



Safeguarding and Child Protection Policy

Reviewed: February 2017

Approved By Governors on: 6.10.16 Revised and approved 15.3.17

Next Review: October 2017

St. Mary's C.E. Primary School, High Crompton

CHILD PROTECTION POLICY

PHILOSOPHY:

To provide a fun, stimulating and excellent education which enables each child to achieve their full potential, academically, spiritually, emotionally and socially in a safe, Christian environment.

Healthy School

St. Mary's is a Healthy School with healthy attitudes embedded in the curriculum and extra-curricular activities. Children are encouraged to be active and maintain healthy relationships with their peers and adults as well as making other choices about healthy lifestyles.

Building Learning Power Statement

At St. Mary's, we encourage all pupils to build their own learning power. Building Learning Power emphasizes the development of lifelong learning values and skills. We aim to ensure that all children develop persistence and curiosity for learning and become adventurous risk takers who are not afraid of the 'don't know' state of mind. At St. Mary's, children will develop the ability to take responsibility for their own learning and self-assess and be able to articulate themselves as a learner. They will have the opportunity to develop the ability to know what's worth learning, know how to face confusion and know the best learning tool for the job.

1.0 Introduction

At St Mary's CE Primary School, the Governors and staff fully recognise the contribution the school makes to safeguarding children. We recognise that the safety and protection of all pupils is of paramount importance and that all staff, including volunteers, have a full and active part to play in protecting pupils from harm.

We believe that the school should provide a caring, positive, safe and stimulating environment which promotes all pupils' social, physical, emotional and moral development.

This policy has been devised in accordance with Oldham Local Safeguarding Children's Board (LSCB) guidelines and with the following legislation and guidance:

- [*'Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children'*](#), DfE (2015)
- [*'Keeping Children Safe in Education'*](#), DfE (2016)
- [*Guidance for Safer Working Practices for Adults who work with Children and Young People in Education Settings*](#), DfE (Oct 2015)
- [*'What to do if you're worried a child is being abused'*](#), DfE (March 2015)
- [*'Information Sharing: Advice for practitioners'*](#), DfE (March 2015)
- [*'The Prevent duty: Departmental advice for schools and childcare providers'*](#), DfE (2015)

2.0 PURPOSE AND AIMS:

The purpose of St. Mary's CE Primary School's safeguarding policy is to ensure every child who is a registered pupil at our school is safe and protected from harm. This means we will always work to:

- Protect children and young people at our school from maltreatment;

- Prevent impairment of our children’s and young people’s health or development;
- Ensure that children and young people at our school grow up in circumstances consistent with the provision of safe and effective care;
- Undertake that role so as to enable children and young people at our school to have the best outcomes.

This policy applies to and gives clear direction to: staff, governors, volunteers, visitors and parents about expected behaviour and our legal responsibility to safeguard and promote the welfare of all children at our school.

Our school fully recognises the contribution it can make to protect children from harm and supporting and promoting the welfare of all children who are registered pupils at our school. The elements of our policy are prevention, protection and support.

We recognise that our safeguarding responsibilities are clearly linked to our responsibilities for ensuring that appropriate safeguarding responses are in place for children who are absent from school or who go missing from education. We also recognise that safeguarding against radicalisation and extremism is no different to safeguarding against any other vulnerability in today’s society.

3.0 ROLES and RESPONSIBILITIES:

Safeguarding and promoting the welfare of children 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; and taking action to enable all children to have the best outcomes.’ (Keeping Children safe in education – statutory guidance for schools and colleges July 2016 P6)

Named Personnel with designated responsibility for Safeguarding

Academic Year	Designated Safeguarding Lead	Deputy Designated Safeguarding Lead	Nominated Governor	Chair of Governors
2016 - 2017	Pamela Hartley	Joelle Hardman	Andrew Green	Grahame Benson

It is the responsibility of *every* member of staff, governor, volunteer and regular visitor to our school to ensure that they carry out the requirements of this policy and, at all times, work in a way that will safeguard and promote the welfare of all of the pupils at this school. This includes the responsibility to provide a safe environment in which children can learn.

Governing Body

The Governing Body of St. Mary’s CE Primary School is accountable for ensuring the effectiveness of this policy and our compliance with it. Although our Governing Body takes collective responsibility to safeguard and promote the welfare of our pupils, we also have a named Governor who champions safeguarding within the school.

