



Child Protection and Safeguarding Policy 2018-2019

Governor Lead:

Nominated Lead Member of Staff:

Trish Jarvis

Status & Review Cycle:

Statutory (Annual Review)

Next Review Date:

September 2019

The following are very important telephone numbers that must be kept up to date at all times:

Safeguarding Contacts	Name	Mobile No.	Work Tel. No.
Designated Safeguarding Lead	Trish Jarvis		
Deputy Designated Safeguarding Lead	Toni Brough		
Second Deputy Designated Safeguarding Lead	Mark Chapman	07493 866632	
Nominated Governor for Safeguarding	Linda Jones		
Local Authority Designated Officer (LO)	Majella O Hagen		234 1214
Social Services Referrals			Contact Centre: 234 5001 Children's Services, Wythenshawe: 219 2889
Out of Hours Social Services			0161 234 1977
Police			
Chair of Governors: Person to contact regarding concerns about the Headteacher	Olivia Clayton		T: 0161 489 5810 E: olivia.clayton@magairports.com
NSPCC Whistle-blowing Helpline	0800 028 0285		

1 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' 2018, Revised Safeguarding Statutory Guidance 2 'Framework for the Assessment of Children in Need and their Families' 2000, 'What to do if You are Worried a Child is Being Abused' 2003, DfE Sexual violence and sexual harassment between children in schools and colleges (2018) The guidance reflects, 'Keeping Children Safe in Education', updated September 2018

We have a duty to safeguard children, young people and their families from violent extremism. This policy should be viewed in conjunction with the MEA Preventing Extremism and Radicalisation Policy which is intended to provide a framework for dealing with issues relating to vulnerability, radicalisation and exposure to extreme views; part of our statutory requirements following the Counter-Terrorism and Security Act 2015 which came into force on 1 July.

- 1.2 The Trust Board and Governing Board take seriously their responsibilities under section 175 of the Education Act 2002 to safeguard and promote the welfare of children; and to work together with other agencies and the Local Authority to ensure adequate arrangements within our Trust to identify, assess, and support those children who are suffering harm.
- 1.3 We recognise that all adults, including temporary staff, volunteers and governors, have a full and active part to play in protecting our students from harm, and that the child's welfare is our paramount concern. We work hard to promote a culture of vigilance.
- 1.4 All staff believe that the Academies within our Trust should provide a caring, positive safe and stimulating environment that promote 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.
 - 1.5.3 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 Appendix 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 Trust, 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 Trust which will be followed by all members of the Trust community in cases of suspected abuse.
 - 1.5.7 To develop and promote effective working relationships with other agencies, especially the Police, Health and Social Care.
 - 1.5.8 To ensure that all staff working within our Trust who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS (previously CRB) check (according to guidance) and a central record is kept for audit.

2.0 Safe Trust, Safe Staff

2.1 We will ensure that:

2.1.1 All members of Trust and the Governing Boards understand and fulfil their responsibilities, namely to ensure that all staff are aware of systems within the Academy which support safeguarding and that these will be explained to them as part of staff induction.

- there is a Child Protection and Safeguarding policy.
- the Trust operates safer recruitment procedures by ensuring that there is at least one person on every recruitment panel that has completed Safer Recruitment training.
- the Trust has procedures for dealing with allegations of abuse against staff and volunteers and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned.
- a senior leader has Designated Safeguarding Lead (DL) responsibility
- on appointment, the DL undertake inter-agency training and also undertake DL 'new to role' and an 'update' course every 2 years
- all other staff have Safeguarding training updated, as appropriate
- any weaknesses in Child Protection are remedied immediately
- one member of each Governing Board, usually the Chair, is nominated to liaise with the LA on Child Protection issues and in the event of an allegation of abuse made against the Principal
- Child Protection policies and procedures are reviewed annually and that the Child Protection policy is available on each Academy's website or by other means
- Each Governing Board considers how children may be taught about safeguarding: how to recognise when they are at risk and how to get help when they need it. This may be part of a broad and balanced curriculum covering relevant issues through Personal Social Health and Economic education (PSHE) - in the case of the Trust, through our Fantastic Futures curriculum (FF) and within this curriculum our Sex and Relationship Education (SRE). Our curriculum will provide opportunities for children and young people to discuss and debate a range of subjects including lifestyles, forced marriage, family patterns, religious beliefs and practices and human rights issues.

