

Chalton Lower School

Child Protection and Safeguarding Policy

At **Chalton Lower School** we recognise:

- Our statutory duty under Section 175 of the Education Act 2002 to ensure that arrangements are in place for safeguarding and promoting the welfare of children.
- Our duty under the Children Act 2004 to work together with other organisations and partners in order to achieve this, and
- Our Common Law duty to protect and keep children safe whilst in our care.

We fully acknowledge our responsibilities for child protection and recognise that through our day to day contact with children, school staff are well placed to identify signs of risk and harm.

We recognise that for children high self-esteem, confidence, risk awareness and good lines of communication help to reduce risks. We recognise that for some children school may be the only stable, secure and consistent environment in their lives.

We will make all parents/carers aware of the role and responsibilities of the school with regards to safeguarding and promoting welfare and of the existence of the school's Child Protection and Safeguarding Policy through the School's website. A copy of this policy will be made available to parents/carers upon request.

Aim

We aim to provide a safe, secure, inclusive and consistent environment for all our pupils regardless of age, race, religion/belief, disability and gender; one in which they feel safe, supported, valued, respected and listened to. We will do this by:

1. Establishing an environment in which children are and feel safe and can learn, develop and have a voice.
2. Adopting safe recruitment practices to check the suitability of both staff and regular volunteers and visitors to the school. We will also ensure that procedures are in place to prevent the unsupervised access to children of adults who have not undergone such a checking process.
3. Raising the awareness of children and equipping them with the skills and knowledge needed to keep safe.
4. Having in place procedures for the identification and reporting of cases where harm or risk of harm to a child is suspected and ensuring that all staff are aware of such procedures.
5. Supporting pupils who have suffered abuse or neglect or who are otherwise vulnerable (for example, children living away from home), where appropriate, in accordance with their agreed child protection/care plan.
6. Having measures in place to facilitate and promote the safe use of technology.
7. Monitoring and reviewing our safeguarding and child protection practices and procedures.

Roles and Responsibilities

We recognise that all staff, regardless of their role, have a duty to safeguard children and promote their welfare. Our policy applies to the whole school community: all

teaching and non-teaching staff, governors, pupils and volunteers and visitors working in the school. The Board of Governors and Designated Person for Child Protection will have particular responsibility for safeguarding and child protection within the school.

We will:

1. Establish an environment in which children are and feel safe and can learn, develop and have a voice by:

1.1 Ensuring that our buildings and site are secure and that visitors to the school are properly checked and supervised.

- All visitors sign in at the school entrance and are given H&S information.
- Where appropriate visitors identification is checked.
- If necessary visitors are supervised.

1.2 Having a Health & Safety Policy and ensuring procedures are understood by all staff.

1.3 Having an Intimate/Personal Care Policy which is understood by all relevant staff.

1.4 Ensuring that the Restraint of Pupils Policy is understood by all staff.

1.5 Ensuring that all staff are risk aware and routinely conduct risk assessments, as appropriate to their individual role and responsibilities and activities undertaken.

1.6 Having policies for dealing with behaviour, bullying, racist and other discriminatory incidents and ensuring that staff adhere to these policies and promote the principles of value, respect, tolerance and acceptable behaviour amongst our pupils. (See Appendix 6 for issues relating to safeguarding and discrimination)

1.7 Ensuring that all staff, governors and regular visitors and volunteers have been made aware of *DCSF Guidance for Safer Working Practice for Adults who Work with Children and Young People* (2015) document and work to the guidance contained therein. Consideration will also be given to the relevance of communicating guidance around safe working practices to occasional visitors and volunteers as part of the risk assessment process.

- All staff, Governors and Parent Helpers given a copy to read with a signed sheet returned to the Headteacher/Office Manager.

All staff are to read and sign *Keeping Children Safe in Education*

[2018]

1.8 Following the LSCBs procedures (*Managing Allegations and Concerns Regarding Staff, Carers and Volunteers Working with Children and Young People: 2009*) for dealing with allegations and concerns about staff (paid or unpaid, temporary or permanent). Where such an allegation or concern arises, the Head Teacher should be notified. He/she will notify the authority's Allegations Manager (also known as the Local Authority Designated Officer or 'LADO'). Where such an allegation is made against the Head Teacher, the matter will be referred to the Chair of Governors who will likewise notify the Authority's Allegations Manager.