The Governing Body will ensure that:

- the safeguarding policy is in place, is reviewed annually and is available on our school website;
- they have a named governor for child protection and looked after children: Mr Andrew Green;
- a member of the senior leadership team is designated to take the lead responsibility for safeguarding and child protection and that there is an alternate and appropriately trained member of staff identified to deal with any issues in the absence of the Designated Safeguarding Lead (DSL). There will always be cover for this role;
- all staff receive a copy of the Safeguarding and Child Protection Policy and the Safer Working Practices Policy (code of conduct);
- all staff undertake appropriate child protection training that is updated regularly and receive regular updates through staff meetings throughout the year;
- procedures are in place for dealing with allegations against members of staff and volunteers in line with statutory guidance;
- safer recruitment practices are followed in accordance with the requirements of '[Keeping Children Safe in Education](#)' DfE (2016);
- this policy and practice complements other policies e.g. anti-bullying including cyber bullying, health and safety, to ensure safeguarding.

Headteacher

The Headteacher will ensure that:

- the policies and procedures adopted by the Governing Body are followed by all staff;
- the policy will be updated annually, and be available on the school website;
- all staff be appropriately trained and a list of their safeguarding training dates is maintained;
- all staff and volunteers feel able to raise their concerns about poor and unsafe practice in regard of pupils, and such concerns are addressed in a timely manner in accordance with agreed policies;
- there is a designated person for Looked After Children (LAC) and an up to date list of children is regularly reviewed and updated. There is a named Governor for LAC;
- liaise with the Local Authority Designated Officer (LADO) in the event of an allegation of abuse being made against a member of staff;
- safer recruitment practices are followed and has the responsibility of verifying the identity, qualifications, suitability and DBS checks for all staff employed by school, Governors and volunteers;
- a Single Central Record is held in the School Office, and electronically, which includes all members of staff;
- with the support of the Site Manager, School Office Manager and School Administrator ensures the safety and security of the school site and screening visitors in regards to the purpose of their visit.

The Designated Safeguarding Lead (DSL)

Mrs Pamela Hartley is the designated lead for child protection. In her absence. Mrs Joelle Hardman is the deputy designated lead for safeguarding.

The Designated Safeguarding Lead(s) will carry out their role in accordance with the responsibilities outlined in Annex B of '*Keeping Children Safe in Education*'. The DSL will provide advice and

support to other staff on child welfare and child protection matters. Any concern for a child's safety or welfare will be recorded in writing and given to the DSL.

The DSL at St. Mary's CE Primary School will represent our school at child protection conferences and core group meetings. Through appropriate training, knowledge and experience our DSL will liaise with Children's Services and other agencies where necessary, and make referrals of suspected abuse to Children's Services, take part in strategy discussions and other inter agency meetings and contribute to the assessment of children.

The DSL is responsible for ensuring that all staff members and volunteers are aware of our policy and the procedure they need to follow. They will ensure that all staff, volunteers and regular visitors have received appropriate child protection information during induction and relevant training as appropriate.

The DSL will ensure that:

- Written records of concerns are kept, even if there is no immediate need for referral; and monitored using the In School Concerns form (see appendix 1).
- All child protection records are marked as such and kept securely locked and accessible only by the headteacher/designated leads.
- Where there are existing concerns about a pupil, and they transfer to another school in this authority, a copy of information held is forwarded under confidential cover and separate from the pupil's main file to the designated lead for child protection in the receiving school.
- Where a pupil has a child protection plan and transfers to another school; the designated lead in Safeguarding is informed promptly.
- Where verbal referrals are made to social care, the referral is confirmed in writing within 24 hours.

Teaching Staff, Support Staff and Volunteers

All staff and volunteers need to be alert to the signs of abuse as detailed in this policy. They should report any concerns immediately to Mrs Hartley or Mrs Hardman.

At St. Mary's the responsibilities for teaching, non-teaching staff and volunteers;

- to know who the DSL is.
- refer to the signs of abuse outlined in the Department Of Education publication '[what to do if you're worried a child is being abused: advice for practitioners](#)' March 2015 - **see Appendix 2 for key extracts**. In addition there is good advice provided on the [NSPCC](#) website.
- knowing what to look for is vital to the early identification of abuse and neglect. If staff members are unsure they should always speak to a Designated Safeguarding Lead. In exceptional circumstances, such as in an emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to Children's Social Care.
- undergo child protection training which is updated regularly, in line with advice from the LSCB.
- maintain an attitude of 'it could happen here'.
- ensure that curriculum plans provide opportunities for children to develop their skills, knowledge and understanding of safe practices including esafety.

