

Child Protection and Safeguarding Policy

(Including Self-Harm Policy)

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Child Protection Policy and Safeguarding Policy

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' (2015), 'What to do if you are Worried a Child is Being Abused' (2015). The guidance also reflects, 'Keeping Children Safe in Education' (5th September 2016), Counter Terrorism and Security Act 2015, Advice for practitioners providing safeguarding services to children, young people and carers (March 2015) and Serious Crime Act 2015 Part 5.⁴
- 1.2 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.
- 1.3 We recognise that all adults, including temporary staff¹, volunteers and governors, have a full and active part to play in protecting our pupils from harm, and that the child's welfare is our paramount concern.
 "Everyone who comes into contact with children and their families has a role to play in safeguarding and promoting the welfare of children. School and college staff are particularly important as they are in a position to identify concerns early and provide help for children, to prevent concerns from escalating²."
 The school adheres to the principle of a "child centred approach" where there is a "clear understanding of the needs and views of children."³
- 1.4 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.
- 1.5 The aims of this policy are:
- 1.5.1 To support the child's development in ways that will foster security, confidence and independence.
 - 1.5.2 To provide an environment in which children and young people feel safe, secure, valued and respected, and feel confident, and know how to approach adults if they are in difficulties, believing they will be effectively listened to.

¹ Wherever the word "staff" is used, it covers ALL staff on site, including ancillary supply and self-employed staff, contractors, volunteers working with children etc, and governors.

² Keeping children safe in education September 2016

³ Working together to safeguard children March 2015

⁴ Revised 01.11.15

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- 1.5.3 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)
- 1.5.4 To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the school, contribute to assessments of need and support packages for those children.
- 1.5.5 To emphasise the need for good levels of communication between all members of staff.
- 1.5.6 To develop a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse.
- 1.5.7 To develop and promote effective working relationships with other agencies, especially the Police and Social Care. See Appendix 3)
- 1.5.8 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 CRB check (according to guidance)², and a central record is kept for audit.

2.0 2. 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 Child Protection policy together with a Code of Conduct for Employees in School
 - 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 Lead Designated Child Protection Officer (DCPO) responsibility
 - on appointment, the DCPOs undertake interagency training and also undertake DCPO 'new to role' and then an 'update' courses at least annually
 - all staff will undertake awareness raising training during their induction into the school and will complete the e-Learning module on child protection. Thereafter, they will refresh and update their knowledge and understanding every 3 years
 - any weaknesses in Child Protection are remedied immediately
 - a member of the Governing Body is nominated to liaise with the LA on Child Protection issues and in the event of an allegation of abuse made against the Headteacher
 - Child Protection policies and procedures are reviewed annually and the Child Protection policy is available on the school website

² Guidance regarding CRB checks recently updated by the Protection of Freedoms Act 2012

- the Governing Body considers how children may be taught about safeguarding. This will be part of a broad and balanced curriculum covering relevant issues through spiritual, moral, social and cultural education (SMSC) and through sex and relationship education (SRE).
 - that enhanced DBS checks are in place for all Governors of this school.
- 2.1.2 The Lead DCPO, Mrs Atkinson, is a member of the Senior Leadership Team. The Deputy Designated Child Protection Officers are Mrs Melanie Cunningham, Mrs Joanne Kelly, Mr Anthony Harrison, Mr Wayne Hanks and Miss Lauren Parker. These Officers have undertaken the relevant training, and, upon appointment will undertake 'DCPO new to role' training followed by annual updates.
- 2.1.3 The DCPO'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 5 years.
- 2.1.4 All supply staff are provided with child protection awareness information in their arrival pack, including 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 e-safety and reporting concerns
- 2.1.6 All other staff and governors, have child protection awareness training, updated by the DCPO as appropriate, to maintain their understanding of the signs and indicators of abuse.
- 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.
- 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 Child Protection Policy.
- 2.1.9 We will ensure that child protection type concerns or allegations against adults working in the school are referred to the Designated Officer at the Local Authority 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) 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 The name of the designated members of staff for Child Protection, the Designated Child Protection Officers, will be clearly advertised in the school, with a statement explaining the school's role in referring and monitoring cases of suspected abuse.
- 2.4 All new members of staff will be given a copy of our safeguarding statement, and child protection policy, with the DCPOs' names clearly displayed, as part of their induction into the school.
- 2.5 The policy is available publicly on the school website.

