



Safeguarding & Child Protection Policy

Updated September 2019

Trust details

Governors' Committee Responsible:	Safeguarding Committee
Trust Lead:	Mrs Jane Galbraith
Governor Lead:	Ms Sam Tilley
Nominated Lead Member of Staff:	Mrs Katherine Gaskell (Lamberhead Green) Mrs Gail Worrall (Holgate)
Nominated Deputy Leads:	Mrs Dawn Harrison (Lamberhead Green) Miss Hayley Alford (Lamberhead Green) Mrs Vicky Baxter (Holgate)
LADO (Local Authority Designated Officer) : Telephone: 01942 486034 Out of normal office hours: 01942 828300 Email: lado@wigan.gov.uk	
Status & Review Cycle:	Statutory Annual
Next Review Date:	September 2020

Introduction

- This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002, and in line with government publications: 'Working Together to Safeguard Children' 2018

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

- Revised Safeguarding Statutory Guidance 2 'Framework for the Assessment of Children in Need and their Families' 2000, 'What to do if You are Worried a Child is Being Abused' 2003. The guidance reflects, 'Keeping Children Safe in Education' 2019:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/828312/Keeping_children_safe_in_education.pdf

- This policy should also be read in conjunction with Wigan Council's Threshold of Need Document/Procedure and Wigan Council's Escalation Policy, in addition to the Greater Manchester policies for 'Working with adults and children/young people vulnerable to messages of violent extremism' and 'Child Sexual Exploitation'. All appropriate policies can be found here: <https://www.wigan.gov.uk/WSCB/index.aspx>
- The Local Governing Body and Board of Trustees takes seriously its responsibility under section 175 of the Education Act 2002 to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support those children who are suffering harm.
- We recognise that safeguarding is everybody's responsibility as and that the best interests of the child are paramount, as set out in legislation. 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 will make sure that their approach is child centred. This means that they will consider at all times what is in the best interest of the child.
- ALL staff believe that our school should provide a caring, positive safe and stimulating environment; that promotes the social, physical and moral development of the individual child, promoting healthy development. Children are best protected when professionals are clear about what is required of them individually, and how they need to work together.
- We are committed to ensuring that children and families receive the right help at the right time. EVERYONE who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. Further details on information sharing can be found here:

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice/>

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2/>

Aims

- To support the child's development in ways that will foster security, confidence and independence.
- To provide an environment in which children and young people feel safe, secure, valued, respected, confident, and aspirational and know how to approach adults if they are in difficulties, believing they will be effectively listened to.
- Ensuring an asset and strength based approach to work with children, young people and their families, building on strengths.
- To raise the awareness of all teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse (Appendices 1,2,3)
- To provide a systematic means of providing help and support to children known or thought to be at risk of harm, and ensure that we, the school, contribute to assessments of need and support packages for those children. All Staff need to be aware that children with additional needs i.e. SENDs (Special educational needs & disabilities), CLA (Children looked after) or EAL (English as an additional language) may face additional challenges and vulnerabilities e.g. communication barriers and difficulty overcoming them may lead to abuse and bullying.
- Greengate Trust, supported by Wigan Council, is committed to ensuring that the appropriate support is in place for CLA and has an appointed designated teacher who will liaise with the Social Worker and Virtual School Head to jointly address the needs of these children.
- To emphasise the need for good levels of communication between all members of staff and partner agencies
- To develop a structured procedure within the school; which will be followed by all members of the school community in cases of suspected abuse. Safeguards will include measures to respond to all children at risk of CME (Children Missing Education). Schools to follow the guidance provided by the local authority and government to prevent the risks of children going missing in education:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550416/Children_Missing_Education_-_statutory_guidance.pdf/
- To develop and promote effective working relationships with other agencies, especially the Police, Health and Social Care.
- To ensure that all staff working within our school who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check (according to guidance)¹, and a central record is kept for audit.
- The policy is underpinned by The Deal, which is for all Wigan residents; an informal agreement between the council and the community to create a better borough,

¹ Guidance regarding DBS checks recently updated by the Protection of Freedoms Act 2012

developing a new relationship between public services and communities working to develop a Confident Place with Confident People.

- Under the principles of The Deal adopting an asset based approach which focusses on the strengths of individuals, families and communities.
- To build on integrated services and an evidenced based understanding of risk and impact to ensure that the right help and support is available at the right time.
- This includes 'Schools in Action', an initiative involving a range of council services working in partnership with all schools to offer a variety of modules which can be delivered across schools in the Wigan Borough.

<https://www.wigan.gov.uk/Council/The-Deal/Schools-in-Action/Deal-Schools-in-Action.aspx/>