Attendance – All School Staff

- A child going missing from education is a potential indicator of abuse or neglect. All staff have a responsibility to alert the Designated Lead if a pupil goes missing from education.
- Going missing during the school day is an indicator of abuse including child sexual exploitation. All staff have a responsibility to alert the Designated Lead if a pupil goes missing during the school day.

4.0 WHAT SCHOOL STAFF SHOULD LOOK OUT FOR

4.1 Types of abuse

Extract from Keeping Children Safe in Education – Statutory guidance for schools and colleges – July 2016

All staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

Physical abuse: a form of abuse which 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.

Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child 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 a 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 cyberbullying), 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, although it may occur alone.

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

Neglect: 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.

Allegations of abuse made against other children:

Peer on peer abuse takes on many different forms such as bullying, cyber bullying, gender based violence, sexual assault and sexting. Such abuse should never be tolerated or passed off as “banter” or “part of growing up”.

Any allegations should be made to the DPCP using appendix 1. They should also refer to the anti-bullying policy and procedures for support mechanisms for the victims and those involved.

Peer on peer abuse can manifest itself in many ways. See also E – Safety policy for further advice on sexting.

The different gender issues can be prevalent when dealing with peer on peer abuse. This could, for example, include girls being sexually touched/assaulted or boys being subject to initiation/hazing type violence. Any allegations should follow guidance above.

Children with special educational needs and disabilities

Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. Staff should recognise that additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child’s disability without further exploration;
- the potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.

4.2 Specific safeguarding issues

In addition to being vigilant of the signs of neglect, sexual abuse and child exploitation, physical abuse and emotional abuse (see appendix 2) all staff should also understand the risks presented by:-

- Children missing from education
- Children missing from home or care
- Child sexual exploitation
- Bullying including cyber bullying
- Drugs
- Fabricated or induced illness
- Faith abuse
- Female genital mutilation
- Forced marriage
- Gangs and youth violence

- Gender based violence/violence against women and girls
- Mental illness
- Private fostering
- Radicalisation and extremism
- Sexting
- Teenage relationship abuse
- Trafficking

Further information on these issues can be found on the [NSPCC](#) website and via the GOV.UK website.

4.3 Further information on Female Genital Mutilation

All school staff are aware of the range of potential indicators that a girl may be at risk of FGM. Warning signs that FGM may be about to take place, or may have already taken place, can be found in the Multi-Agency Practice Guidelines – (see Appendix 3 for relevant extract.)

If staff have a concerns regarding FGM they must follow school safeguarding procedures e.g. immediately speak to a Designated Safeguarding Lead.

Staff are also aware that from October 2015 teachers (along with social workers and health care professionals) will have a statutory duty under section 5B of the Female Genital mutilation Act 2003 (as inserted sec 74 of the serious crime Act 2015) to report to statutory services where they discover that FGM appears to have been carried out on a girl under 18.

4.4 Further information on Preventing Radicalisation/Extremism

The identified strategic lead for Prevent is the DSL and this is the single point of contact for the school. **What is extremism?** - Extremism is vocal or active opposition to fundamental British Values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism: calls for the death of members of our armed forces, whether in this country or overseas. (Keeping children safe in education – Statutory guidance for schools and colleges July 2016 p18) Extremism can be both violent and non-violent.

What is radicalisation? - Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. (Keeping children safe in education – Statutory guidance for schools and colleges July 2016 p18)

The link between radicalisation/extremism and safeguarding - Protecting children from the risk of radicalisation is part of schools' wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. As with managing other safeguarding risks, staff should be alert to changes in student's behaviour which could indicate that they may be in need of help or protection. If staff have any concerns about a young person's safety they should speak to a Designated Lead.

4.5 Procedures in place for protecting students at risk of radicalisation

Teaching British Values within the curriculum

We teach a broad and balanced curriculum which promotes the spiritual, moral, cultural, mental and physical development of pupils and prepares them for the opportunities, responsibilities and experiences of life. We actively promote community cohesion and British Values across all curriculum areas including RE, PSHE and English.