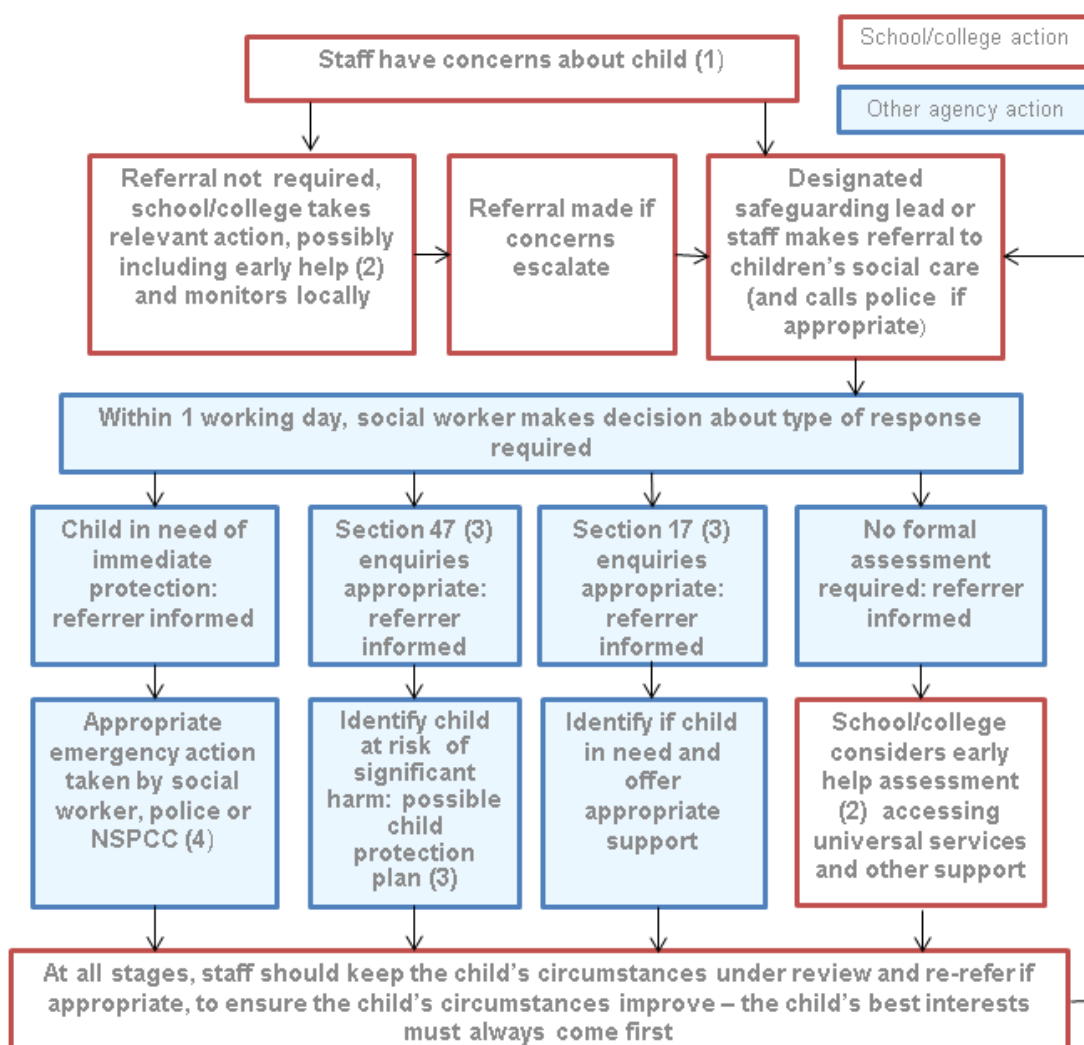
3.0 Responsibilities

- 3.1.1 All Staff
“Safeguarding and promoting the welfare of children is everyone’s responsibility. Everyone who comes into contact with children and their families and carers has a role to play in Safeguarding children. In order to fill this responsibility effectively, all professionals should make sure their approach is child centred. This means that they should consider, at all times what is in the best interests of the child”.¹
- 3.1.2 All staff members should be aware of systems within the school which support Safeguarding. This includes:
- The Child Protection Policy
 - The Staff Behaviour Policy (Code of Conduct for Employees)
 - The role of the designated lead.
- 3.1.3 All staff should be aware of the early help process and understand their role in it. This includes identifying emerging problems, liaising with the designated Safeguarding lead, sharing information with other professionals to support identification and assessment.
- 3.1.4 All staff should be aware of the process for making referrals to Children’s Social Care.
- 3.1.5 If a teacher in the course of their work in the profession, discovers an act of Female Genital Mutilation appears to have been carried out on a girl/under the age of 18, the teacher must report this to the police. Those failing to report such cases will face disciplinary sanctions. (See Appendix 2b for more details)
- 3.2 The designated DCPOs are responsible for:
- 3.2.1 Referring a child if there are concerns about possible abuse, to Social Care, and acting as a focal point for staff to discuss concerns. Referrals should be made to the relevant colleagues following a telephone call, using the group email to the ‘Safeguarding Team’, which includes the Headteacher, Senior Designated Lead and all other Designated Officers. We recognise however, that any member of staff can make a referral.
- 3.2.2 Keeping written and e-records of concerns about a child even if there is no need to make an immediate referral.
- 3.2.3 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.
- 3.2.4 Ensuring that an indication of the existence of the additional file in 3.1.3 above is marked on the pupil records.
- 3.2.5 Liaising with other agencies and professionals.
- 3.2.6 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.

¹ Keeping Children Safe in Education – September 2016

- 3.2.7 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.
- 3.2.8 Organising child protection induction, and update training at least annually years, for all school staff.