Safe School, Safe Staff

We will ensure that

- All members of the Local Governing Body and Board of Trustees understand and fulfil their responsibilities, namely to ensure that:
 - there is a Safeguarding & Child Protection policy together with a staff behaviour (code of conduct) policy
 - the school operates safer recruitment procedures by ensuring that there is at least one person on every recruitment panel that has completed Safer Recruitment training (For more detailed information on safer recruitment please see appendix 6)
 - the school has procedures for dealing with allegations of abuse against staff and volunteers and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned.
 - a senior leader has Designated Safeguarding Lead (DSL) responsibility and a Deputy with the same level of training and knowledge
 - the Senior lead DSL will have lead responsibility for matters relating to safeguarding and child protection, this will be supported by and not delegated to the deputies. This person or deputy must be available during term time to discuss any safeguarding concerns.
 - on appointment, the DSLs & Deputies undertake interagency training and also undertake DSL course every 2 years and will be given the opportunity and support to attend relevant networking meetings and local safeguarding briefings as appropriate in addition to time to read and digest policy and practice change in this area.
 - all other staff have Safeguarding training updated as appropriate
 - any weaknesses in Child Protection are remedied immediately
 - a member of the Trust, usually the Chair, is nominated to liaise with the Trust and the LA on Child Protection issues and in the event of an allegation of abuse made against the Headteacher
 - information is shared appropriately and in a timely way to prevent delay in support and identification of risk
 - Safeguarding & Child Protection policies and procedures are reviewed annually and that the Safeguarding & Child Protection policy is available on the school website or by other means
 - the Local Governing Body and Board of Trustees considers how children may be taught about safeguarding. This may be part of a broad and balanced curriculum covering relevant issues through personal social health and

economic education (PSHE) and/or for maintained schools through sex and relationship education (SRE).

- that enhanced DBS checks are in place for Chairs of Governors and all members
- The Local Governing Body and Board of Trustees will put in place appropriate safeguarding responses to children who go missing in education, particularly on repeat occasions, to help identify the risk of abuse and neglect
- The Lead DSLs, Katherine Gaskell and Gail Worrall, are members of the Senior Leadership Team. The Deputy Designated safeguarding leads are Dawn Harrison and Hayley Alford and Vicky Baxter. These Officers have undertaken the relevant training, and, upon appointment will undertake 'DSL new to role' training followed by biannual updates.
- The DSLs who are involved in recruitment and at least one member of the Local Governing Body and Board of Trustees will also complete safer recruitment training to be renewed every 3 years.
- ALL members of staff and volunteers are provided with child protection awareness information at induction, the school safeguarding statement so that they know who to discuss a concern with.
- ALL members of staff are trained in and receive regular updates in safeguarding and e-safety and reporting concerns.
- ALL staff and governors, have child protection awareness training, updated by the DSL as appropriate, to maintain their understanding of the signs and indicators of abuse. In addition ALL staff and governors will receive at least annual updates via email, bulletins and staff / governors meetings.
- All members of staff, volunteers, and governors know how to respond to a pupil who discloses abuse through delivery of regular training and updates.
- All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures through publication of the school's Safeguarding & Child Protection Policy, and reference to it in our Parents' Handbook.
- All staff need to be aware of the early help process and understand their role in taking timely action if they are worried about a child, who may need additional help and support to ensure that their needs are appropriately met at all levels of the Threshold of Need.
- Our lettings policy will seek to ensure the suitability of adults working with children on school sites at any time.
- Community users organising activities for children are aware of the school's child protection guidelines and procedures.

- We will ensure that child protection type concerns or allegations against adults working in the school are referred to the LADO² for advice, and that any member of staff found not suitable to work with children will be notified to the Disclosure and Barring Service (DBS)³ for consideration for barring, following resignation, dismissal, or when we cease to use their service as a result of a substantiated allegation, in the case of a volunteer.
- Our procedures will be regularly reviewed and up-dated.
- All appointments will be subject to a Teachers Prohibition Orders Check in addition to a DBS check.
- The name of the designated members of staff for Child Protection, the Lead Designated safeguarding lead and Deputies, will be clearly visibly in the school, with a statement explaining the school's role in referring and monitoring cases of suspected abuse.
- All Staff will read and sign to confirm they have understood Part 1 of 'Keeping Children Safe in Education 2019':
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/828587/Keeping_children_safe_in_education_part_one.pdf

New members of staff will be given a copy of our safeguarding statement, and safeguarding & child protection policy, with the DSLs' names clearly displayed, as part of their induction into the school in addition to the above. In addition, NQTs and new staff will undergo a bespoke training programme.

- The policy is available publicly either on the school website or by other means. Parents/carers are made aware of this policy and their entitlement to have a copy of it via the school handbook/newsletter/website.

² LADO Local Authority Designated Officer for allegations against staff. AEO Area Education Officer

³ Contact the LADO for guidance in any case

Responsibilities

The designated DSLs are responsible for:

- Referring a child if there are concerns about possible abuse, to the Local Authority, and acting as a focal point for staff to discuss concerns. Referrals should be made in writing using a professional referral form, following a telephone call to the Children's Duty Service.
- Keeping written records of concerns about a child even if there is no need to make an immediate referral.
- Ensuring that all such records are kept confidentially and securely and are separate from pupil records, until the child's 25th birthday, and are copied on to the child's next school or college.
- Ensure that a record is kept and witnessed of the disposal of individual's records.
- Children Looked After records must be retained for 99 years.
- Ensuring that an indication of the existence of the additional file in above is marked on the pupil records.
- Liaising with other agencies and professionals and sharing information appropriately and without delay.
- Ensuring that either they or the staff member attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report which has been shared with the parents.
- Ensuring that any pupil currently with a child protection plan who is absent in the educational setting without explanation for two days is referred to their key worker's Social Care Team.
- Organising child protection induction, and update in depth training every 3 years, for all school staff. In addition there will be regular updates on safeguarding documents, child protection, Prevent, FGM , domestic abuse, CSE, and other areas of concern to the school
- Providing, with the Headteacher, a termly report for the Local Governing Body and Board of Trustees, detailing any changes to the policy and procedures; training undertaken by the DSL, and by all staff and governors; number and type of incidents/cases, and number of children on the child protection register (anonomised)
- It is the responsibility of all staff, including staff working in EYFS, to follow School's Staff Behaviour Policy, which states that mobile phones and other personal electronic devises must not be used within the classroom environment or when working with learners within formal school time. **Mobile phones must be securely held away from learners. Staff must never use their mobile phones in the presence of children or where children may be present.**