Visiting speakers

All visiting speakers that visit school should be fully checked to ensure they are suitable. All staff who wish to invite visiting speakers into school must get permission from the Headteacher or Deputy Headteacher who will ensure necessary checks are carried out. All visiting speakers must be supervised by at least one member of school staff.

After School Activities

All afterschool activities and groups must have approval from the Headteacher or Deputy Headteacher, and have relevant certificates of training and/or qualifications and DBS checks.

ICT

Our internet controls in school ensure all students are safe from terrorist and extremist material when accessing the internet in school.

Our E-safety education with pupils, parents and staff includes the risks of online radicalisation.

Staff Training

Understanding the risk factors and signs of radicalisation is part of the ongoing safeguarding training of all staff and is updated regularly. The Designated Safeguarding Lead has had Prevent Awareness Training and is able to provide advice and support to other members of staff on protecting children from the risk of radicalisation.

Where we have concerns

If we have safeguarding concerns regarding a young person the Designated Safeguarding Leads will make an appropriate referral. This could include a referral to Channel or Children's Social Care. The same procedures would apply if the concern related to a parent, member of staff or Governors. In these instances a referral would be made to Channel, the LA/Diocese, and Social Services.

The contact details for referrals are

Children:child.mash@oldham.gov.uk

Adults:adult.mash@oldham.gov.uk

MASH Tel 0161 770 7777

Or GMP Prevent office on 0161 856 6345.

For advice you can contact Mike Walker or Bruce Penhale on the MASH telephone number

Where any concerns are raised about radicalisation/extremism whether for a child or adult a written referral must be completed. (See Appendices 1)

Should a referral be made then an investigation/reflection will follow to identify and respond to lessons learnt.

4.6 Child sexual exploitation

School staff are made aware of the signs of child sexual exploitation. (See extract from 'It's not okay' 2014 Appendix 4.)

Attendance is closely monitored and all staff understand that pupils who go missing from education are potentially vulnerable to CSE and therefore should be reported to the Safeguarding Lead.

4.7 On-line Safety

The use of technology has become a significant component of many safeguarding issues. Child sexual exploitation; radicalisation; sexual predation: technology often provides the platform that facilitates harm. At St. Mary's we have an effective approach to online safety which educates the whole school community in their use of technology and we have robust systems in place to identify, intervene in and escalate any incident as appropriate.

At St Mary's we recognise that there are three main areas which can place our pupils at risk:

- content: being exposed to illegal, inappropriate or harmful material;
- contact: being subjected to harmful online interaction with other users; and
- conduct: personal online behaviour that increases the likelihood of, or causes, harm.

To ensure that we are doing all that we reasonably can to limit children's exposure to the above risks we have appropriate filters and monitoring systems in place. At St Mary's we do not permit the use of personal mobile technology such as mobile phones. In addition we actively promote and teach on line safety in a variety of ways as part of providing a broad and balanced curriculum. This includes covering relevant issues through personal, social, health and economic education (PSHE), and Sex, Relationships Education (SRE) We also take part in an annual e-safety week to teach pupils how to stay safe online and buy in outside support through the LCSB to teach older pupils the dangers of being on line eg Darth Vader presentation (Sept 2016 – led by E Weeldon)

Staff are regularly updated and undergo safeguarding training including, online safety training

The e- safety policy also gives further information with regard to sexting. Sexting is where young people share sexual images of themselves. Where this happens, images have usually been shared with a partner or intended partner as a form of flirtation or - in the eyes of the young person - 'safe sex'.

This act itself poses a risk to the young person in the image: once it has been shared it is liable to be distributed further. This action may also place both the sender and the recipient in a position of having committed an offence under the Protection of

Children Act 1978. Young people of an age likely to consider such actions should be educated about the risks. In the event of sexting Child Protection procedures should follow.

The school website directs parents to further information on how to keep pupils safe including the following websites:

www.thinkuknow.co.uk

www.saferinternet.org.uk

www.internetmatters.org

5.0 CHILD PROTECTION PROCEDURES

Our school procedures for safeguarding children are in line with Oldham LSCB child protection procedures.