- 3.2.9 Providing, with the Headteacher, a termly report for the governing body, detailing any changes to the policy and procedures; training undertaken by the DCPO, and by all staff and governors; number and type of incidents/cases, and number of children on the child protection, CIN and involved with early help register (anonymised).

Actions where there are concerns about a child



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.
- 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. Our school will support all children by:
 - 4.4.1 Encouraging self-esteem and self-assertiveness, through the curriculum as well as our relationships, whilst not condoning aggression or bullying.
 - 4.4.2 Promoting a caring, safe and positive environment within the school.
 - 4.4.3 Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
 - 4.4.4 Notifying Social Care as soon as there is a significant concern.
 - 4.4.5 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.

5.0 Confidentiality

- 5.1 We recognise that all matters relating to child protection are confidential.
- 5.2 The Headteacher or DCPOs will disclose any information about a child to other members of staff on a need to know basis only.⁵
- 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. If in doubt, we will consult with social care on this point.

6.0 Supervision to Support 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 DCPOs and to seek further support as appropriate.
- 6.3 Supervision notes will be taken as records of support.

⁵ Guidance about sharing information, can be found in the DfE booklet 'Information sharing guidance for practitioners and managers' DCSF-00807-2008 – held by DCPO's

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 the school's Behaviour Policy.
- 7.3 We understand that a pupil may make an allegation against a member of staff.
- 7.4 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 ⁶ or in the absence of the Headteacher the Senior Designated Lead.
- 7.5 The Headteacher on all such occasions will discuss the content of the allegation with the Designated Officer or the Local Authority.
- 7.6 If the allegation made to a member of staff concerns the Headteacher, the person receiving the allegation will immediately inform the Chair of Governors who will consult as in 7.5 above, without notifying the Headteacher first.
- 7.7 The school will follow the agreed 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 Designated Officer at the Local Authority.
- 7.8 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 Designated Officer at the Local Authority and Personnel Consultant in making this decision.