1.9 Ensuring that all staff and volunteers feel able to raise concerns about poor or unsafe practice with regard to children. Deficiencies or weaknesses will be brought to the notice of the Governing Body and steps taken to remedy these without delay. The Head Teacher will have responsibility for this.

1.10 Having a whistle-blowing and complaints procedure which is communicated to pupils, parents and staff (as appropriate).

1.11 Maintaining an environment where children feel safe, equal and valued, and are encouraged to talk and are listened to.

- School Council
- Childline posters displayed throughout school

2. Adopt safe recruitment practices to check the suitability of both staff and regular volunteers and visitors to the school. We will also ensure that procedures are in place to prevent the unsupervised access to children of adults who have not undergone such a checking process. We will do this by:

2.1 Following Department for Children, Schools and Families (DCSF) guidance as set out in Chapter 4 of Safeguarding Children and Safer Recruitment in Education Guidance (2015) to ensure that safe recruitment and selection practices are carried out. Disclosure and Barring Service (DBS) checks will be completed and references and identification verified. All staff and regular volunteers, visitors and contractors will be vetted in accordance with these guidelines.

2.2 Ensuring that all staff are aware that where occasional or one-off visitors, contractors or volunteers have not undergone such a process, they will not have unsupervised access to children and as appropriate formal risk assessment processes will be undertaken.

2.3 Maintaining a regularly updated Single Central Record (SCR) that accurately records vetting check data for all employees, volunteers and contractors which will be scrutinised as part of an OfSTED Inspection.

2.4 Ensuring that at least one member of the Board of Governors and the Head Teacher have received training on safer recruitment practices.

2.5 Ensuring that all interviews for staff have at least one person on the panel who has completed safer recruitment training.

2.6 Ensuring that during the process of advertising and recruiting for staff vacancies, the school's commitment to safeguarding and safer recruitment practices will be made explicit.

2.7 Referring concerns about the suitability of staff to work with children and young people to the Independent Safeguarding Authority in cases where that individual is believed to have harmed or to pose a risk of harm children or vulnerable adults.

2.8 Ensuring that adults involved in the provision to children of extended services and school activities outside of normal school hours are subjected to the same level of vetting and or security arrangements as other staff and volunteers.

2.9 Ensuring that where school premises are used by other bodies both during and outside school hours, the Governing Body will be responsible for seeking assurance that the body concerned has appropriate policies and procedures in place with regard to safeguarding children and child protection (In accordance with Paragraph 2.25 of *Safeguarding Children and Safer Recruitment in Education* (2006)).

3. Raise the awareness of children and equip them with the skills and knowledge needed to keep safe by:

3.1 Including opportunities through the PSHE education curriculum for children to develop the skills they need to recognise and stay safe from abuse.

- Personal, Social, Health and Education Subject Leader

3.2 Ensuring that children know that there are adults in the school whom they can approach if they are worried.

3.3 Displaying/distributing appropriate safeguarding materials and information.

4. Have procedures for the identification and reporting of cases where harm or risk of harm to a child is suspected and ensure that all staff are aware of such procedures.

We will do this (in adherence with the guidance set down in *Safeguarding Children and Safer Recruitment in Education (2015)* LSCB *Inter-Agency Child Protection Procedures, What to do if You're Worried a Child is Being Abused (2015)* and *Working Together to Safeguard Children (2018)* by:

4.1 Allocating a member of the school's leadership team to the role of lead 'Designated Person' for child protection. This role is currently carried out by

- Liz Noble

4.2 Having at least one named member of staff to deputise in the absence the main designated person

- Rosemary Currell

4.3 Providing time and support for these roles.

4.4 Ensuring that appropriate training for staff performing this role is enabled and updated as necessary or in any case, every 2 years as a **minimum**. (Responsibility of Governing Body).

4.5 Having a nominated governor responsible for child protection/safeguarding, who will review our safeguarding and child protection policies, procedures and practices regularly and be the link person between the designated member of staff for child protection and the Governing Body.

Nominated Governor is Louise Powell

4.6 Having processes in place to ensure that all new staff receive safeguarding training appropriate to their role, as part of their induction and thereafter have access to refresher training as required, or in any case, every 2 years as a minimum, with a yearly update and training on relevant issues.