Supporting Children

- We recognise that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self worth.
- We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm.
- We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
- We recognise that children are capable of abusing their peers and will ensure that procedures are in place to minimise this, and so that those children or another peer feel confident to report this in the knowledge that it will be appropriately investigated and responded to. This abuse is taken as seriously as all other forms of abuse and will not be tolerated in our school/setting/establishment. Victims will be offered appropriate support in all cases.
- Children and Young Peoples wishes and feelings are paramount to any service intervention and their voice should be recognised and listened to. Within Working Together the expressed wishes of young people were identified.

Children have said what they need:

- Vigilance; to have adults notice when things are troubling them
- Understanding and action; to understand what is happening, to be heard and understood; and to have that understanding acted upon
- Stability; to be able to develop and on-going stable relationship of trust with those helping them
- Respect; to be treated with the expectation that they are competent rather than not
- Information and engagement; to be informed and involved in procedures, decisions, concerns and plans
- Explanation; to be informed of the outcome of assessments and decisions reasons why their views have not met with a positive response
- Support; to be provided with support in their own right as well as a member of their family
- Advocacy; to be provided with advocacy to assist them in putting forward their views.

Our school will support all children by:

- Encouraging self-esteem and self-assertiveness, through the curriculum as well as our relationships, whilst not condoning aggression or bullying.
- Promoting a caring, safe and positive environment within the school.
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children.

- The School will consider the need for an Early Help Assessment⁴ (EHA) when it is identified that there are low level concerns or emerging needs. This process provides a way of recording support and interventions that have been provided by the school to the child/young person and also supports a referral for additional support that may be needed from more targeted services where a single agency has been unable to meet that need. An EHA can be arranged to ensure that a multi-agency action plan can be developed. It is important that the child and parent's voice are captured as part of this assessment and that they take ownership of the plan. This plan should be regularly reviewed normally up to 4 to 6 weeks until outcomes are achieved. For more information of the Early Help Assessment, please see appendix 5.
- If at any point during the EHA process risk increases and the school becomes concerned that the child is or is likely to suffer significant harm then a referral will be made to Children's Social Care.
- Notifying Social Care as soon as there is a significant concern.
- Providing continuing support to a child about whom there have been concerns who leaves the school, by ensuring that appropriate information is copied under confidential cover to the child's new setting and ensuring the school medical records are forwarded as a matter of priority.
- Dealing with incidents sensitively and appropriately and promptly.
- Ensuring that in school incidents of peer on peer abuse including sexting, inappropriate touching and bullying are promptly and appropriately dealt with and supported. For more information on sexting and peer on peer abuse, see appendix 4
- We will endeavour to ensure that, where possible the school holds more than one emergency contact for pupils.

Confidentiality

- We recognise that all matters relating to child protection are confidential.
- The Headteacher or DSLs will disclose any information about a child to other members of staff on a need to know basis only.⁵
- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.
- We will always undertake to share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation.

⁴ The Early Help Assessment is Wigan's response to the statutory duty to cooperate (Children Act 2004) and it replaces the CAF process.

⁵ Guidance about sharing information, can be found in the DfE booklet 'Information sharing guidance for practitioners and managers' DCSF-00807-2008 (archived)

Supporting Staff

- We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.
- We will support such staff by providing an opportunity to talk through their anxieties with the DSLs and to seek further support as appropriate.

Allegations against staff

- All school staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.
- All Staff should be aware of Guidance on Behaviour Issues, and the school's own Behaviour Management policy.
- Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction⁶
- We understand that a pupil may make an allegation against a member of staff.
- If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Headteacher⁷.
- The Headteacher on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO).

<https://www.wigan.gov.uk/WSCB/Professionals/LADO.aspx/>

- If the allegation made to a member of staff concerns the Headteacher, the person receiving the allegation will immediately inform the Chair of the Trust who will consult the LADO, without notifying the Headteacher first.
- The school will follow the Trust's procedures for managing allegations against staff. Under no circumstances will we send a child home, pending such an investigation, unless this advice is given exceptionally, as a result of a consultation with the LADO.
- Suspension of the member of staff, excluding the Headteacher, against whom an allegation has been made, needs careful consideration, and the Headteacher will seek the advice of the LADO and Personnel Consultant in making this decision.
- In the event of an allegation against the Headteacher, the decision to suspend will be made by the Chair of the Trust with advice from the LADO.

⁶ Refer to "Guidance for Safe Working Practice for the Protection of Children and Staff in Education Settings" available on the DfE website

⁷ or Chair of the Trust in the event of an allegation against the Headteacher

- We have a procedure for managing the suspension of a contract for a community user in the event of an allegation arising in that context.