- 7.9 The school will carry out relevant safeguarding checks including a DBS in the event of a member of staff receiving a formal warning in accordance with the Disciplinary Policy.
- 7.10 In the event of an allegation against the Headteacher, the decision to suspend will be made by the Chair of Governors with advice as in 7.8 above.

⁶ or Chair of Governors in the event of an allegation against the Headteacher

8.0 Whistle-blowing

- 8.1 We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.
- 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/Designated Officer at the Local Authority following the Whistleblowing Policy.
- 8.3 Whistle-blowing re the Headteacher should be made to the Chair of the Governing Body via the Whistleblowing Policy, marked Private and Confidential for the attention of the Business Manager.
- 8.4 The NSPCC Whistle Blowing Helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call 0800 028 0285 – line is available from 8.00am to 8.00pm or email help@nspcc.org.uk

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.
- 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.⁷

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, peer to peer, homophobic and gender related bullying. We keep a record of known bullying incidents on SIMS. All staff are aware that children with SEND and / or differences/perceived differences are more susceptible to being bullied / victims of child abuse.

⁷ 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 keep a record of racist incidents on SIMS and report to the Local Authority using the NOHIB form.

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.
 - 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. This is advertised in SMSC and also on the VLE.
 - 12.2.4 Include safeguarding across the curriculum, including SMSC, Assemblies, external speaker which equip children with the skills they need.
 - 12.2.5 To stay safe from harm and to know to whom they should turn for help 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.

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 Monitoring and Evaluation

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

- The termly visit of the Link Governor which is recorded in the Governor Visits file
- Pupil surveys and questionnaires
- Scrutiny of Attendance data
- Scrutiny of range of risk assessments
- Scrutiny of Governing Body minutes
- Logs of bullying/racist/behaviour incidents for SLB, the RA Team and Governing Body to monitor
- Review of parental concerns and parent questionnaires

This policy also links to our policies on:

Policy and Procedure for dealing with allegations of abuse against staff

Anti-bullying

Attendance

Behaviour

Curriculum

Drug and Substance Misuse

ESafety

Health & Safety including Risk Assessment

Complaints Procedure

Use of Force to Control or Restrain Pupils Policy

Recruitment and Selection Policy and Guidance

Sex and Relationships Education

Code of Conduct for Employees in School

Supporting Students with Medical Conditions

Teaching and Learning

Whistleblowing

Appendix 1

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.

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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

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

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- 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

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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 no attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated 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

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)

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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.

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

Child Sexual Exploitation

Child Sexual Exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (e.g. food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. What marks out exploitation is the in-balance of power in the relationship.

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.

Appendix 2

2a Forced Marriage (FM)

So-called 'honour based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), force marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubts staff should speak to the designated Safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

Indicators

There are a range of potential indicators that a child may be at risk of HBV. Guidance on the warning signs that FGM or forced marriage may be about to take place, or may have already taken place, can be found on pages 38-41 of [the Multi-agency statutory guidance on FGM](#) (pages 59-61 focus on the role of schools and colleges) and pages 13-14 of the [Multi-agency guidelines: Handling case of forced marriage](#).

Actions

If staff have a concern regarding a child that might be at risk of HBV they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care. Where FGM has taken place, since 31 October 2015 there had been a mandatory reporting duty placed on **teachers**⁷³ that requires a different approach (see following section).

⁷³ Section 5B (11) of the FGM Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) provides the definition for the term 'teacher' means – (a) in relation to England, a person within section 141A(1) of the Education Act 2002 (persons employed or engaged to carry out teaching work at schools and other institutions in England).

2b 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. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk, but if there are two or more indicators present, this could signal a risk to the child or young person.