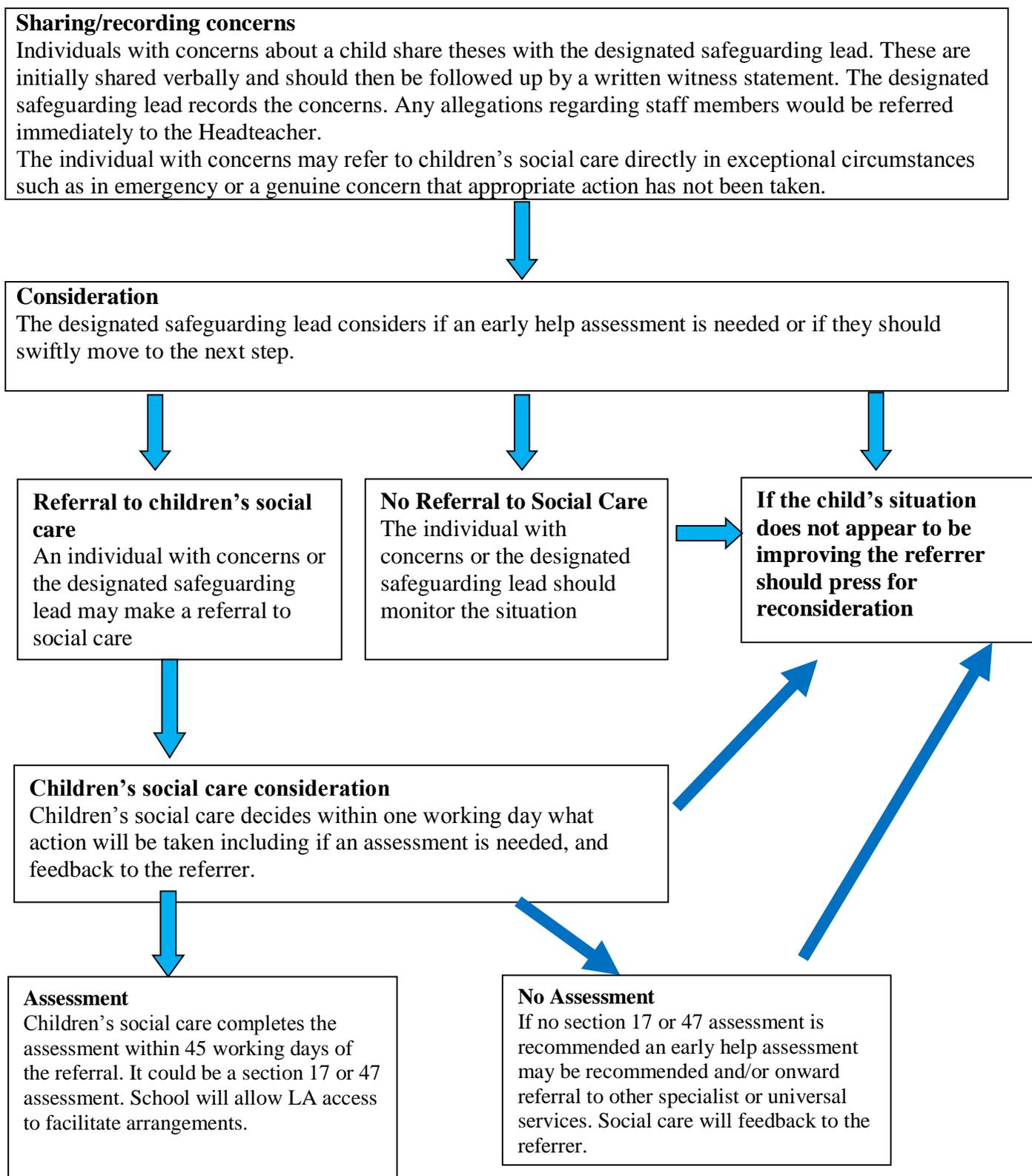
5.1 How staff should respond to a child protection concern

Any member of staff, volunteer or visitor to the school who receives a disclosure of abuse, an allegation or suspects that the abuse may have occurred must report it immediately to the appropriate Designated Safeguarding Lead. This initial concern should be done verbally on the same day that the concern arises. This should then be followed up by a written witness statement (see appendix 1).

All staff can make referrals of suspected abuse to the appropriate Local Authority Children's Social Care or police if they feel this is necessary. All school staff should be prepared to identify children who may benefit from early help. 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 years. In the first instance, staff should discuss early help requirements with the designated safeguarding lead. Staff may be required to support other agencies and professionals in an early help assessment.