Whistle-blowing

- We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.
- All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. If it becomes necessary to consult outside the school, they should speak in the first instance, to the Area Education Officer/LADO following the Whistleblowing Policy.
- Whistle-blowing regarding the Headteacher should be made to the Chair of the Trust whose contact details are readily available to staff (as pertinent to setting).
- Where a member of staff feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistle blowing channels may be open to them. General guidance can be found at :

<https://www.gov.uk/whistleblowing/what-is-a-whistleblower/>

<https://www.nspcc.org.uk/fighting-for-childhood/news-opinion/new-whistleblowing-advice-line-professionals/>

Physical Intervention

- We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.
- Such events should be recorded in the school's bound and numbered book and signed by a witness.
- Staff who are likely to need to use physical intervention will be appropriately trained in the *Team Teach* technique.
- We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.
- We recognise that touch is appropriate in the context of working with children, and all staff have been given 'Safe Practice' guidance to ensure they are clear about their professional boundary.⁸

⁸ 'Guidance on Safer Working Practices is available on the DfE website

Anti-Bullying

- Our school policy on anti-bullying is set out in a separate document and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes all forms e.g. cyber, racist, homophobic and gender related bullying. We keep a record of known bullying incidents. All staff are aware that children with SEND and / or differences/perceived differences are more susceptible to being bullied / victims of child abuse. We keep a record of bullying incidents.

Racist Incidents

- Our policy on racist incidents is set out separately, and acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures. We will keep a record of racist incidents and these are reported to the Local Governing Body and Board of Trustees.

Prevention

- We recognise that the school plays a significant part in the prevention of harm to our children by providing children with good lines of communication with trusted adults, supportive friends and an ethos of protection.
- The school community will therefore:
 - Work to establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
 - Include regular consultation with children e.g. through safety questionnaires, participation in anti-bullying week, asking children to report whether they have had happy/sad lunchtimes/playtimes.
 - Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.
 - Include safeguarding across the curriculum, including PSHE, opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help. In particular this will include anti-bullying work, e-safety, road safety, pedestrian and cycle training. Also focused work in Year 6 to prepare for transition to Secondary school and more personal safety/independent travel.
- We will ensure that appropriate ICT filters and monitoring are in place to ensure safety online. The school will ensure that online safety is included in the curriculum.

Health & Safety

- Our Health & Safety policy, set out in a separate document, reflects the consideration we give to the protection of our children both physically within the school environment, and for example in relation to internet use, and when away from the school and when undertaking school trips and visits.

Social Media Policy

- The relevant e-safety policy reflects the consideration given to safe use of social media for staff. The school community will:
- Ensure all staff are aware of school guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks.

Safeguarding Children and Young People Vulnerable to Violent Extremism (PREVENT DUTY)

- “Protecting children from the risk of radicalisation should be seen as part of schools’ wider safeguarding duties... Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism...There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology....As with managing other safeguarding risks, schools should be alert to changes in children’s behaviour that could indicate that they are in need of protection.
- School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately. This may include making a referral to the Channel programme” Please see KCSIE 2018 for more information
- Our school safeguarding policy therefore complies with the schools duty under Section 26 of the Counter Terrorism and Security Act 2015 in accordance with the Department of Education advice for schools specific guidance for schools:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-departmental-advice-v6.pdf
- Our school safeguarding policy and actions are aligned to also reflect the processes described in the Greater Manchester Safeguarding Partnership Procedures:
http://greatermanchesterscb.proceduresonline.com/chapters/p_sg_vio_ext.htm
- Our school governors, Trustees, the Head Teacher and the Designated Safeguarding Lead will assess the level of risk within the school and put actions in place to reduce that risk. Risk assessment may include consideration of the school’s Religious Education curriculum, SEND policy, assembly policy, e-safety policy, the use of school premises by external agencies, integration of children by gender and SEN, anti-bullying policy and other issues specific to the school’s profile, community and philosophy. In addition, the school Prevent Action Plan template may be used to demonstrate how the organisation is fulfilling the prevent duty. This risk assessment will be reviewed as part of the annual s175 return that is monitored by the local authority and the local safeguarding children board.

Children at risk of sexual exploitation (CSE):

- 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.
- The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether

- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
 - mood swings, volatile behaviour, emotional distress
 - self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
 - drug or alcohol misuse
 - getting involved in crime
 - police involvement, police records
 - involved in gangs, gang fights, gang membership
 - injuries from physical assault, physical restraint, sexual assault.
- Our school will ensure that the Designated Safeguarding Lead and other key staff are trained in spotting the possible signs of child sexual exploitation outlined in Appendix One (this is not an exhaustive or definitive list).
 - Our school safeguarding policy will align with the Greater Manchester Safeguarding Partnership Guidance on Child Sexual Exploitation http://greatermanchesterscb.proceduresonline.com/chapters/p_sg_ab_sexual_exploit.html#preventing
 - The referral pathway for children where concerns regarding Child Sexual Exploitation have been raised is via the Professional Referral Form
 - <https://www.wigan.gov.uk/WSCB/Professionals/Report-it-as-a-professional.aspx>

Female Genital Mutilation:

With effect from 3 May 2015, the Female Genital Mutilation Act 2003 was amended by the Serious Crime Act 2015. The law is extended so that:

- A non-UK national who is 'habitually resident' in the UK and commits such an offence abroad can now face a maximum penalty of 14 years imprisonment. It is also an offence to assist a non-UK resident to carry out FGM overseas on a girl who is habitually, rather than only permanently, resident in the UK. This follows a number of cases where victims were unable to get justice as FGM was committed by those not permanently residing in the UK;
- A new offence is created of failing to protect a girl from the risk of FGM. Anyone convicted can face imprisonment for up to seven years and/or an unlimited fine;
- Anonymity for victims of FGM. Anyone identifying a victim can be subject to an unlimited fine.
- Our school Designated Safeguarding Lead will maintain up to date knowledge of and work in line with the Greater Manchester Safeguarding Partnership Protocol to Female Genital Mutilation http://greatermanchesterscb.proceduresonline.com/chapters/p_fgm.html#local_terms/

- It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM. For more information of FGM, please see appendix 6.