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 urinary tract infection
- Disclosure

FGM mandatory reporting duty

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon **teachers** along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by “to discover that an act of FGM appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies. Information on when and how to make a report can be found at – [Mandatory reporting of female genital mutilation procedural information](#).

Teachers **must** personally report to the police cases where they discover that an act of FGM appears to have been carried out⁷⁴. Unless the teacher has a good reason not to, they should also still consider and discuss any such case with the school or college’s designated safeguarding lead and involve children’s social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures.

Forced Marriage

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage.

The Forced Marriage Unit has published [Multi-agency guidelines](#), with pages 32-36 focusing on the role of schools and colleges. School and college staff can contact the Forced Marriage Unit if they need advice or information. Contact: 020 7008 0151 or email: fm@fco.gov.uk

⁷⁴ Section 5B(6) of the Female Genital Mutilation Act 2003 states teachers need not report a case to the police if they know that another teacher has already reported the case.

2c A child missing from education

All children, regardless of their circumstances, are entitled to a full time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing education in their area.

A child going missing from education is a potential indicator of abuse or neglect. School and college staff should follow the school's or college's 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 their going missing in future.

Schools and colleges should put in place appropriate safeguarding policies, procedures and responses for children who go missing from education, particularly on repeat occasions. 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, Female Genital Mutilation and forced marriage.

Schools

The law requires all schools to have an admission register and, with the exception of schools where all pupils are boarders, an attendance register. All pupils must be placed on both registers.⁷⁰

All schools must inform their Local authority⁷¹ of any pupil who is going to be removed from the admission register where the pupil:

- Has been taken out of school by their parents and the school has received written notification from the parent they are being educated outside the school system e.g. home education;
- Has ceased to attend school and no longer lives within reasonable distance of the school at which they are registered;
- Has 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

⁷⁰ Regulation 4 of the Education (Pupil Registration) (England) Regulations 2006

⁷¹ Regulation 12(3) of the Education (Pupil Registration) (England) Regulations 2006

The Local authority must be notified when a school is to remove a pupil from its register for any of the five grounds above. This should be done as soon as these grounds for removal from the register are met, and in any event no later than removing the pupil's name from the register. It is essential that schools comply with this duty, so that local authorities can, as part of their duty to identify children of compulsory school age who are missing education and follow up with any child who might be in danger of not receiving an education and who might be at risk of abuse or neglect.

All schools must 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. ⁷²

⁷² in default of such agreement, at intervals determined by the Secretary of State

Appendix 3

Violent Extremism

The current threat from terrorism in the UK can involve the exploitation of vulnerable people to involve them in terrorism or activity in support of terrorism. This is a safeguarding issue.

- Channel is a mechanism to support vulnerable and individuals who are being targeted and recruited to the cause of violent extremism. It works by:
 - Identifying individuals who may be at risk of and vulnerable to being drawn into violent extremism.
 - Assessing the nature and extent of the risk.
 - Where necessary, referring cases to a multi-agency panel that decides on the most appropriate support package to safeguard that individual.