The Designated Person for Child Protection will update their training every two years and receive updates on safeguarding at least annually.

Whole school attended Safeguarding training, September 2018 [next due in Sept 2020]

Staff induction includes access to Staff Handbook which includes a copy of this policy to read.

Prevent duty for all staff is raised as an item each term on and appropriate training provided through providers and online training. {On line training completed April 2018}

All staff will be reminded on training days of the duty to report know cases of female genital mutilation. Appropriate training will be provided eg on line training.

4.7 Ensuring that every member of staff (employed directly or indirectly via another organisation; permanent and temporary), volunteer and governor is aware of this policy together with other relevant safeguarding policies or guidance and that they are also aware of their own role in safeguarding/ promoting welfare and of the identity and role of the designated person/s.

Volunteers are given a copy of this policy to read.

4.8 Requiring **all** staff and volunteers, to report **any** safeguarding concerns, **in writing**, to the Designated Person for Child Protection, regardless of whether or not they feel that the concern is either serious or substantiated. This expectation will be communicated through regular training, staff briefings and induction training.

Concerns form is in the Staff Room on the Noticeboard and also on the Learning Platform Communicated to all staff through this policy, included in the Staff Handbook and Volunteer Handbook.

All staff reminded at the start of every term.

Safeguarding also encompasses the broader aspect of care and education including children's and learners' health and safety and well-being, including their mental health; meeting the needs of children who have special educational needs and/or disabilities; the use of reasonable force; meeting the needs of children and learners with medical conditions providing first aid; educational visits; intimate and emotional well-being; online safety and associated issues; appropriate arrangements to ensure children's and learners' security, taking into account the local context.

4.9 Enabling the Designated Person for Child Protection to make decisions regarding the action to be taken following a concern being brought to his/her attention. (Where

appropriate, this may follow consultation; for e.g. with Children's Social Care or the Authority's safeguarding advisors).

4.10 Ensuring that where there is a suspicion that a child might have suffered or be at risk of suffering significant harm, the matter will be referred to Children's Social Care or the Police Service in accordance with *LSCBs Inter-Agency Child Protection Procedures*. This will normally be done via the Designated Person for Child Protection or their deputy; unless they are not available and to wait for them to become available would pose a delay which would be unacceptable given the individual circumstances of the case.

4.11 Sharing information (in line with the *LSCBs Information Sharing Protocol*) with relevant professionals in order to monitor, support and protect children thought to be at risk of harm.

4.12 Ensuring that where the Designated Person believes that a decision made by another professional exposes a child to risk/continuing risk of significant harm, they will ensure that the fact that they disagree with that decision is recorded; both by them and where possible on relevant minutes and case papers held by other professionals involved. They will also escalate the matter, as per the Local Authority Protocol. (Appendix 3)

4.13 Making the Designated Person/s for Child Protection responsible for creating and maintaining written records in respect of all children for whom child protection concerns have been identified, regardless of whether there is a need to make an immediate referral. These confidential records, which will be kept securely and separate from the main pupil file, will include a chronology of events (See Appendix 5 for sample chronology template). The pupil's main file will indicate the existence of a separate safeguarding/child protection file.

Child's main file has a red sheet in their file with an 'S' on it.

4.14 Providing and, as appropriate, soliciting additional support from other professionals, for all vulnerable pupils including those with disabilities, minority status and those with a history of abuse. Where a child is believed to be a 'child in need' of additional support/services and the threshold for significant harm or Children's Services Social Care intervention is not met, the Designated Person will seek the consent of parents/carers/child/young person (as appropriate) to assess the needs and solicit support as appropriate. Needs may sometimes be met within the school community or by making a single agency referral or through multi-agency collaboration via the 'Common Assessment Framework' (CAF) and Team around the Child (TAC) process as appropriate.

4.15 Ensuring that issues of confidentiality are understood by all staff, including the need not to offer confidentiality in certain situations. This will be communicated through training.

4.16 Developing effective links with agencies which provide support to our vulnerable pupils and co-operate as required with their enquiries regarding child protection matters.

4.17 Providing advice and support for all staff members who are dealing with a pupil for whom their concerns are stressful and upsetting.

4.18 Supporting the Authority's policies on school attendance and children missing education and in particular by adhering to the missing children procedures.