Students are encouraged to express and discuss their ideas, thoughts and feelings through a variety of activities and have access to a range of cultural opportunities which promote the fundamental British values of tolerance, respect, understanding and empathy for others. There is access to a range of extra-curricular activities, information and materials from a diversity of sources which not only promotes these values but supports the social, spiritual, moral well-being and physical and mental health of the students.

- 2.1.2 On the Wythenshawe campus, the Lead DL, Trish Jarvis, is a member of the Senior Leadership Team. The Deputy Designated Safeguarding Officers are Toni Brough and Mark Chapman. These Officers have undertaken the relevant training followed by bi-annual updates. On the Central campus, the DL is the Principal, Emily Reynard. Emily will be supported by the wider Trust safeguarding team along with David Grimes and Katherine Gibson (Deputy DL's)
- 2.1.3 The DLs who are involved in recruitment and at least one member of each Governing Board will also complete safer recruitment training (currently on-line on the DfE website) to be renewed every 5 years.
- 2.1.4 In accordance with "Keeping Children Safe in Education", all members of staff and volunteers are provided with child protection awareness information at induction, including in their staff policy pack and the Trust safeguarding statement so that they know who to discuss a concern with. They will also be given information about the behaviour for learning and anti-bullying policy, staff code of conduct, the importance of maintaining accurate registers and the process for reporting a child missing from education (CME) plus the contact details of the Safeguarding Team. All members of staff have a 'Safeguarding Information' card along with a Safeguarding flowchart. (Appendix 4)
- 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 DL 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 student who discloses abuse through sharing of the policy, briefings, CPD, 'Procedures if you have Cause for Concern' notices.
- 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 Trust's Child Protection Policy which is published in the parents' area on our website.
- 2.1.9 Our lettings policy will seek to ensure the suitability of adults working with children on Academy sites at any time.

- 2.1.10 Community users organising activities for children have their own policies and each Academy checks their policies match our own high standards.
- 2.1.11 We will ensure that child protection-type concerns or allegations against adults working in or for the Trust are referred to the LO 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 updated.
- 2.3 The name of the designated members of staff for Child Protection and the Designated Safeguarding Leads will be clearly advertised in each Academy, with a statement explaining the Academy'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 DLs' names clearly displayed, as part of their induction into the Trust.
- 2.5 The policy is available publicly either on each Academy website or by other means. Parents/carers are made aware of this policy and their entitlement to have a copy of it via the respective Academy newsletter/website.

3 Responsibilities

- 3.1 The designated DL is responsible for:
 - 3.1.1 Referring a child if there are concerns about possible abuse, to the Manchester Authority, and acting as a focal point for staff to discuss concerns. Referrals should be made in writing, following a telephone call using the Multi-Agency Referral Form (MARF).
 - 3.1.2 Keeping written records of concerns about a child even if there is no need to make an immediate referral.
 - 3.1.3 Ensuring that all such records are kept confidentially and securely and are separate from student records, until the child's 25th birthday, and are copied on to the child's next Academy or college.
 - 3.1.4 Ensuring that an indication of the existence of the additional file in 3.1.3 above is marked on the student records on SIMS.
 - 3.1.5 Liaise with the Local Authority and work with other agencies in line with the Working Together to Safeguard Children, updated guidance March 2018

- 3.1.6 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.

It is important that governing bodies and proprietors are aware that among other obligations, the Data Protection Act 2018 and the GDPR place duties on organisations and individuals to process personal information fairly and lawfully and to keep the information they hold safe and secure.

The Data Protection Act 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

- 3.1.7 Ensuring that any student currently with a child protection plan who is absent in the educational setting without explanation for two days is referred to their key worker's Social Care Team.
- 3.1.8 Organising child protection induction and update training every 2 years, for all Trust staff. In addition, staff will receive safeguarding updates every half term.
- 3.1.9 Providing, with the Principal, an annual report for the Trust and Governing Board, detailing any changes to the policy and procedures; training undertaken by the DL, and by all staff and governors; number and type of incidents/cases, and number of children on the child protection register (anonymised).

4 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 Academy 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 Trust will support all children by:
- 4.4.1 Teaching all students about safeguarding; 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 each Academy.

