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# Our Lady Immaculate Catholic Primary School Safeguarding & Child Protection Policy

Date: March 2018

Review Date: March 2019

**Governors' Committee Responsible:** Welfare Committee

**Governor Lead:** Rev. John Gorman

**Nominated Lead Member of Staff:** Mrs. Rachel Keating

**Status & Review Cycle:** Statutory Annual

**Date Adopted by Governors:** March 2018

**Next Review Date:** March 2019

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## **1.0 Introduction**

1.1 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' 2013  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.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' 2016:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/550511/Keeping\\_children\\_safe\\_in\\_education.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550511/Keeping_children_safe_in_education.pdf)

1.2 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>

1.3 The Governing body 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.

1.4 We recognise that safeguarding is everybody's responsibility 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.

1.5 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.

1.6 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:

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

and here in Chapter one:

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

1.7 The aims of this policy are:

1.7.1 To support the child's development in ways that will foster security, confidence and independence.

1.7.2 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.

1.7.3 Ensuring an asset and strength based approach to work with children, young people and their families, building on strengths.

1.7.4 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 (Reference Appendices 1 and 2)

1.7.5 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.

1.7.6 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.

1.7.7 To emphasise the need for good levels of communication between all members of staff and partner agencies

1.7.8 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](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550416/Children_Missing_Education_-_statutory_guidance.pdf)

1.7.9 To develop and promote effective working relationships with other agencies, especially the Police, Health and Social Care.

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1.7.10 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)<sup>1</sup>, and a central record is kept for audit.

1.7.11 The policy is underpinned by The Deal; an informal agreement between the council and the community to create a better borough, developing a new relationship between public services and communities working to develop a Confident Place with Confident People.

1.7.12 Under the principles of The Deal adopting an asset based approach which focusses on the strengths of individuals, families and communities.

1.7.13 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.

1.7.14 This includes 'Schools in Action', an initiative involving a range of council services working in partnership 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>

## **2.0 Safe School, Safe Staff**

2.1 We will ensure that:

2.1.1 All members of the governing body understand and fulfil their responsibilities, namely to ensure that:

- there is a Safeguarding & Child Protection policy together with a staff code of conduct
- 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
- 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 there is a Deputy safeguarding lead with the same level of training and knowledge (May be more than one)
- 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

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

- any weaknesses in Child Protection are remedied immediately
- a member of the Governing Body, usually the Chair, is nominated to liaise with 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 the Safeguarding & Child Protection policy is available on the school website or by other means
- the Governing Body 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 of independent, academy, non-maintained special schools
- Governing bodies 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

2.1.2 The Lead DSL, Mrs. Rachel Keating, is a member of the Senior Leadership Team. The Deputy Designated safeguarding lead is Miss Jade Rodgers. These Officers have undertaken the relevant training, and, upon appointment will undertake 'DSL new to role' training followed by biannual updates.

2.1.3 The DSL's who are involved in recruitment and at least one member of the governing body will also complete safer recruitment training to be renewed every 3 years.

2.1.4 ALL members of staff and volunteers are provided with child protection awareness information at induction, including in their arrival pack, the school safeguarding statement so that they know who to discuss a concern with.

2.1.5 ALL members of staff are trained in and receive regular updates in safeguarding and e-safety and reporting concerns.

2.1.6 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.

2.1.7 All members of staff, volunteers, and governors know how to respond to a pupil who discloses abuse through delivery of the Awareness Raising pack, regular training and updates.

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2.1.8 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.

2.1.9 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.

2.1.10 Our lettings policy will seek to ensure the suitability of adults working with children on school sites at any time.

2.1.11 Community users organising activities for children are aware of the school's child protection guidelines and procedures.

2.1.12 We will ensure that child protection type concerns or allegations against adults working in the school are referred to the LADO<sup>2</sup> 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)<sup>3</sup> 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.

2.2 Our procedures will be regularly reviewed and up-dated.

2.3 All appointments will be subject to a Teachers Prohibition Orders Check in addition to a DBS check.

2.4 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.

2.5 All Staff will read and sign to confirm they have understood Part 1 of 'Keeping Children Safe in Education 2016:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/550499/Keeping\\_children\\_safe\\_in\\_education\\_Part\\_1.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550499/Keeping_children_safe_in_education_Part_1.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.

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

### **3.0 Responsibilities**

3.1 The designated DSLs are responsible for:

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3.1.1 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.

2 LADO Local Authority Designated Officer for allegations against staff. AEO Area Education Officer  
3 Contact the LADO for guidance in any case

3.1.2 Keeping written records of concerns about a child even if there is no need to make an immediate referral.

3.1.3 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.

3.1.4 Ensure that a record is kept and witnessed of the disposal of individual's records.

3.1.5 Children Looked After records must be retained for 99 years.

3.1.6 Ensuring that an indication of the existence of the additional file in 3.1.3 above is marked on the pupil records.

3.1.7 Liaising with other agencies and professionals and sharing information appropriately and without delay.

3.1.8 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.

3.1.9 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.

3.1.10 Organising child protection induction, and update training every 3 years, for all school staff.

3.1.11 Providing, with the Head teacher, an annual report for the governing body, 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 (anonymised)

## **4.0 Supporting Children**

4.1 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.

4.2. 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.

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4.3. 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.

4.4. 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. Victims will be offered appropriate support in all cases.

4.5. 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 an 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.

4.6. Our school will support all children by:

4.6.1 Encouraging self-esteem and self-assertiveness, through the curriculum as well as our relationships, whilst not condoning aggression or bullying.