Registers are checked daily by Office Manager, who will alert Head/Designated Safeguarding Person of concerns

- Non-Attendance sheet will be completed daily and kept on file
- Non-attendance letters are filed by the Office Manager and easily accessed in the Main School Office
- Authorised absence and non-authorised absence is reported termly to the GB through the HT Report to Governors

5. Support pupils who have suffered abuse or who are otherwise vulnerable (for example, children living away from home), where appropriate, in accordance with their agreed child protection/care plan by:

5.1 Maintaining close communication between the Designated Person and allocated social worker and ensuring that the social worker will be informed of any issue that gives cause for concern.

5.2 The Head Teacher having responsibility for ensuring that sufficient resources and time are allocated to safeguarding and that staff are released to participate in safeguarding/child protection processes, core groups and meetings (especially child protection conferences and child in need meetings).

5.3 Closely monitoring any child subject to a child protection plan, or otherwise believed to be at risk of harm.

5.4 Completing activities as required in accordance with a child protection/care plan.

5.5 Ensuring (through the Designated Person for Child Protection) that the attendance of any child subject to a child protection plan, or otherwise believed to be at risk of harm, is closely monitored.

5.6 Ensuring that where there are concerns about the absence from school of a child for whom there are child protection concerns, the Designated Person for Child Protection will bring the absence to the immediate attention of the Access and Inclusion Service. In these circumstances, a Local Authority School Attendance Officer will prioritise a visit to the child's home. Where the child is an open case to Children's Services Social Care, they should also be notified.

5.7 Notifying the Fostering Duty Desk when children come to our attention as being cared for in 'private fostering arrangements' in accordance with LSCBs *Inter agency Safeguarding Policy on Private Fostering* (2011). (See appendix 4 for definition of 'private fostering')

5.8 Making the Designated Person/s for Child Protection responsible for arrangements to ensure that a **copy** of a pupil's child protection file (where one exists) is securely transferred in a timely fashion to the Designated Person at the receiving school when a pupil/student transfers. This file will be transferred separately from the main pupil record and a written acknowledgement of receipt will be obtained. The original file will be retained by this school.

5.9 Ensuring that where a child has an allocated social worker, the Designated Person takes responsibility for notifying the social worker or their office, of any change in that child's circumstances, including any changes to schooling arrangements.

6. Having measures in place to facilitate and promote the safe use of technology by:

6.1 E-Security: keeping the electronic data we hold about pupils and families secure.

6.2 E-Safety: Promoting e-safety awareness amongst children and their parents/carers and ensuring all members of the school community know their access rights and responsibilities in using ICT.

- E-Safety policy

6.3 Having an Acceptable Use Policy in relation to the use of technology (including mobile phones and photographic equipment) in the school and which contains the detail of how we will achieve e-security and promote e-safety.

- AUP read and signed annually

6.4 Conducting, through the Governing Body, an annual review of the school's Acceptable Use Policy.

6.5 Ensuring that the school's internet connection and any system connected to it, is filtered using a filtering system which is accredited to current approved standards thus ensuring inappropriate content of whatever nature is blocked (including racist, discriminatory and hate material, material which promotes violence or attacks on individuals or institutions on the basis of disability, race, religion/belief, gender, gender reassignment or sexual orientation grounds).

6.6 Ensuring that all members of staff with access to ICT systems are responsible for taking the appropriate steps to select and secure their passwords.

6.7 Making staff and pupils aware that all school ICT activity and on-line communications may be monitored, including any personal and private communications made via the school network.

6.8 Appropriate use of mobile phones is essential at the school. The use of mobile phones does not detract from the quality of care and supervision of the children. Members of staff are able to use their personal mobile phones during their break times. During working hours they must be kept out of reach of children and parents. All members of staff are made aware of their duty to follow this procedure.

6.9 Cameras are used in Early Years for assessment purposes. The digital images are stored in the child's assessment portfolios. School cameras are securely locked away when not in use and do not leave the premises.

6.10 Conducting an annual assessment of information risks, which will be reported to the Governing Body.

6.11 Making all staff and pupils aware that they have a responsibility to report e-safety or e-security incidents.

6.12 Establishing an incident reporting procedure and recording reported incidents in an Incident Log. The Incident Log shall be formally reviewed at a minimum frequency of once per term. Through this review process, management shall update the risk assessment in light of new incidents as appropriate.