- 4.4.3 Liaising and working together with all other support services and those agencies involved in the safeguarding of children (see Appendix 3).
- 4.4.4 Notifying Social Care as soon as there is a significant concern, including informing the LA of any private fostering arrangements.
- 4.4.5 Providing continuing support to a child about whom there have been concerns who leaves the Trust by ensuring that appropriate information is copied under confidential cover to the child's new setting.

We are particularly alert to the potential need for **early help** for a child who:

- is disabled and has specific additional needs;
- has special educational needs (whether or not they have a statutory education, health and care plan);
- is a young carer;
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
- is frequently missing/goes missing from care or from home;
- is misusing drugs or alcohol themselves;
- Is at risk of modern slavery, trafficking or exploitation;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
- has returned home to their family from care;
- is showing early signs of abuse and/or neglect;
- is at risk of being radicalised or exploited;
- is a privately fostered child.

(Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges (DfE 2018))

Children and the court system

Children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. There are two age appropriate guides to support children 5-11-year olds and 12-17 year olds.

The guides explain each step of the process and support and special measures that are available. There are diagrams illustrating the courtroom structure and the use of video links is explained.

Making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. The Ministry of Justice has launched an online child arrangements information tool with clear and concise information on the dispute resolution service. This may be useful for some parents and carers.

Children missing from education

All staff should be aware that children going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may include sexual abuse or exploitation and child criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation or risk of forced marriage. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. Staff should be aware of their school's or college's unauthorised absence and children missing from education procedures.

Children with family members in prison

Approximately 200,000 children have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. NICCO provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

4.46 Looked After Children

- To ensure Trust staff have the skills, knowledge and understanding necessary to keep looked after children safe.
- To ensure that appropriate staff have the information they need in relation to a child's looked after legal status.
- To promote the educational achievement of children who are looked after.
- To ensure the designated teacher for looked after children has the appropriate training.

We have a duty to ensure school personnel have the **skills, knowledge and understanding** to keep looked after children safe and to be alert to the additional safeguarding challenges to children with special educational needs and disabilities.

4.47 Children with Special Educational Needs and Disabilities

- To ensure Trust personnel are trained in recognising abuse and neglect in children with special educational needs and disabilities.

Special Educational Needs

- be alert to the specific needs of children in need, those with special educational needs and young carers.
- be aware that Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. These can include:
- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;

- being more prone to peer group isolation than other children;
- the potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.
- provide extra pastoral support for children with SEN and disabilities;

We are aware that safeguarding incidents and/or behaviours can be associated with factors outside the school and/or can occur between children outside the school. We must consider, at all times, the context within which such incidents and/or behaviours occur. This is known as '**contextual safeguarding**, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare.'

4.48 Peer-on-Peer Abuse

We are aware that safeguarding issues can manifest themselves via **peer on peer abuse** in the form of bullying (including cyberbullying); physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexual violence (see sexual abuse p22) and sexual harassment; sexting (also known as youth produced sexual imagery); and initiation/hazing type violence and rituals. 'The starting point should always be that sexual violence and harassment are not acceptable and will not be tolerated.' DfE, Sexual violence and harassment between children in schools and colleges (2018)

- deal with all incidents of peer-on-peer abuse by:
 1. investigating the incident;
 2. meeting with the appropriate school personnel;
 3. meeting with the pupils involved;
 4. meeting with parents;
 5. providing support for both victims and perpetrators;
 6. making a record of all incidents;
 7. ensure school personnel deal with safeguarding through activities and opportunities in PSHE/Citizenship will equip the children with the necessary skills and awareness to stay safe from abuse.

5 Confidentiality

- 5.1 We recognise that all matters relating to child protection are confidential.
- 5.2 The Principal or DLs will disclose any information about a child to other members of staff on a need to know basis only.
- 5.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

- 5.4 All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.
- 5.5 We will always undertake to share our intention to refer a child to Social Care with their parents/carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with the First Response Team on this point.

6 Supporting Staff

- 6.1 We recognise that staff working in the Trust 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 DLs and to seek further support as appropriate.

7 Allegations against staff

- 7.1 All Trust 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 Manchester's Guidance on behaviour issues, and the Trust's own Behaviour for Learning policy.
- 7.3 Guidance about conduct and safe practice, including safe use of mobile phones and social networking by staff and volunteers will be given during staff CPD and at induction. The policy is available to all staff.
- 7.4 We understand that a student may make an allegation against a member of staff.
- 7.5 If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Principal.
- 7.6 The Principal on all such occasions will discuss the content of the allegation with the Manchester Authority Designated Officer (LO).
- 7.7 If the allegation made to a member of staff concerns the Principal, the person receiving the allegation will immediately inform the Chair of Governors who will consult as in 7.6 above, without notifying the Principal first.
- 7.8 The Trust will follow the Manchester 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 LO.