4.6.2 Promoting a caring, safe and positive environment within the school.

4.6.3 Liaising and working together with all other support services and those agencies involved in the safeguarding of children.

4.6.4 The School will consider the need for an Early help Assessment<sup>4</sup> (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

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they take ownership of the plan. This plan should be regularly reviewed normally up to 4 to 6 weeks until outcomes are achieved.

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

4.6.5 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.

4.6.6 Notifying Social Care as soon as there is a significant concern.

4.6.7 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.

4.6.8 Dealing with incidents sensitively and appropriately and promptly.

4.6.9 Ensuring that in school incidents of peer on peer abuse including sexting, inappropriate touching and bullying are promptly and appropriately dealt with and supported.

## **5.0 Confidentiality**

5.1 We recognise that all matters relating to child protection are confidential.

5.2 The Headteacher or DSLs will disclose any information about a child to other members of staff on a need to know basis only.

5.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

5.4 All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.

5.5 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.

## **6.0 Supporting Staff**

6.1 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.

6.2 We will support such staff by providing an opportunity to talk through their anxieties with the DSLs and to seek further support as appropriate.

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

## **7.0 Allegations against staff**

7.1 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.

7.2 All Staff should be aware of Guidance on Behaviour Issues, and the school's own Behaviour policy.

7.3 Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction<sup>6</sup>.

7.4 We understand that a pupil may make an allegation against a member of staff.

7.5 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 Headteacher<sup>7</sup>.

7.6 The Head teacher 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>

7.7 If the allegation made to a member of staff concerns the Head teacher, the person receiving the allegation will immediately inform the Chair of Governors who will consult as in 7.6 above, without notifying the Head teacher first.

7.8 The school will follow Wigan Council'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.

7.9 Suspension of the member of staff, excluding the Head teacher, against whom an allegation has been made, needs careful consideration, and the Head teacher will seek the advice of the LADO and Personnel Consultant in making this decision.

7.10 In the event of an allegation against the Head teacher, the decision to suspend will be made by the Chair of Governors with advice as in 7.8 above.

7.11 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.

## **8.0 Whistle-blowing**

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8.1 We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

<sup>6</sup> Refer to “Guidance for Safe Working Practice for the Protection of Children and Staff in Education Settings” available on the DfE website

<sup>7</sup> or Chair of Governors in the event of an allegation against the Headteacher

8.2 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.

8.3 Whistle-blowing regarding the Head teacher should be made to the Chair of the Governing Body whose contact details are readily available to staff.

8.4 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>

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

## **9.0 Physical Intervention**

9.1 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.

9.2 Such events should be recorded and signed by a witness.

9.3 Staff who are likely to need to use physical intervention will be appropriately trained in the *Team Teach* technique.

9.4 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.

9.5 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.<sup>8</sup>

## **10.0 Anti-Bullying**

10.1 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.

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

## **11.0 Racist Incidents**

11.1 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.

## **12.0 Prevention**

12.1 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.

12.2 The school community will therefore:

12.2.1 Work to establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.

12.2.2 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.

12.2.3 Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.

12.2.4 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.

12.2.5 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.

## **13.0 Health & Safety**

13.1 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.

## **14.0 Social Media Policy**

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14.1 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.

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

15.1 “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.

15.2 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” (Keeping Children Safe in Education, Department for Education, July 2015) Full detail can be found here:

**[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/447595/KCSIE\\_July\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/447595/KCSIE_July_2015.pdf)**

15.3 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](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-departmental-advice-v6.pdf)**

15.4 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.html](http://greatermanchesterscb.proceduresonline.com/chapters/p_sg_vio_ext.html)**

15.5 Our school governors, 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, collective worship 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.

## **16.0 Children at risk of sexual exploitation (CSE):**

16.1 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).

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16.2 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](http://greatermanchesterscb.proceduresonline.com/chapters/p_sg_ab_sexual_exploit.html#preventing)

16.3 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>

## **17.0 Female Genital Mutilation :**

17.1 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.

17.2 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](http://greatermanchesterscb.proceduresonline.com/chapters/p_fgm.html#local_terms)

## **18.0 Monitoring and Evaluation**

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

- Governing Body 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 Governing Body minutes
- Logs of bullying/racist/behaviour incidents for Senior Leadership Team and Governing Body to monitor
- Review of parental concerns and parent questionnaires
- Review of the use of intervention strategies

18.2 This policy also links to our policies on:

*Behaviour,*

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*Staff Code of Conduct*

*Whistleblowing,*

*Anti-bullying,*

*Health & Safety*

*Allegations against staff,*

*Parental concerns,*

*Attendance,*

*Teaching and Learning*

*Administration of medicines*

*Sex and Relationships Education*

*Physical intervention*

*ESafety, including staff use of mobile phones*

*Risk Assessment*

*Recruitment and Selection*

*Child Sexual Exploitation*

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## **Appendix one**

Recognising signs of child abuse

### **Categories of Abuse:**

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

### **Signs of Abuse in Children:**

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour
- Child Sexual Exploitation.

### **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

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- 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**

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.

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## **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 of 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 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
- Frozen watchfulness, particularly in pre-school children
- Low self esteem and lack of confidence
- Withdrawn or seen as a “loner” – difficulty relating to others

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### **Recognising Neglect**

- 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.
- 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.
- 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

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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.

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Abusive sexual activity includes 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.

### **Child Sexual Exploitation**

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

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- 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.

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## Appendix two

### **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.

### **Female Genital Mutilation (FGM)**

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

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

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- 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 schools take action without delay.