6.13 Carrying out, through The Governing Body, an annual review of this Incident Log and accompanying action plans.

7. We will monitor and review our safeguarding and child protection practices and procedures in line with this policy by:

7.1 Ensuring accountability by placing ultimate responsibility for safeguarding, child protection and this policy with the Governing Body and responsibility for the implementation of this policy with the Head Teacher.

7.2 Ensuring that the Designated Governor for Safeguarding and Child Protection has regular meetings with the Designated Member of Staff for Child Protection, in order to monitor and assess the effectiveness of the school's response to safeguarding and promoting welfare, in line with this policy. As necessary, action plans will be formulated to address areas for development. This will happen as required or in any case, as a minimum, once every term.

7.3 Identifying and responding to new/revised guidance issued by government bodies, the Local Safeguarding Children Board and the Local Authority.

7.4 Reviewing this policy on an annual basis.

Date policy agreed and ratified by Governing Body: September 2018

Appendix 1

First Aid and Administration of Medication

It is expected that adults working with children and young people should be aware of basic first aid techniques. It is not however, a contractual requirement and whilst adults may volunteer to undertake such tasks, they should be suitably trained and qualified before administering first aid and/or any agreed medication.

Health and Safety legislation places duties on all employers to ensure appropriate health and safety policies are in place and an appropriate person is appointed to take charge of first aid arrangements. Therefore all schools must have trained first aiders/appointed persons.

Appropriate regard should be paid to current guidance:

- Supporting pupils at school with medical needs
- DfES guidance for first aid in schools 1988
- www.teachernet.gov.uk/whole_school/health_and_safety/first_aid

Pupils may need medication during school hours. In circumstances where children need medication regularly a health care plan should have been established to ensure the safety and protection of children and the adults who are working with them. Depending upon the age and understanding of the child, they should where appropriate (and with the permission of the parents as necessary) be encouraged to self-administer medication or treatment including, for example any ointment, use of inhalers. Where possible the view of the relevant GP should be obtained.

If a member of staff is concerned or uncertain about the amount or type of medication being given to a pupil this should be discussed with the appropriate colleagues at the earliest opportunity. All administrations of medicine should be recorded. When administering first aid, staff should try to ensure that another adult is present or aware of the action being taken.

Parents should always be informed when first aid has been administered.

This means that schools should:

- Ensure there are trained and named individuals to undertake first aid responsibilities.
- Ensure training is regularly monitored and updated.
- Always ensure that arrangements are in place to obtain parental consent for the administration of first aid or medication.
- Ensure that staff understand the extent and limitations of their role in applying basic care and hygiene tasks for minor abrasions and understand where an injury requires more experienced intervention.

This means that staff/adults should:

- Adhere to the school's safety policy (and policy for administering first aid or medication – Managing Medicines in Schools).
- Adhere to the school's intimate care policy.
- Make other staff aware of the task being undertaken.
- Comply with the necessary reporting requirements.
- Report and record any administration of first aid or training.
- Always act and be seen to act in the child's best interest.
- Ensure that an appropriate health/risk assessment is undertaken prior to undertaking certain activities.
- Explain to the child what is happening.
- Have regard to any health plan which is in place.

Appendix 2

Whistle-blowing

Employees are often the first to realise that there may be something seriously wrong within the Council. However, they may not express their concerns because they feel that speaking up would be disloyal to their colleagues or to the Council. They may also fear harassment or victimisation. In these circumstances it may be easier to ignore the concern rather than report what may just be a suspicion of malpractice.

Staff should acknowledge their individual responsibilities to bring matters or concern to the attention of senior management and/or external agencies. This is particularly important where the welfare of children may be at risk.

The Public Interest Disclosure Act 1998 encourages individuals to raise concerns about malpractice in the workplace. The Authority's confidential reporting code also referred to as the 'whistle blowing' policy, makes it clear that employees can raise serious concerns without fear of victimisation, subsequent discrimination or disadvantage and is intended to encourage and enable employees to raise those concerns within the Council, rather than overlooking a problem.

As a first step, concerns should normally be raised with an individual's immediate manager or their superior. This depends however, on the seriousness and sensitivity of the issues involved and who is suspected of the malpractice. For example, if an individual believes that management is involved, they should approach the Chief Executive, Chief Finance Officer, Monitoring Officer or the Assistant Director Audit and Risk.

