



CHILD SAFEGUARDING POLICY

Principles

Our core safeguarding principles are:

- It is the school's responsibility to take all reasonable steps to safeguard and protect the rights, health and well-being of all children who are in our care.
- Policies will be reviewed annually, unless an incident or new legislation or guidance suggests the need for an earlier review date.
- The setting will ensure that the welfare of children is given paramount consideration when developing and delivering all activities.
- All children, regardless of age, gender, ability, culture, race, language, religion have equal rights to protection.
- All staff have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm in accordance with this guidance.
- All children and staff involved in child protection issues will receive appropriate support from the Director

Aims

- To provide all staff with the necessary information to enable us to promote and safeguard the wellbeing of children.
- To ensure consistent good practice.
- To demonstrate the school's commitment to safeguarding children.

1. Key individual:

- Director of Schools

2. Introduction

Schools and their staff form part of the wider safeguarding system for children. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centered. This means that they should consider, at all times, what is in the best interests of the child.

This Child Protection policy is for all staff, parents, governors, volunteers and the wider school community.

Related policies:

- The School Behaviour Policy
- The School Staff Code of Conduct and Staff Handbook
- Supervision Policy
- Employment Policy

Safeguarding and promoting the welfare of children (everyone under the age of 18) is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that 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

3. Roles and responsibilities

All adults working with children have a responsibility to protect and to provide a safe environment in which they can learn and achieve their full potential. However, there are key people within schools who have specific responsibilities under child protection procedures. The names of those in our school with these specific responsibilities are shown on the cover sheet of this document.

The Governing Body

The governing body ensures that the policies, procedures and training in our school are effective. It ensures that all required policies relating to safeguarding are in place, that the child protection policy reflects local standards and is reviewed at least annually.

Lead Child Protection Practitioner

The lead practitioner(s) ensures that children are taught about age-appropriate safeguarding issues, including online, ensuring that appropriate filters and monitoring systems for online usage are in place. Our children will be taught how to keep themselves safe through teaching and learning opportunities as part of a broad and balanced curriculum. The lead practitioner(s) ensures our pupils are taught how to keep themselves safe (including online) through teaching and learning opportunities as part of a broad and balanced curriculum, including age-appropriate relationship education.

The school leadership team is responsible for ensuring the school follows recruitment procedures that help to deter, reject or identify people who are likely to abuse children.

The Designated Safeguarding Lead(s) (and Deputy)

The designated safeguarding lead in each school takes lead responsibility for managing and recording child protection concerns. All serious concerns should be reported to the organisational lead practitioner. They should organise safeguarding training and raise awareness of our related policies and procedures. They ensure that everyone in school (including temporary staff, volunteers and contractors) is aware of these procedures and that they are followed at all times. They act as a source of advice and support for other staff on child protection matters.

If for any reason the designated safeguarding lead is unavailable, the deputy designated safeguarding lead will act in their absence.

The Director(s)

The Director ensures that all safeguarding policies and procedures adopted are followed by all staff.

All School Staff

Everyone in our school has a responsibility to provide a safe learning environment in which our children can learn. They are aware of signs of abuse and neglect so they are able to identify children who may be in need of help or protection. All staff members are aware of and follow school processes (as set out in this policy) and are aware of who to talk to if they are concerned about the welfare of a child. If staff have any concerns about a child's welfare, they must act on them immediately and speak with the designated safeguarding lead in their school (or deputy), or they may refer their concern directly to the organisational lead practitioner.

The lead practitioner in each school must consult the organizational lead practitioner when serious concerns are raised. The organisational lead practitioner will inform senior management staff and liaise with outside agencies as required.

4. Types of abuse / specific safeguarding issues

Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, most often by family members, sometimes by others known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or another child or children

The four main types of abuse are:

- Physical
- Emotional
- Sexual
- Neglect

Our school is aware of the signs of abuse and neglect so we are able to identify children who may be in need of help or protection. All staff are aware of environmental factors which may impact on a child's welfare and safety and understand safeguarding in the wider context. Staff are aware of safeguarding issues that can put children at risk of harm and understand that behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting put children in danger.

Peer on peer abuse

Our school may be the only stable, secure and safe element in the lives of children at risk of, or who have suffered harm. Nevertheless, whilst at school, their behaviour may be challenging and defiant, or they may instead be withdrawn, or display abusive behaviours towards other children. Our school recognises that some children may abuse their peers and any incidents of peer-on-peer abuse will be managed in the same way as any other child protection concern and will follow the same procedures. We will seek advice and support from other agencies as appropriate.

Peer on peer abuse can manifest itself in many ways. This may include bullying (including cyber bullying), physical abuse, sexual violence / sexual harassment, 'up-skirting', 'sexting' or initiation/hazing type violence and rituals. We do not tolerate any harmful behaviour in school and will take swift action to intervene where this occurs. We use lessons and assemblies to help children understand, in an age-

appropriate way, what abuse is and we encourage them to tell a trusted adult if someone is behaving in a way that makes them feel uncomfortable. Our school understands the different gender issues that can be prevalent when dealing with peer-on-peer abuse.