5.2 Actions of the Designated Safeguarding Lead

The Designated Safeguarding Lead will assess any child protection concerns using the following flow chart from 'Keeping Children Safe in Education. 2016'



If it is decided that a referral is necessary the Safeguarding Lead will immediately refer cases of suspected abuse or allegation to the Multi-Agency Safeguarding Hub (MASH team) on tel: 0161 770 7777. A telephone referral should be followed by a written record of the referral which will be emailed to the MASH team (using the LSCB multi-agency referral form) as soon as possible and within the school day. <http://www.oldham.gov.uk/lscb/info/4/referralsandassessments>

If students are from out of borough then the relevant Social Services Safeguarding Team will be contacted.

5.3 Sharing information with parents

The school will always undertake to share information with parents/carers where there is an intention to refer a child to statutory services unless to do so could place the child/ young person at greater risk or harm or impede an investigation by statutory services. (See LSCB Guide to ‘Making a Child Protection Referral’)

6.0 WHAT TO DO IF A PUPIL TALKS TO YOU ABOUT ABUSE

It should be recognised that a child or young person may seek you out to share information about abuse or neglect, or talk spontaneously individually or in group when you are present. In these situations you should:

- Listen carefully to the student; do not directly question them.
- Allow the pupil the time to give an account; do not stop a pupil from recalling events.
- Make an accurate record of concerns using the school cause for concern sheet (see appendix 1)
- Reassure the student that they were right to tell.
- Explain that you cannot promise not to speak to others, but will only pass on the information to those who need to know.
- Pass the concern directly to the Designated Safeguarding lead.

If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children’s social care immediately. Anybody can make a referral.

7.0 RECORD KEEPING

Any members of staff receiving a disclosure of abuse or noticing signs or indicators of abuse, must make an accurate record as soon as possible noting what was said or seen, putting the event in context, and saving the date, time and location. All records of concerns or disclosures of abuse should be made using the cause for concern sheet (see appendix 1). If it is an observation of bruising or an injury try to record detail, e.g. “right arm above elbow“ **Do not take photographs!** The sheet must be signed and will include the action taken by the Safeguarding Lead.

All safeguarding records are kept confidentially and securely. They are kept separate from pupil records, with a chronology sheet.

An indication of further record keeping is marked on pupil records.

If a pupil transfers from the school those files will be copied and forwarded within five working days to the pupil's new school, marked confidential and for the attention of the receiving school's designated safeguarding lead person.

Confidentiality

The personal information about all pupils' families is regarded by those who work in this school as confidential. All staff and volunteers need to be aware of the confidential nature of personal information and will aim to maintain this confidentiality.

9.0 OPPORTUNITIES TO TEACH SAFEGUARDING

As part of providing a broad and balanced curriculum we teach all pupils about safeguarding. This is done through a range of subjects including PSHE and ICT. This includes teaching pupils about responsible and safe use of the internet and social media. It also includes guidance and support on developing healthy relationships. As part of developing a healthy, safer lifestyle, pupils are taught to, for example:

- safely explore their own and others' attitudes.
- develop a trusting climate so that children feel able to talk and share their thoughts and feelings.
- recognise and manage risks in different situations and how to behave responsibly.
- judge what kind of physical contact is acceptable and unacceptable.
- recognise when pressure from others (including people they know) threatens their personal safety and well-being and develop effective ways of resisting pressure.
- including knowing when and where to get help.
- E-Safety.

10.0 TRAINING AND SUPPORT

The Headteacher and all other staff who work with children will undertake appropriate child protection awareness training to equip them to carry out their responsibilities for child protection effectively, that is kept up to date by refresher training at 'regular' intervals as set out in "Keeping Children Safe in Education" 2015. All staff should read at least part one of Keeping Children Safe in Education 2015

The school will ensure that the designated persons undertake refresher safeguarding training every two years to keep knowledge and skills up to date.

All staff (including governors) will receive child protection/safeguarding training when first appointed as part of their induction.

We recognise that staff working in school who may have become involved with a child who has suffered harm or appears likely to suffer harm may find the situation upsetting. We will support such staff by providing an opportunity to talk through their anxieties with the Designated Safeguarding Lead and to seek further support if required.

11.0 ALLEGATIONS AGAINST A MEMBER OF STAFF

There is an LSCB procedure for investigating allegations of professional abuse. Issues of concerns should be reported to the Headteacher or the next most senior member of staff who should contact the Local Authority Designated Officer (LADO) TEL: 0161 770 8870. In the event of an allegation of abuse being made against the Headteacher, allegations should be reported directly to the Chair of Governors.