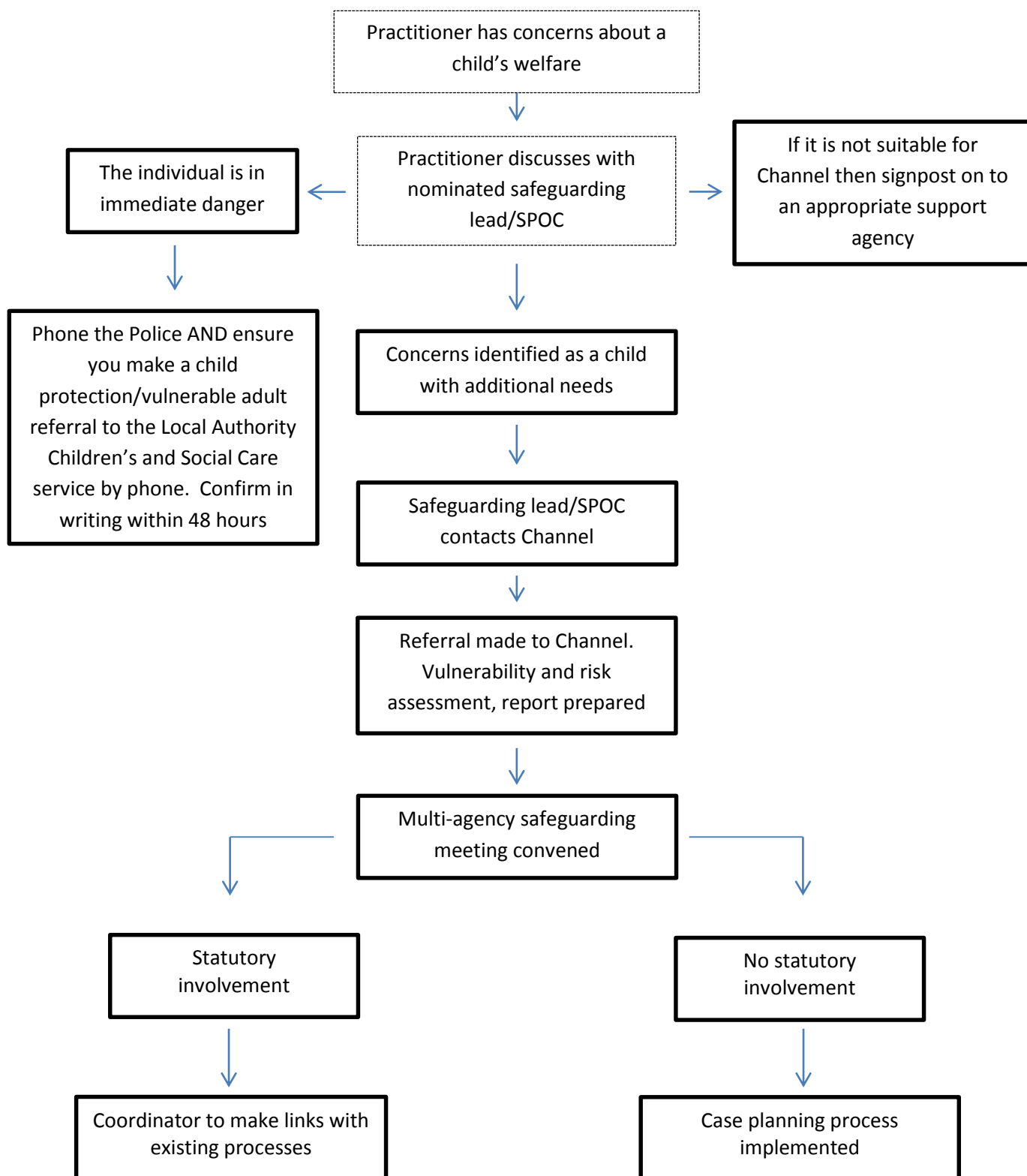
- North Chadderton School will provide diversionary support aimed at reducing the potential for radicalization. This support may include:
 - Educational support.
 - Involvement in extra-curricular activities.
 - Support with careers guidance.
 - Mentoring.

- “There is no such thing as a ‘typical extremist’ and those involved in extremism come from a range of backgrounds and experiences”. Numerous factors can contribute to and influence the range of behaviours that are defined as violent extremism and caution must be exercised in inappropriately labeling or assessing students. A full description of risk factors can be found on page 11 of the Channel SPOC pack.⁸

- If a member of staff has concerns about a child’s welfare, it will be reported to the Designated Officer via the school’s referral procedures. The Designated Officer is the Single Point of Contact (SPOC) and as such, will assess if the individual is in immediate danger. If so, the Police will be called and a referral made to social care. If the child is not in immediate danger, but concerns have been identified, a referral will be made to Channel. See attached flowchart overleaf. At all times the SPOC will be in full contact with the Headteacher and will liaise with the Safeguarding Governor as appropriate.