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

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

8 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 Trust, they should speak in the first instance to the Area Education Officer/LO following the Whistleblowing Policy.

8.3 Whistle-blowing re the Principal should be made to the Chair of the Governing Board whose contact details are readily available to staff (as pertinent to setting).

9 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. (Refer to Behaviour for Learning Policy)

9.2 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.

9.3 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.

10 Anti-Bullying

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

are more susceptible to being bullied/victims of child abuse. We keep a record of bullying incidents.

11 Racist Incidents

11.1 Our policy on racist incidents is set out in our Behaviour for Learning policy, 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.

12 Prevention

12.1 We recognise that the Trust 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 Trust 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 through a range of student voice activities, e.g. through safety questionnaires, participation in anti-bullying week, asking children to report whether they have had happy/sad lunchtimes/playtimes, Student Council forums.

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

12.2.4 Include safeguarding across the curriculum, including FF, opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help. In particular this will include anti-bullying work, e-safety and personal safety/risk taking.

12.2.5 Ensure all staff are aware of Trust guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks.

12.26 Sexting

To deal with all incidents of sexting by:

- meeting with the appropriate Academy personnel;
- meeting with the pupils involved;
- informing the parents unless by doing so will put the pupil(s) at risk;
- not viewing the imagery unless it is unavoidable;
- contacting social care or the police if the pupil is at risk of harm.

- To make Academy personnel aware of the increased number of cases of sexting among under 16 year olds and the damaging effects that it is having.
- To ensure sexting becomes an important topic for discussion with students as part of the Fantastic Futures curriculum.

13 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 each Academy environment and, for example, in relation to internet use, and when away from the Academy and when undertaking Academy trips and visits.

13.2 Covert Cameras and CCTV

- To ensure that regular checks of the Academy premises take place especially of changing area by the Site Manager for hidden cameras.
- To ensure that all areas of the Academy are kept clutter-free in order to prevent the placing or installation of covert cameras.
- To ensure the following procedure is undertaken if a covert camera is found:
 - will contact the police outlining all known details
 - will not touch the device
 - will not look at any images on the camera
 - will close off the area where the device was found as this is now a crime scene
 - will not move or remove any articles etc. in the crime scene
 - will inform the local authority Designated Officer
 - will write an incident report
- To ensure that all CCTV cameras are periodically checked to ensure that they are not facing:
 - areas of expected privacy
 - mirrors

14 Monitoring and Evaluation

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

- Governing Board visits to their Academy
- SLT 'drop ins' and discussions with children and staff
- Student surveys and questionnaires
- Scrutiny of Attendance data
- Scrutiny of range of risk assessments
- Scrutiny of GB minutes
- Logs of bullying/racist/behaviour incidents for SLT and GB to monitor
- Review of parental concerns and parent questionnaires
- Review of the use of the Inclusion Centre

This policy also links to our policies on:

- Behaviour for Learning
- Whistleblowing
- Health & Safety
- Attendance
- Teaching and Learning
- Administration of medicines
- E-Safety, including staff use of mobile phones
- Social Networking Policy
- Preventing Extremism and Radicalisation

We recognise that other specific safeguarding issues may arise at any time for any young person and we are committed to working other agencies. For example: CHANNEL with regard to radicalisation or The Protect Team with regard to CSE.

Appendix 1

Recognising signs of child abuse:

Abuse is 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. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or by another child or children.

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, Families and Social Care

The absence of such indicators does not mean that abuse or neglect has not occurred.

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
- 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 3cm 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, eg

- 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 on his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation
- Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint.

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

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

Scars

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

Recognising Emotional Abuse

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

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer, e.g. anxious, indiscriminate or non-attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scapegoated within the family
- Frozen watchfulness, particularly in pre-Academy 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, eg for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

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

Sexual Abuse by Young People

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

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

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

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

Abusive sexual activity including 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, eg 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 Academy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

Child Sexual Exploitation

We are aware that 'Child **sexual exploitation** is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.' We will report any concerns we may have regarding a pupil being possibly sexually exploited.