Peer on Peer Abuse

- All Staff need to be aware that safeguarding issues can manifest themselves as peer on peer abuse. This may include, but may not be limited to bullying, cyber bullying, sexual violence, upskirting, sexual harassment and inappropriate behaviour such as sexting. See appendix 4
- Where there is concern about a child's behaviour towards other children the school will follow the procedures established by the Local Children's Safeguarding Board and Part 5 of Keeping Children Safe in Education (September 2019), which refers to child on child sexual violence and sexual harassment.
- We will endeavour to minimise the risk of peer on peer abuse. We recognise that abuse is abuse and are determined to ensure that it is never be tolerated or passed off as "banter", "just having a laugh" or "part of growing up." We recognise the gendered nature of peer on peer abuse (i.e. that it is more likely that girls will be victims and boys perpetrators) but that all peer on peer abuse is unacceptable and will be taken seriously whatever the age, gender or background of the pupils.
- It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.
- Action following a report of sexual violence and/or sexual harassment we will should consider:
 - the wishes of the victim in terms of how they want to proceed
 - the nature of the alleged incident
 - the ages of the children involved
 - the development stages of the children involved
 - any power imbalance between the children
 - is the incident a one-off or a sustained pattern of abuse
 - are there ongoing risks to the victim, other children, school or college staff
 - contextual safeguarding issues
- As always, all staff should act in the best interests of the child, however where a child has been harmed, is at risk of harm, or is in immediate danger, we will always make a referral to local children's Social Care.
- All allegations of peer on peer abuse will be recorded in CPOMS. Any note taking will be in line with the guidance given in Part 5 of KCSIE 2019. Allegations will be thoroughly and sensitively investigated in line with school policies for investigating other forms of assault and/or bullying. When there has been a report of sexual violence, the designated safeguarding lead (or deputy) will make an immediate risk and needs assessment. Where there has been a report of sexual harassment, the need for a risk assessment will be considered on a case-by-case basis.

- The risk and needs assessment will consider:
 - the victim, especially their protection and support
 - the alleged perpetrator
 - all the other children (and, if appropriate, adult students and staff) at the school
 - any actions that are appropriate to protect them
- Risk assessments will be kept under review.
- The designated safeguarding lead (or deputy) will ensure they are engaging with children's Social Care and specialist services as required. Any report to the police will generally be in parallel with a referral to children's Social Care.
- Victims, perpetrators and any other child affected by peer on peer abuse will be supported through work with our pastoral staff

Children Missing From Education

- A child going missing from education is a potential indicator of abuse or neglect and such children are at risk of being victims of harm, exploitation or radicalisation. School staff will follow their procedures for unauthorised absence and for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future. It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones and female genital mutilation.
- **Where reasonably possible, our schools will hold more than one emergency contact number for each pupil. Wherever possible, we will strive to make contact with a responsible adult when a child who is from missing education is also identified as a welfare and/or safeguarding concern.**
- The school will notify the local authority within ten days when a pupil's name is added to the admission register other than at the start of the Reception year. The school will also notify the local authority via the census return when a pupil's name is to be deleted from the admission register as soon as the ground for deletion is met and no later than the time at which the pupil's name is deleted from the register.
- We recognise that it is essential that schools comply with these duties, so that local authorities can, as part of their duty to identify children of compulsory school age who are missing education, follow up with any child who might be at risk of not receiving an education and who might be at risk of being harmed, exploited or radicalised.
- The school will inform the local authority of any pupil who is going to be deleted from the admission register where they:
 - have been taken out of school by their parents and are being educated outside the school system e.g. home education
 - have ceased to attend school and no longer live within reasonable distance of the school at which they are registered
 - have been certified by the school medical officer as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither he/she nor his/her parent has indicated the intention to continue to attend the school after ceasing to be of compulsory school age
 - are in custody for a period of more than four months due to a final court order and the proprietor does not reasonably believe they will be returning to the school at the end of that period, or have been permanently excluded.
- The school will inform the local authority of any pupil who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 10 school days or more, at such intervals as are agreed between the school and the local authority

Children Transferring to New Schools

- Where children leave any of our schools, the designated safeguarding lead will ensure their child protection file is transferred to the new school as soon as possible, ensuring secure transit, and confirmation of receipt. This file will be transferred separately from the main pupil file. Where new pupils are received at any of our schools we will ensure that key staff such as designated safeguarding leads and SENCOs are aware of any additional needs or circumstances.

Opportunities to Teach Safeguarding Within the Curriculum

All pupils are taught about how to keep themselves safe as part of the curriculum. This includes PSHE, and age appropriate sex and relationship education (SRE) Subjects covered include e-safety, anti-bullying, and, from time to time, programmes are delivered by external groups such as the NSPCC and Building Stronger Communities. Our schools also teach children about how to stay safe online and the use of modern media including mobile phones. This includes information about the consequences of activities such as sexting.