All staff should be aware of their duty to raise concerns about the attitude or actions of colleagues. See the school's whistle blowing policy and safer working practices policy.

12.0 SAFER WORKING PRACTICE

We understand that staff should have access to advice on the boundaries of appropriate behaviour. The document "Guidance for Safer Working Practice for Adults who work with Children and Young People" (DFE Oct 2015) provides advice on this and circumstances which should be avoided in order to limit complaints against staff of abuse, and/or allegations of physical or sexual abuse. These matters are referred to in the School's Safer Working Practice Policy.

This school is committed to safer recruitment and the suitability of all staff at the school. The Headteacher and Governors have undertaken approved safer recruitment training in line with statutory requirements.

School ensures that there is safe practice followed in checking the suitability of staff to work at the school. All school staff have undertaken an enhanced DBS check. School ensures that visitors or contractors who visit the school premises are appropriately 'risk assessed'. The identity of visitors/contractors are checked on arrival. School seeks assurances from employers that visitors/contractors have undergone a DBS check where appropriate, and for those for whom a DBS check has not been undertaken, are supervised

Photographing and Videoing

The school has a School Photography Policy Statement which outlines for staff and parents the school policy with regard to the taking of photographs and digital images. Staff are only permitted to take photographs in 'school or educational provision settings' and may only use school approved cameras and/or media. Full parental consent is sought at the beginning of each year for their child to be photographed or videoed for school purposes, publicity and/or use on the school web site. Parents are permitted to take photographs at school events such as Nativity performances and Sports Day but are reminded of their responsibilities with regard to their safe use and circulation.

12.0 LINKS TO OTHER POLICIES

This policy should be read in conjunction with other related school policies and procedures:

- Anti-Bullying Policy
- Behaviour Policy, including violence and aggression
- First Aid and Medicine Policies
- Health and Safety Policy
- PSHE Policy
- Sex Relationships Education Policy
- Safer Working Practices Policy
- Single Equality Policy
- E- Safety Policy
- Confidentiality Policy
- EVC Policy
- Whistle Blowing Policy

This policy will be reviewed on an annual basis or earlier if legislation should change



Appendix 1

Action to be taken by any staff on receiving an allegation/disclosure of abuse

Good practice means that the person to whom the child chooses to disclose should listen and record as below so that the child is not expected to repeat the information to a series of people.

Child Protection Concern

Name of Person making Referral	
Date/Time	
Name of Pupil	
D.O.B	
Year Group	

Full Details of your concern

Signed Staff Member:



Action taken by safeguarding lead

Signed DSL:

Appendix 2

Definitions and signs of Abuse

(Extracts from Department Of Education publication ‘what to do if you’re worried a child is being abused: advice for practitioners’ March 2015)

There are a number of warning indicators which might suggest that a child may be being abused or neglected.

Some of the following signs might be indicators of abuse or neglect:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
- Children with clothes which are ill-fitting and/or dirty;
- Children with consistently poor hygiene;
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason;
- Children who don’t want to change clothes in front of others or participate in physical activities;
- Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry;
- Children who talk about being left home alone, with inappropriate carers or with strangers;
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason;
- Children who are regularly missing from school or education;
- Children who are reluctant to go home after school;
- Children with poor school attendance and punctuality, or who are consistently late being picked up;
- Parents who are dismissive and non-responsive to practitioners’ concerns;
- Parents who collect their children from school when drunk, or under the influence of drugs;
- Children who drink alcohol regularly from an early age;
- Children who are concerned for younger siblings without explaining why;
- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.

Physical abuse is deliberately physically hurting a child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens. Babies and disabled children also have a higher risk of suffering physical abuse.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

Some of the following signs may be indicators of physical abuse:

- children with frequent injuries;
- children with unexplained or unusual fractures or broken bones; and
- children with unexplained:
 - bruises or cuts;
 - burns or scalds; or
 - bite marks.

Emotional abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.

Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example, in the way that a parent interacts with their child. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

Emotional abuse may involve serious bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

Some of the following signs may be indicators of emotional abuse:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder';
- Parents or carers blaming their problems on their child; and
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

Sexual abuse is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

Sexual abuse 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 clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch 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 commit acts of sexual abuse, as can other children.