Serious violence

All staff are aware of indicators which may signal that children are at risk from or involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in well-being, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that a child has been approached by, or is involved with, individuals associated with criminal networks or gangs.

Children with special educational needs and disabilities

Our school understands that children with Special Educational Needs (SEN) and disabilities can face additional safeguarding challenges. Barriers can exist when recognizing abuse and neglect in this group of children. This can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability, without further exploration
- That they may be more prone to peer group isolation than others
- The potential to be disproportionately impacted by things like bullying, without outwardly showing signs
- Communication difficulties in overcoming these barriers

Child Sexual Exploitation (CSE)

Child Sexual Exploitation (CSE) is a form of child abuse, which can happen to boys and girls from any background or community. "Child Sexual Exploitation is a form of child sexual abuse. It occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology".

Our Designated safeguarding leads will take action and liaise with other agencies as appropriate in suspected cases of CSE.

So-called 'honour-based violence' (including Female Genital Mutilation and forced marriage)

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to female genital organs. Where it appears to have been carried out on a girl under the age of 18. Our school will operate in line with local safeguarding procedures.

Children Misusing Drugs or Alcohol

The discovery that a young person is misusing legal or illegal substances or reported evidence of their substance misuse is not necessarily sufficient in itself to initiate child protection proceedings but the school will consider such action in the following situations:

When there is evidence or reasonable cause:

- To believe the young person's substance misuse may cause him or her to be vulnerable to other abuse such as sexual abuse.
- To believe the pupil's substance related behaviour is a result of abuse or because of pressure or incentives from others, particularly adults.
- Where the misuse is suspected of being linked to parent/care substance misuse.
- Where the misuse indicates an urgent health or safeguarding concern
- Where the child is perceived to be at risk of harm through any substance associated criminality

E-Safety

As a school we are serious about on e-safety. Our children are taught how to keep themselves safe through teaching and learning opportunities as part of a broad and balanced curriculum. The children and their parents in Key Stage Two and the secondary section receive training in lessons and parents are encouraged to attend annual child protection seminars of which E-safety forms vital component.

5. Procedures

Our school promotes the welfare of children and aims to protect them from harm. This includes offering advice to parents when additional needs of children are identified. All staff members have a duty to identify and respond to suspected/actual abuse or disclosures of abuse. Any member of staff, volunteer or visitor to the school who receives a disclosure or allegation of abuse, or suspects that abuse may have occurred must report it immediately to the designated safeguarding lead (or, in their absence, the deputy designated safeguarding lead). It is not the role of the staff receiving the disclosure to investigate and they must not ask leading questions.

A discussion will be held regarding the situation and a plan of action will be agreed. This may involve discussions with parents or informing outside agencies. If it is agreed that a child faces serious and

immediate danger if they are released into the care of a particular adult, with the agreement of the school's Director, the school may refuse to release a child to its parents or carers until it is satisfied of the child's safety.

A record of all serious and minor child protection concerns will be kept in a confidential file held in the school. If a member of staff continues to have concerns about a child and feels the situation is not being addressed or does not appear to be improving, the staff member concerned should press for reconsideration of the case with the designated safeguarding lead.

If, for any reason, the designated safeguarding lead (or deputy) is not available, this should not delay appropriate action being taken. When new staff, volunteers or regular visitors join our school they are informed of the safeguarding arrangements in place, the name of the designated safeguarding lead (and deputy) and how to share concerns with them.

6. Training

The designated safeguarding lead (and deputy) are responsible for ensuring staff are trained on child safeguarding at least every two years.

7. Professional confidentiality

Confidentiality is an issue which needs to be discussed and fully understood by all those working with children, particularly in the context of child protection. A member of staff must never guarantee confidentiality to anyone about a safeguarding concern (including parents/carers or pupils), or promise to keep a secret. Where there is a child protection concern, this must be reported to the designated safeguarding lead and may require further referral to and subsequent investigation by appropriate authorities.

Information on individual child protection cases may be shared by the designated lead (or deputy) with other relevant staff members. This will be on a 'need to know' basis only and where it is in the child's best interests to do so.

8. Records and information sharing

Well-kept records are essential to good child protection practice. Our school is clear about the need to record any concern held about a child or children within our school and when these records should be shared with other agencies. Any member of staff receiving a disclosure of abuse or noticing signs or indicators of abuse, will record it as soon as possible, noting what was said or seen (if appropriate, using a body map to record), giving

the date, time and location. All records will be dated and signed and will include the action taken. This is then presented to the designated safeguarding lead (or deputy), who will decide on appropriate action and record this accordingly.