Appendix 3 A formal Local Authority Escalation Procedure *Resolution of professional disagreements relating to the safeguarding of children & the escalation of professional concerns (February 2015)* is available on the LSCB website and should be consulted in the event of professional disagreements. However, some general principles are shown below.

If you feel that a decision made by another professional leaves a child at risk of harm:

- Articulate your views.
- Ensure that the fact that you do disagree with the decision is recorded in writing; both by you and where possible on relevant case papers held by other professionals involved.
- Ask for the other professional to provide written confirmation of their decision and their reasons for it.
- Discuss the case with a fellow safeguarding professional, (whilst taking care to observe the bounds of confidentiality) this may help to clarify matters and identify the best way forward.
- Don't be afraid to challenge the decision but be ready to justify your reasons and where possible support with evidence. (Record details in writing.)
- Where the threshold for significant harm has either not been met or is no longer being met, continue to refer new information around risks or concerns which come to light. New information may alter the level of identifiable risk and tip the balance in favour of intervention.
- If you believe that a decision made by another professional exposes a child to risk/continuing risk of significant harm **NEVER DO NOTHING!** That you should challenge is not just 'ok'; it's expected.

In line with *Resolution of professional disagreements relating to the safeguarding of children & the escalation of professional concerns (2015)*, the usual protocol is that where matters are escalated, discussions take place between individuals of similar levels of seniority.

Appendix 4

Definition of Private Fostering

A private fostering arrangement is one that is made privately (that is to say without the involvement of the LA) for the care of a child:

- under the age of 16 (under 18 if disabled)
- by someone other than a close relative
- with the intention that it should last for 28 days or more.
- private foster carers may be from the extended family such as a cousin or great aunt.

However a person who is a relative under the Children Act 1989 i.e. a grandparent, brother, sister, uncle or aunt (whether full or half blood or by marriage) or a step parent will not be a private foster carer.

A private foster carer may be a friend of the family, the parent of a friend of the child or someone previously unknown to the child's family who is willing to privately foster a child.

The period for which the child is cared for and accommodated by the foster carer should be continuous - but that continuity is not broken by the occasional short break. A break in the period e.g. for a child to visit his/her parents at the weekend would not affect the nature of the placement as a private foster placement. For a break to restart in calculating the period it must result from the ending of one arrangement prior to the start of a new arrangement.

Where a child is under 16 years old and is a pupil at an independent school and lives at the school during the school holidays for a period of more than 2 weeks, he/she will be subject to private fostering regulations unless one of the exemptions below applies.

Where a child under 16 is studying at a language school for more than 28 days and stays with a host family he/she will be subject to private fostering regulations.

Exemptions

These are covered in Schedule 8 of the Children Act 1989 but the main exemptions are covered below.

Children will not be privately fostered:

- Where the arrangements last for less than 28 days and are not intended to extend beyond that period
- Where the child is looked after by a LA
- Where the child is living in a children's home or accommodation provided by/on behalf of a voluntary organisation
- A school in which he/ she is receiving full time education (either during term time or residing there less than 2 weeks of any school holiday)
- Where the child is placed by an adoption agency in the care of a person who proposes to adopt him/her or s/he is a protected child under the Adoption Act 1976 (section 32).

Appendix 5 Chronology Template

In the front of the child protection file should be a 'chronology'. This is like a diary which lists in chronological order each relevant event & includes details such as date, time, name of person involved/spoken to, rationale for decision making and paperwork generated (see example below).

Sample Chronology Template Time/Date	Event (A brief overview of the event but should include the names of those spoken to/involved)	Outcomes/ actions carried forward, rationale for decisions made (particularly around information sharing)or general comments	Records/ paper work generated	Entry made by (print name)
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Appendix 6

Equality & Diversity Issues in Safeguarding & Child Protection

This appendix highlights how equality and diversity issues and characteristics can impact on the safety and well-being of pupils.