Some of the following signs may be indicators of sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age;
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have;
- Children who ask others to behave sexually or play sexual games; and
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or don't take part in education

Neglect is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child's health or development.

Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action. However, while you may be concerned about a child, neglect is not always straightforward to identify.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

Some of the following signs may be indicators of neglect:

- Children who are living in a home that is indisputably dirty or unsafe;
- Children who are left hungry or dirty;
- Children who are left without adequate clothing, e.g. not having a winter coat;
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
- Children who are often angry, aggressive or self-harm;
- Children who fail to receive basic health care⁴; and
- Parents who fail to seek medical treatment when their children are ill or are injured.

Appendix 3

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf

CHAPTER THREE

IDENTIFYING GIRLS AND WOMEN AT RISK

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl or woman being at risk of FGM, or already having undergone FGM. **There are a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.**

Victims of FGM are likely to come from a community that is known to practise FGM – see Section 2.5 for the nationalities that traditionally practise FGM.

Provided that the mutilation takes place in the UK, the nationality or residence status of the victim is irrelevant.

Professionals should also note that the girls and women at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

3.1 SPECIFIC FACTORS THAT MAY HEIGHTEN A GIRL'S OR WOMAN'S RISK OF BEING AFFECTED BY FGM

There are a number of factors in addition to a girl's or woman's community or country of origin that could increase the risk that she will be subjected to FGM:

- The position of the family and the level of integration within UK society – it is believed that communities less integrated into British society are more likely to carry out FGM.
- Any girl born to a woman who has been subjected to FGM must be considered to be at risk of FGM, as must other female children in the extended family.
- Any girl who has a sister who has already undergone FGM must be considered to be at risk of FGM, as must other female children in the extended family.
- Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights.

3.2 INDICATIONS THAT FGM MAY BE ABOUT TO TAKE PLACE SOON

The age at which girls undergo FGM varies enormously according to the community. **The procedure may be carried out when the girl is newborn, during childhood or adolescence, at marriage or during the first pregnancy.** However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

It is believed that **FGM happens to British girls in the UK as well as overseas** (often in the family's country of origin). Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for her to recover before returning to her studies.

There can also be clearer signs when FGM is imminent:

- It may be possible that families will practise FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.

- A professional may hear reference to FGM in conversation, for example a girl may tell other children about it (See Appendix B for commonly used terms in different languages).
- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'.
- A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk.
- Parents state that they or a relative will take the child out of the country for a prolonged period.
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent (see Section 2.5 for the nationalities that traditionally practise FGM).
- Parents seeking to withdraw their children from learning about FGM.
- from a classroom during the day with bladder or menstrual problems.
- A girl or woman may have frequent urinary, menstrual or stomach problems.
- There may be prolonged or repeated absences from school or college.
- A prolonged absence from school or college with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.
- A girl or woman may be particularly reluctant to undergo normal medical examinations.
- A girl or woman may confide in a professional.
- A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.
- A girl may talk about pain or discomfort between her legs.

3.3 INDICATIONS THAT FGM MAY HAVE ALREADY TAKEN PLACE

It is important that professionals look out for signs that FGM has already taken place so that:

- the girl or woman affected can be supported to deal with the consequences of FGM (see Sections 2.10 and 2.11).
- enquiries can be made about other female family members who may need to be safeguarded from harm.
- criminal investigations into the perpetrators, including those who carry out the procedure, can be considered to prosecute those breaking the law and to protect others from harm.

There are a number of indications that a girl or woman has already been subjected to FGM:

- A girl or woman may have difficulty walking, sitting or standing and may even look uncomfortable.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating. A girl may spend long periods of time away

Appendix 4

Additional Information about Child Sexual Exploitation

Child Sexual Exploitation Warning signs that all staff and students should be mindful of:-

There is no stereotypical victim of exploitation, but these warning signs are an indication that a child may be being exploited:

- Regularly missing from home or school and staying out all night
- Change in behaviour – becoming aggressive and disruptive or quiet and withdrawn
- Unexplained gifts or new possessions such as clothes, jewellery, mobile phones or money that can't be accounted for
- A significantly older 'boyfriend' or 'friend' or lots of new friends
- Spending excessive amounts of time online or on their mobile and becoming increasingly secretive about this activity
- Student involvement in criminal behaviour or increased offending
- Sexual health problems
- Changes in physical appearance

Taken from 'It's not okay' 2014