Any records related to child protection are kept in a confidential record book that is stored in a secure location. The book is only accessible to management staff and the child protection lead. If we have concerns about a child who then moves to a new school, we will inform the new school (wherever possible) about our concerns. Where a pupil joins our school and we have concerns, we will request child protection records from the previous educational establishment.

9. Interagency Working

The school will cooperate with relevant outside agencies and will inform such agencies of concerns where there is a need to do so.

10. Allegations about members of the workforce

All staff members are made aware of the boundaries of appropriate behaviour and conduct. The school has processes in place for reporting any concerns about member of staff (or any adult working with children). Any concerns about the conduct of a member of staff will be referred to the Director. This role is distinct from the designated safeguarding leads the named person should have sufficient status and authority in the school to manage employment procedures. Staffing matters are confidential and the school will respect confidences as far as possible.

Where the concern involves the Director, it should be reported direct to the Chairman. Where there are concerns with the conduct of staff or volunteers, the staff concerned may be suspended while information is gathered and considered.

11. School Environment

The school environment will be inspected regularly by maintenance staff and all issues regarding safety will be addressed with the utmost importance. All staff noticing any unsafe equipment or facilities must report the situation immediately.

12. Safe School, Safe Staff

All members of staff are aware of the school's safeguarding procedures and are committed to working in accordance to the principles of safe caring. We ensure that our setting has an open environment where the children feel safety share information about anything that is upsetting them.

- It is often necessary or appropriate, particularly with younger children to hold hands or give cuddles but such contact should be only be initiated by/for the benefit of the child. Such contact should be avoided/minimized with upper primary and secondary age children. Staff should be aware of surroundings when in physical contact with a child, open public spaces are more appropriate than closed spaces.

Situations

- All members of staff are mindful of how they approach children both physically and verbally. All contact should be appropriate to the child's age and emotional understanding.
- As a school we recognize that there is sometimes the need to work in a one-to-one situation with a child. Staff should leave the door open and make sure another adult knows where they are and what they are doing. There are occasions when management staff may be dealing with disciplinary issues or other issues while alone with a child. This is a necessary part of the job and staff are expected to follow good practice such as ensuring the room is freely accessible to others, etc.
- At no time will any staff be in a locked room with a child.
- No staff is permitted to take a child out of school without the permission of the school's Director.
- Staff are not permitted to take FAMAKS children in their personal cars without the permission of the Director of schools.

DEFINITIONS AND INDICATORS OF ABUSE

1. 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 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. The following may be indicators of neglect (this is not designed to be used as a checklist):
- Constant hunger;
- Stealing, scavenging and/or hoarding food;

- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor school/academy attendance or often late for school;
- Poor concentration;
- Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;
- Failure to develop intellectually or socially;
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
- The child is regularly not collected or received from school; or
- The child is left at home alone or with inappropriate carers.

2. 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. The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks;
- Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- 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; or
- Isolation from peers.

3. 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 act of sexual abuse, as can other children. The following may be indicators of 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;
- Refusal to communicate;
- 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;
- Unusual compliance;
- Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;
- Reluctance to undress for PE or swimming; or
- Bruises or scratches in the genital area.

4. SEXUAL EXPLOITATION

Child sexual exploitation occurs when a child or young person, or another person, receives “something” (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person. The presence of any significant indicator for sexual exploitation should trigger a referral to children’s social care. The significant indicators are:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity);
- Entering and/or leaving vehicles driven by unknown adults;
- Possessing unexplained amounts of money, expensive clothes or other items;
- Frequenting areas known for risky activities;
- Being groomed or abused via the Internet and mobile technology; and
- Having unexplained contact with hotels, taxi companies or fast food outlets.

5. 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 also involve seeing or hearing the ill-treatment of another person. 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. The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child consistently describes him/herself in very negative ways— as stupid, naughty, hopeless, ugly;
- Over-reaction to mistakes;
- Delayed physical, mental or 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;
- Appetite disorders – anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.
- N.B.: Some situations where children stop communication suddenly (known as “traumatic mutism”) can indicate maltreatment.

6. RESPONSES FROM PARENTS

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

- Delay in seeking treatment that is obviously needed;
- 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 other/his age and development;
- Reluctance to give information or failure to mention other known relevant injuries;
- Frequent presentation of minor injuries;
- A persistently negative attitude towards the child;
- Unrealistic expectations or constant complaints about the child;
- Alcohol misuse or other drug/substance misuse;
- Parents request removal of the child from home; or
- Violence between adults in the household.

7. DISABLED CHILDREN

When working with children with disabilities, practitioners need to beware those additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that might not be of concern on an ambulant child such as the shin might be of concern on a non-mobile child;
- Not getting enough help with feeding leading to malnourishment;
- Poor toileting arrangements;
- Lack of stimulation;

- Unjustified and/or excessive use of restraint;
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries;
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment. For example: calipers sleep boards, inappropriate splinting;
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.

Policy effective from September 2020 and to be reviewed annually.