Children Looked After

- We recognise the vulnerability of looked after children **and** those that have been previously looked after.
- The school will regularly seek information from parents to check the for any children who have been previously looked after.
- We will ensure that the designated people with responsibility for looked after children have appropriate training.
- Each named person should have the information they need in relation to a child's looked after legal status (whether they are looked after under voluntary arrangements with consent of parents or on an interim or full care order) and contact arrangements with birth parents or those with parental responsibility.
- They should also have information about the child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her.
- The designated safeguarding lead, through the designated teachers for looked after children, should have details of the child's social worker and the name of the virtual school head in the authority that looks after the child.

Children with Family Members in Prison

- From time to time, we have children in school who have family members in prison. Research suggests that these children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. That said, we will work to avoid having low expectations of these children. Our school will endeavour to support these children and their families especially through the work of our Pastoral Team.

Criminal Exploitation

- We are aware that criminal exploitation of children is a possibility. When we become aware of any issues, they must be reported to the appropriate authorities.

Children with Special Educational Needs and Disabilities

- Staff should be aware that children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. These can include:
 - assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
 - being more prone to peer group isolation than other children
 - the potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
 - communication barriers and difficulties in overcoming these barriers

We recognise that some of these children may need additional pastoral support.

Fabricated Illness

There are three main ways of fabricating or inducing illness in a child:

- Fabrication of signs and symptoms; this may include fabrication of past medical history;
- Falsification of hospital charts, records, letters, documents, or specimens of bodily fluids;
- Induction of illness by a variety of means.

Behaviours exhibited by parents/carers when fabricating or inducing illness in a child can include the following:

- Deliberately inducing symptoms in children by administering medication or other substances, or by means of suffocation;
- Interfering with treatments by overdosing, not administering them or interfering with medical equipment
- Obtaining specialist treatments or equipment for children who do not require them;
- Exaggerating symptoms
- Claiming that the child has symptoms, which are unverifiable, unless observed directly, such as pain, frequency of passing urine, vomiting, or fits. These claims result in unnecessary investigations and treatments which may cause secondary physical problems;
- Alleging psychological illness in a child.

Fabricated or induced illness is often, but not exclusively, associated with emotional abuse.

There are a number of factors that teachers and other school staff should be aware of that can indicate that a pupil may be at risk of harm. Some of these factors can be:

- Frequent and unexplained absences from school, particularly from PE lessons;
- Regular absences to keep a doctor's or a hospital appointment; or
- Repeated claims by parent(s) that a child is frequently unwell and that he/she requires medical attention for symptoms which, when described, are vague in nature, difficult to diagnose and which teachers/ early years staff have not themselves noticed eg headaches, tummy aches, dizzy spells, frequent contact with opticians and/or dentists or referrals for second opinions.
- The child may disclose some form of ill-treatment to a member of staff or might complain about multiple visits to the doctor. Either the child or his or her parent(s) may relate conflicting or patently untrue stories about illnesses, accidents or deaths in the family. Where there is a sibling in the same institution, teachers/ early years staff should discuss their concerns with each other to see if children of different ages in the same family are presenting similar concerns.
- There are also circumstances under which a child will demonstrate his or her anxiety or insecurity by presenting symptoms of an illness that will allow them to stay at home. This may occur as a response to family problems, for example, as a reaction to a parent is ill, who has been in hospital or, after a divorce or separation, but this is not an aspect of fabricated or induced illness.

Any professional or member of staff working at Trust school, who is concerned about the possibility of illness being fabricated or induced in a child, should follow the school's child protection procedures for safeguarding children.

Private Fostering

- Parents and carers often fail to notify schools about private fostering arrangements, even though they are legally required to notify Children's Services. Often this is because they are unaware of the requirements. They believe that this is a private family arrangement which does not concern anybody else. This lack of awareness means that many privately fostered children remain hidden and can be vulnerable.
- Private fostering occurs when a child under the age of 16 (under 18, if disabled) is provided with care and accommodation by a person who is not a parent or person with parental responsibility for them or a relative in their own home. A child is not privately fostered if the person caring for and accommodating them has done so for less than 28 days and does not intend to do so for longer.
- Such arrangements may come to the attention of school staff at our schools. Where a member of staff or volunteer at a school or college identifies that a private fostering arrangement is planned, or is in place, this must be raised with the designated safeguarding lead (or deputy). They will then notify the local authority to allow the local authority to check the arrangement is suitable and safe for the child.

Domestic Abuse

- Domestic abuse is a significant issue for some of our families
- This abuse involves controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.
- The abuse can encompass, but is not limited to:
 - psychological
 - physical
 - sexual
 - financial
 - emotional
- We recognise that exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people

can also occur within their personal relationships, as well as in the context of their home life.

- Staff should be aware that any disclosures made by children may have a background in domestic abuse and that this abuse may be part of an overall pattern of abuse or violence towards women and girls in the family. That said, domestic abuse can also be experienced by males and assumptions should not be made based on the gender of perpetrators of domestic abuse.
- School participates in the Encompass initiative. The DSL is informed of any domestic incidents that have been reported to the police. These are logged on CPOMS and relevant staff are informed

Homelessness

- Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The Pastoral Team should be aware of contact details and referral routes via Early Help and Startwell. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. A referral into children's social care should always be made where a child has been harmed or is at risk of harm.