General/Factors to consider

- Communication difficulties may exist as a result of language barriers, physical & learning disability or age. Children and young people with communication difficulties may not easily be able to let someone know that they are being abused.
- Some Ethnic Minority families are less likely to understand the role of Social Services, often because of language or cultural differences.
- The personal care or behaviour management of a child with disabilities may leave some families more vulnerable to accusations of abuse. Some practices, such as personal care, medical interventions, or restraint may be seen to be abusive.
- Parents and carers with a disability / health issue (including learning disabilities, mental health and addiction problems) may be unfairly viewed as less able to care for their children.
- Parents in same – sex relationships may have concerns that their sexual orientation will be seen as a risk factor for their child.
- An Ofsted evaluation of serious case reviews April 2008 to March 2009 concluded that issues of disability often masked child protection concerns and that in half of cases involving children with disabilities, there was a failure to recognise the increased vulnerability of disabled children, for example to child sex abuse.
- Children who grow up in poverty are less likely to get qualifications or go on to higher education, and are more likely to become young parents. People with low levels of educational achievement can expect to be less employable, therefore poorer, therefore less healthy and probably less likely to participate in civic activity. The kinds of people who are less likely to be employed are also more likely to be involved in crime, to have shorter life-spans and to have less fulfilling family lives. Whole families can be locked into cycles of deprivation.
- Racial harassment is often not seen as a child protection issue or as a factor in neighbours maliciously reporting concerns.
- Women are more likely to report, consult for and be diagnosed with depression and anxiety.
- Boys are four times as likely as girls to be identified as having a behavioural, emotional and social difficulty (BESD).
- It is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men.
- All forms of substance abuse are more common in men.
- Alcohol disorders are twice as common in men, although binge drinking is increasing at a faster rate among young women.

- Incidence rates of most sexually transmitted infections are rising, with the increase being greater in women than men.
- An estimated 66,000 women living in the UK have undergone female genital mutilation and 21,000 girls under 16 are currently at risk. (HO & WRC)

- In 2008 the Forced Marriage Unit received over 1600 calls to its helpline on suspected incidences of forced marriage. (HO)

Bullying & Discrimination

- Studies claim that at least 16 children commit suicide as a direct result of bullying in the UK every year.
- In an Ofsted analysis of serious case reviews (April 2008 – March 2009) 10 out of the 25 children who died in the 11+ age group, committed suicide.
- There is a need to educate children about diversity from lower school level and to teach young children not to stereotype and to respect differences.
- Eight out of ten children with learning disabilities have been bullied at school and six out of ten have been physically hurt.
- Disabled children and those with visible medical conditions can be twice as likely as their peers to become targets for bullying behaviour.
- Over 75% of 11-12 year old boys think it is acceptable that women get hit if they make men angry. More boys than girls of all ages believe that some women deserve to be hit.
- Close to 10,000 women are sexually assaulted and 2,000 women are raped every week. (British Crime Survey 2008)
- At least 32% of children, mostly girls, experience some form of child sexual abuse. (HO)
- Gypsy and Traveller children experience racist abuse on a daily basis (e.g. "dirty pikey") at school and in other settings, from children and adults in the settled community, making them reluctant to attend.
- 98% of young gay people hear the frequent use of homophobic language ("that's so gay", "poof", "dyke", "queer" "bender")
- 50% of teachers fail to respond to the use of homophobic language.
- 30% of lesbian and gay pupils report that adults are responsible for homophobic incidents in their schools
- One third of young lesbian, gay, bisexual or Transgender young people have self harmed
- 6/10 lesbian and gay school children experience homophobic bullying and half of those contemplate killing themselves as a result
- Over three in five young lesbian and gay people feel that there is neither an adult at home nor at school who they can talk to about being gay
- In any school of 1,000 pupils there are likely to be 6 who will have transgender experience at some point in their lives. Transgender people are susceptible to depression and at risk of suicide. 33% of Trans Adults in the UK attempt suicide at least once. This is considerably higher than the risk in many other groups and should serve to underline that Trans people would not subject themselves to such experiences unless, for them, there was no better option.

Appendix 7

Types of Abuse and Neglect

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

Physical abuse: a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also

be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Sexual abuse: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect: the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

In addition to these types of abuse and neglect, members of staff will also be alert to following specific safeguarding issues:

Child Sexual Exploitation (CSE)

CSE is a type of sexual abuse in which children are sexually exploited for money, power or status. Children or young people may be tricked into believing they are in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online. Some indicators of children being sexually exploited are: going missing for periods of time or regularly coming home late; regularly missing school or education or not taking part in education; appearing with unexplained gifts or new possessions; associating with other young people involved in exploitation; having older boyfriends or girlfriends; suffering from sexually transmitted infections;

mood swings or changes in emotional wellbeing; drug and alcohol misuse and displaying inappropriate sexualised behaviour. A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching. Sexual activity with a child under 16 is also an offence. It is an offence for a person to have a sexual relationship with a 16 or 17 year old if that person holds a position of trust or authority in relation to the young person. Non consensual sex is rape whatever the age of the victim. If the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they can not be considered to have given true consent and therefore offences may have been committed. Child sexual exploitation is therefore potentially a child protection issue for all children under the age of 18.