(Child sexual exploitation: Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation (DfE February 2017))

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 Academy, 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

Forced Marriage (FM)

Forced Marriage became a criminal offence in June 2014. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as an Academy or through a third party.

Honour based violence

We are aware that 'so-called 'honour-based' violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing'.

School personnel who have a concern regarding a child that might be at risk of HBV or who has suffered from HBV will report their concern to the DL or deputy DL.

Female Genital Mutilation (FGM)

The Academy follows the Multi Agency Statutory Guidance on FGM April 2016.

Female Genital Mutilation (FGM) is a violation of human rights of girls and women. It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

We are aware that section 5b of the FGM Act 2003 has introduced a mandatory reporting duty which requires health and social care professionals and teachers in England and Wales to report to the police when a girl under the age of 18 informs them that FGM has been carried out on them or if they observe physical signs that FGM has been carried out.

What is FGM?

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

4 types of procedure:

- Type 1 Clitoridectomy – partial/total removal of clitoris
- Type 2 Excision – partial/total removal of clitoris and labia minora
- Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia
- Type 4 All other procedures that may include pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

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

Is FGM legal?

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

Circumstances and occurrences that may point to FGM happening:

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

Signs that may indicate a child has undergone FGM:

- Prolonged absence from Academy and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

The 'One Chance' Rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that Academies/Colleges take action without delay.

Links to key legislation and guidance:

Keeping Children Safe in Education July 2015, updated September 2018

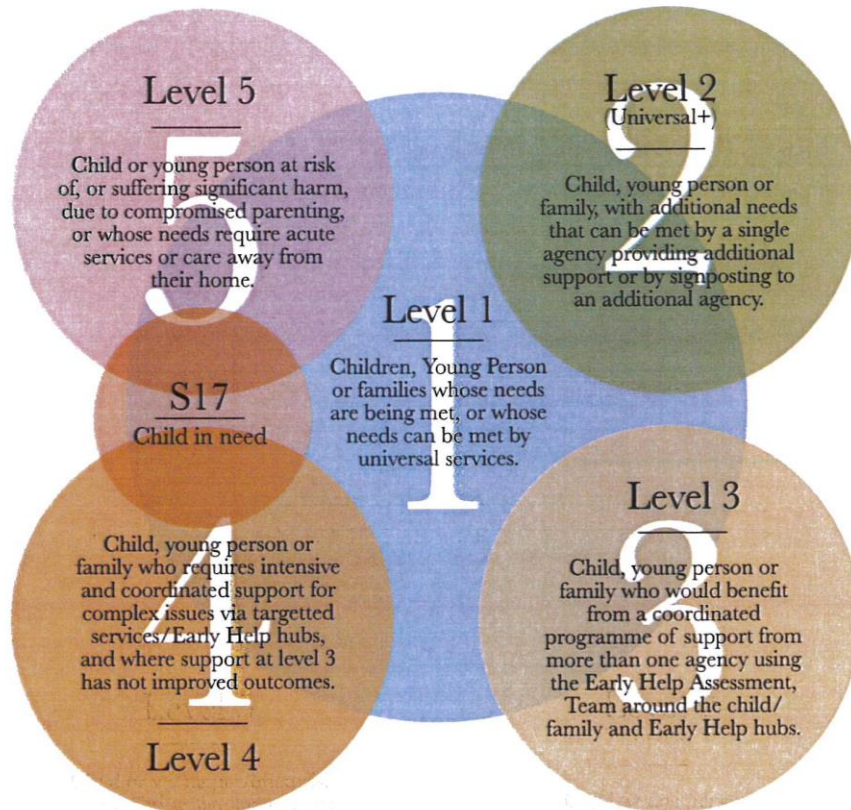
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550511/Keeping_children_safe_in_education.pdf

Further information on Safeguarding and Safeguarding Policies can be found on the MSCB website:

<http://www.manchesterscb.org.uk/>

Appendix 3

THE FIVE LEVELS OF NEED



- 1.6 The five levels have been set out to reflect that children often move in a non-structured way between levels. The removal of the previous definitive tiered 'thresholds' (which were often directly linked to specific service delivery thresholds) will support the aspiration to formulate bespoke sequenced interventions that are able to quickly flex if individuals move up and down the continuum. It also supports the awareness that, whatever level the child's needs, they continue to be supported at a Universal level throughout.

Appendix 4

Safeguarding flowchart for staff