Honour-Based Violence

- So-called 'honour-based' violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important that staff are aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, staff in school, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

Modern Day Slavery

- Modern Day Slavery is not unknown in the areas we serve. From 1 November 2015, specified public authorities have a duty to notify the Home Office of any individual encountered in England and Wales who they believe is a suspected victim of slavery or human trafficking. Further information can be obtained from Liverpool Safeguarding Children Board (LSCB) and other local board

Intimate Care

- We are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain. The Intimate Care Policy regarding children has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

Beginning and End of Day Procedures

- Procedures for ensuring children are safely brought to and from school can be found in the staff handbook. Additionally school holds a list of children who have restricted pick-ups or who have passwords in place. This is emailed to staff on a regular basis.

Monitoring and Evaluation

Our Child Protection Policy and Procedures will be monitored and evaluated by:

- Local Governing Body and Board of Trustees visits to the school
- SLT 'drop ins' and discussions with children and staff
- Pupil surveys and questionnaires
- Scrutiny of exclusion and attendance data
- Scrutiny of a range of risk assessments
- Scrutiny of Local Governing Body and Board of Trustees minutes
- Logs of bullying/racist/behaviour / e-safety incidents for Senior Leadership Team and Local Governing Body and Board of Trustees to monitor
- Review of parental concerns and parent questionnaires
- Review of the use of intervention strategies such as nurture room and isolation room

In addition to the risk identified in relation to Prevent, CSE, FGM, Orrell Lamberhead Green has identified pertinent local risks. These are addressed in appendix 8

This policy also links to our policies on:

<i>Behaviour,</i>	<i>Code of Conduct</i>
<i>Whistleblowing,</i>	<i>Anti-bullying,</i>
<i>Health & Safety</i>	<i>Allegations against staff,</i>
<i>Attendance,</i>	<i>Curriculum</i>
<i>PSHE</i>	<i>Teaching and Learning</i>
<i>Administration of medicines</i>	<i>Drug Education</i>
<i>Risk Assessment</i>	<i>Sex and Relationships Education</i>
<i>Physical intervention</i>	<i>E-Safety, including staff use of mobile phones</i>
<i>Recruitment and Selection</i>	<i>Intimate Care</i>

Appendix one

Recognising signs of child abuse

Categories of Abuse:

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse
- Neglect

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 extremely angry or sad or depressed
- Children who deliberately hurt themselves
- Children who have bruises that are not explained
- Children who are aggressive or display attention seeking behaviour
- 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
- Children who display inappropriate sexual behaviours

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and / or referral to Children's Services

The absence of such indicators does not mean that abuse or neglect has not occurred. It is important to note 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.

In an abusive relationship the child may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

Recognising Physical Abuse

- 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.

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a “cry for help” and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- There is an unexplained fracture in the first year of life

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

Recognising Emotional Abuse

- 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.
- 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.

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse. The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scapegoated within the family e.g. parents and carers blaming their problems on the child or humiliating them by name calling or making negative comparisons
- Frozen watchfulness, particularly in pre-school children
- Low self esteem and lack of confidence
- Withdrawn or seen as a “loner” – difficulty relating to others

Recognising Neglect

- 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 staff 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.

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

Recognising Signs of Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family. Many young children who are victims of themselves do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural. These have a long term and lasting impact on mental health.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is "acting out" which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Assessment

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- **Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- **Consent** – agreement including all the following:
 - Understanding that is proposed based on age, maturity, development level, functioning and experience
 - Knowledge of society's standards for what is being proposed
 - Awareness of potential consequences and alternatives
 - Assumption that agreements or disagreements will be respected equally
 - Voluntary decision
 - Mental competence
- **Coercion** – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

Appendix two: What staff should do if they have concerns about a child or a child makes a disclosure:

If a child makes a disclosure:

- react calmly
- reassure the child that they were right to tell and that they are not to blame
- take what the child says seriously
- Keep questions open and to an absolute minimum to ensure a clear and accurate understanding of what has been said. Don't ask about explicit details unless advised by the duty team (noting the name of the advisor and the advice given)
- Where possible use TED questions
 - Tell me...
 - Explain to me...
 - Describe...
- reassure but do not promise confidentiality, which might not be feasible in the light of subsequent developments
- inform the child/young person what you will do next
- make a full and written record of what has been said/heard as soon as possible, preferably on electronically on CPOMS; If CPOMS is not available, go directly to one of the Designated Safeguarding Leads
- do not delay in passing on the information to the designated safeguarding lead or where appropriate one of the deputies who will be able to help staff to decide what should be done next
- A written report should be completed(via CPOMS if possible) and should include the following:
 - the child's name, age and date of birth
 - whether or not the person making the report is expressing their own concerns or those of someone else
 - the nature of the allegation, including dates, times and special factors and other relevant information
 - make a clear distinction between what is fact, opinion or hearsay
 - a description of any visible bruising or other injuries
 - also any indirect signs, such as any behavioural changes
 - details of witnesses to the incidents
 - the child's account, if it can be given, of what has happened
- Any disclosures or concerns, including concerns raised by other children or a third party should be reported via the school's designated safeguarding lead. The safeguarding lead will usually decide whether to make a referral to children's social care.

- Our aim is to create an open culture, where staff and parents feel confident to raise concerns or to challenge senior leaders if they feel their concerns have not been robustly followed up.
- In exceptional circumstances, such as in emergency or if there is a genuine concern that appropriate action has not been taken, staff members or parents can speak directly to children's Social Care.

