>	Parent / Carer informed of action taken: Yes <input type="checkbox"/> No <input type="checkbox"/>
Social Worker (print name)	Signature:
Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Endorsed by (Team manager):	

Further Action: To be completed by Team Manager, Social Services

Feedback on Action taken by Social Services should be given *within 48 hours* by returning a copy of this form to the referrer. If the action taken does not correlate with the expected outcome on the referral telephone contact *MUST* be made with the referrer.

Feedback to referrer

Name of children:	Home Address:
Form completed by:	
Postal Address:	



Initial Action taken by Social Services:

<input type="checkbox"/>	Commenced Section 47 inquiry / Core Assessment	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Commenced Child in Need Initial Assessment	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Re-directed to (please give details)								
<input type="checkbox"/>	No further action								

Signature of Team Manager

Print Name

Date:



Neighbourhood Offices

Referral & Assessment Service		024 7678 8555
North West Neighbourhood Office	(Coundon)	024 7678 5570
South East Neighbourhood Office	(Willenhall)	024 7678 5572
North East Neighbourhood Office	(Wood End) (Foleshill)	024 7678 5568 024 7678 6920
Children's Disability Team		024 7678 6087
Advice can also be provided by Safeguarding Children Service		024 7683 3443
SEN Management Services		024 7683 1574



Academy Report

Attendance Pattern:

Significant/Relevant contact with parents:

Academic Report:

Social/Behaviour/Emotional report:

Relevant Medical Details:

Any known involvement with other agencies (e.g. Social Care, Youth Offending Service, Education Welfare)