Where it comes to our notice that a child under the age of 13 is, or may be, sexually active, whether or not they are a pupil of this school, this will result in an immediate referral to Children's Services.

Female Genital Mutilation (FGM)

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

FGM is a deeply embedded social norm, practised by families for a variety of complex reasons. It is often thought to be essential for a girl to become a proper woman, and to be marriageable. The practice is not required by any religion.

FGM is an unacceptable practice for which there is no justification. It is child abuse and a form of violence against women and girls.

FGM is prevalent in 30 countries. These are concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East like Iraq and Yemen, it has also been documented in communities in Colombia, Iran, Israel, Oman, The United Arab Emirates, The Occupied Palestinian Territories, India, Indonesia, Malaysia, Pakistan and Saudi Arabia. It has also been identified in parts of Europe, North America and Australia.

FGM is illegal in the UK. It is estimated that approximately 60,000 girls aged 0-14 were born in England and Wales to mothers who had undergone FGM and approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.

This policy should be read in conjunction with the following:

Managing Allegations against staff

Data Protection

Code of Conduct for Staff and Volunteers

E-Safety

Anti-Bullying

Complaints

Whistleblowing

Health and Safety

Lone Working

Sources of Reference

Attendance Guidance Manual (In particular, section 5, vulnerable groups)

<http://www.schools.bedfordshire.gov.uk/im/ims/Attendance/index.htm>

Child in need procedures manual (2008) available on download from

<http://www.bedfordshirelscb.org.uk/publications.php>

Children Missing Education Procedures (2009)

<http://www.schools.bedfordshire.gov.uk/im/ims/Attendance/index.htm>

DCSF Guidance for Safer Working Practice for Adults who Work with Children and Young People

Keeping Children Safe in Education 2016

<http://webarchive.nationalarchives.gov.uk/20100202100434/dcsf.gov.uk/everychildmatters/resources-and-practice/ig00311/>

E-Safeguarding: Creating Working procedures in Schools (2009) (Available via the Learning Platform) & http://www.northerngrid.org/nen/esg_audit/document.pdf

Learning lessons from serious case reviews: year 2; Ofsted (2009)

<http://www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Browse-allby/Documents-by-type/Thematic-reports/Learning-lessons-from-serious-casereviews-year-2>

LSCB Information Sharing Protocol, Chapter 10 of LSCB procedures on line

http://www.proceduresonline.com/bedford%5Fscb/chapters/pr_info_share.html

LSCB Inter agency Safeguarding Policy on Private Fostering (2007)

http://www.bedfordshirelscb.org.uk/pro_files/interagencysafeguardingpolicyonprivatefostering-revised5.1.11.pdf

LSCB Procedures for Managing Allegations and Concerns Regarding Staff,

Carers and Volunteers Working with Children and Young People (2011)

http://www.bedfordshirelscb.org.uk/pro_files/agreedjointladoallegationsproceduresfebruary2011.pdf

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Safeguarding Children and Safer Recruitment in Education (2006 – though due for imminent update) available on download from

<http://education.gov.uk/publications/standard/publicationDetail/Page1/DFES-04217-2006>

Use of Force Guidance (Short summary) DCSF (2010)

<http://publications.teachernet.gov.uk/eOrderingDownload/DCSF-00376-2010.pdf>

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What equality law means for you as an education provider: schools: Equality and Human Rights Commission (2010)

<http://www.equalityhumanrights.com/advice-and-guidance/new-equality-actguidance/equality-act-2010-guidance/>

What to do if you're worried a child is being abused. (2006)

<http://education.gov.uk/publications/standard/publicationDetail/Page1/DFES-04320-2006>

Working Together to Safeguard Children (2018)

<http://publications.dcsf.gov.uk/default.aspx?PageFunction=productdetails&PageMod>