If a child is in immediate danger, the police should be contacted.

Staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the school or college and/or can occur between children outside school. All staff, but especially the designated safeguarding lead (or deputy), should be considering the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. We are aware that wider environmental factors are often a concern in our school (see Appendix 7).

Appendix Three: Child Protection Procedure

Child Protection Procedure for Greengate Academy Trust

Staff are concerned about a child

Lamberhead Green Academy
Enter concern via CPOMS. If CPOMS is not available and for MDSAs, speak directly to DSL or DDSL

If a child reports that they are in danger or have been harmed, you MUST tell a member of the CP team immediately

Holgate Academy
Speak directly to the DSL or DDSL

Designated staff action the concern and monitor children

The School will consider the need for a Start Well referral or an Early Help Assessment (EHA)

Child is at risk or harm

If designated officers believe the risk increases and become concerned that the child is or is likely to suffer significant harm, then a referral will be made to Children's Social Care and they will investigate our concerns.

The case is then open to a Social Worker
OR
A social worker will refer the family to a different agency for further support (E.g. Startwell, CAMHS)
OR
Social Care will consider no action needed and school will monitor

Appendix four: Sexting

If an incident involving 'sexting' comes to your attention, it will be reported to the Designated Safeguarding Lead (DSL) immediately.

Procedures for Staff:

- Never view, download or share the imagery yourself, or ask a child to share or download – this is illegal.
- If you have already viewed the imagery by accident (e.g. if a child has showed it to you before you could ask them not to), report this to the DSL.
- Do not delete the imagery or ask the child to delete it.
- Do not ask the child or children who are involved in the incident to disclose information regarding the imagery. This is the responsibility of the DSL.
- Do not share information about the incident to other members of staff, the child/children it involves or their, or others parents and/or carers.
- Do not say or do anything to blame or shame any children involved.
- Do explain to them that you need to report it and reassure them that they will receive support and help from the DSL.
- Further advice regarding responding to sexting in school can be found here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/609874/6_2939_SP_NCA_Sexting_In_Schools_FINAL_Update_Jan17.pdf

Appendix five: Early Help

- All staff should be aware of the Early Help process, and understand their role within it. We recognise that staff in our schools should be providing support for pupils as soon as a problem is identified, Staff should in the first instance discuss early help requirements with a member of the safeguarding team. Early Helps are led by our Learning Mentors and supported by Startwell.
- Any child may benefit from Early Help, but staff should be particularly alert to the potential need for early help for a child who:
 - is disabled and has specific additional needs
 - has special educational needs, whether or not they have a statutory education, health and care plan
 - is a young carer
 - is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups
 - is frequently missing/goes missing from care or from home
 - is misusing drugs or alcohol themselves
 - Is at risk of modern slavery, trafficking or exploitations in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse
 - has returned home to their family from care
 - is showing early signs of abuse and/or neglect
 - is at risk of being radicalised or exploited
 - is a privately fostered child
 - is persistently absent from school

Appendix six: FGM and Forced Marriage

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

Circumstances and occurrences that may point to FGM happening

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about

- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

The 'One Chance' rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that settings /schools/colleges take action **without delay**.

Forced Marriage (FM)

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a school or through a third party.

Appendix seven: Safer Recruitment

When recruiting staff;

- Statutory checks will be made on the background of all who work within the trust including Section 128 checks for those in management positions
- At least one person on each panel will have safer recruitment training
- Written references will always be sought
- When recruiting volunteers, the Trust's Safer Recruitment Policy will be followed
- Under no circumstances should a volunteer in respect of whom no checks have been obtained be left unsupervised or allowed to work in regulated activity
- Although there is no legal requirement for supervised volunteers to obtain a DBS certificate, it is the Trust's policy that an enhanced DBS certificate will be obtained
- If a volunteer is to be unsupervised, we would always request an enhanced DBS certificate with a barred list check

Appendix eight: Sexual Violence and Sexual Harassment

Sexual Violence

Rape: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

What is consent? Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

Sexual harassment

When referring to sexual harassment we mean 'unwanted conduct of a sexual nature' that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment. Sexual harassment is likely to: violate a child's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

Whilst not intended to be an exhaustive list, sexual harassment can include:

- sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- sexual "jokes" or taunting;
- physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes and displaying pictures, photos or drawings of a sexual nature; and
- online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:
 - non-consensual sharing of sexual images and videos;
 - sexualised online bullying;
 - unwanted sexual comments and messages, including, on social media;
 - sexual exploitation; coercion and threats; and
 - upskirting.

Upskirting

'Upskirting' typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is now a criminal offence.

Appendix Nine: Local Circumstances

It should be recognised however that **any issue could occur in any school** and everyone should be **vigilant at all times** where the safeguarding of children is concerned.

Risks: Low-L Medium- M High- H

School	Risk	Community	Risk	Safeguarding	Risk
Compliancy	L	Gang culture	M	Neglect	H
CLA	M	Crime	M	CME	L
		Poverty	H	CSE	M
		Mental Illness	M	FGM	L
		Drugs/Alcohol	H	Forced Marriage	L
		Housing	H	Domestic Abuse	H
		Mobility	L	Extremism	H
				Criminal Exploitation	M
				Fabricated Illness	M
				Private Fostering	M
				Modern Day Slavery	L
				Children with family member in prison	M