⁸ Single Point of Contact (SPOC) Pack

Preventing Violent Extremism Safeguarding Flowchart



Appendix 4

Support network available in school:

- Friendship group
- Peer Mentors
- Form Tutors
- Senior Progress Leaders
- Lead Designated Teacher and Assistant Designated Staff
- Pupil Progress Co-ordinators
- Achievement and Attainment Co-ordinators

Agencies used by the school to support the child and the family include:

- Positive Steps Oldham, providing an integrated service including Connexions, Youth Offending Service, Oldham Drugs and Alcohol Team, Young Carers and Oasis.
- Education Attendance Service
- Specialist Learning Centre
- Police- Greater Manchester Challenge and Support Team
- Healthy Young Minds
- MASH
- Off the Record
- Oldham PCT
- Life Chances Team
- Brook Advisory Service
- Oldham Family Crisis Group.
- CEOP- via button on school website.
- Project Phoenix (CSE)
- Local Safeguarding Children's Board
- Designated Officer at the Local Authority
- Threshold
- Mind
- North West Counter Terrorism Unit – Channel
- Reconnect (family mediation)
- Family Support Workers
- Children's Society
- ROSE Project

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2. Scope
3. Aims
4. Definition of Self-Harm
5. Risk factors
6. Warning Signs
7. Staff Roles in working with students who self-harm
8. Further considerations
9. Useful contacts

1. Introduction

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours, and that this figure is higher amongst specific populations, including young people with special educational needs. School staff can play an important role in preventing self-harm and also in supporting students, peers and parents of students currently engaging in self-harm.

This policy has been written in accordance with advice from the Institute of Psychiatry and in conjunction with the school's policy for Child Protection.

National statistics can be found at:

<https://www.gov.uk/government/organisations/public-health-england>

2. Scope

This document describes the school's approach to self-harm. This policy is intended as guidance for all staff including non-teaching staff and Governors.

3. Aims

- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with students who self-harm
- To provide support to students who self-harm and their peers and parents/carers

4. Definition of Self-Harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

5. Risk Factors

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

Individual Factors:

- Depression / anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

Family Factors

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family

Social Factors

- Difficulty in making relationships / loneliness
- Being bullied or rejected by peers

6. Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and members of staff observing any of these warning signs should seek further advice immediately from one of the designated members of staff for safeguarding children - see Child Protection Policy.

Possible warning signs include:

- Changes in eating / sleeping habits (e.g. student may appear overly tired, if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g. more aggressive or introverted than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. becoming a Goth

7. Staff Roles in working with students who self-harm

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. School staff may experience a range of feelings in response to self-harm in a student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to students it is important to try and maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

Students need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a student is at serious risk of harming themselves then confidentiality cannot be kept.

It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should consult one of the designated members of staff for safeguarding children – see Child Protection Policy.

Following the report, the designated teacher will decide on the appropriate course of action. This may include:

- Contacting parents / carers – possibly advising parents to take their son/daughter immediately to A& E
- Arranging professional assistance e.g. doctor, nurse, Social Care, Children’s Society, Oasis
- Referral to CAMHS (Child and Adolescent Mental Health Service)
- Arranging an appointment with the School Counsellor
- Immediately removing the student from lessons if their remaining in class is likely to cause further distress to themselves or their peers
- In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times
- If a student has self-harmed in school a first aider should be called for immediate help

8. Further Considerations

Any meetings with a student, their parents or their peers regarding self-harm should be recorded in writing including:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

This information should be stored confidentially in the child protection records.

It is important to encourage students to let school know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action & being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner. This message will be conveyed through Assemblies, SMSC lessons and in individual or group sessions.

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing for further advice on this should consult one of the designated members of staff for safeguarding children.

When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally schools discover that a number of students in the same peer group are harming themselves. This monitoring process will be carried out by the Inclusion Team.

9. Useful contacts

CAMHS (Child and Adolescent Mental Health Service)
Reflections
The Royal Oldham Hospital
Oldham
Lancashire
OL1 2JH 0161 627 8080