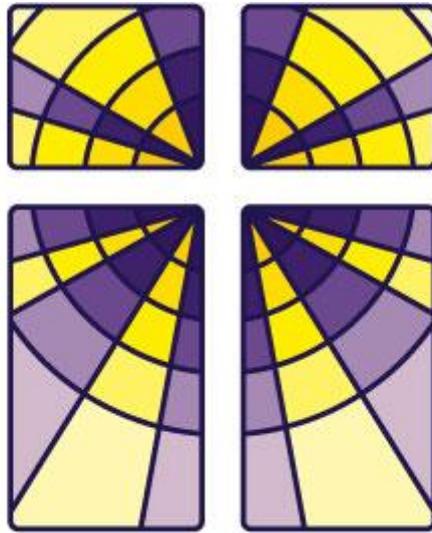


CHILD PROTECTION AND SAFEGUARDING POLICY



St PAUL'S CATHOLIC COLLEGE

“Dear friends, let us love one another, because love comes from God. Whoever loves is a child of God and knows God. Whoever does not love does not know God, for God is love. “

1 John 4:7-8

Drafted by: Designated Safeguarding Lead, CLT

Approved by Governors: April 2016

Next Review: June 2018

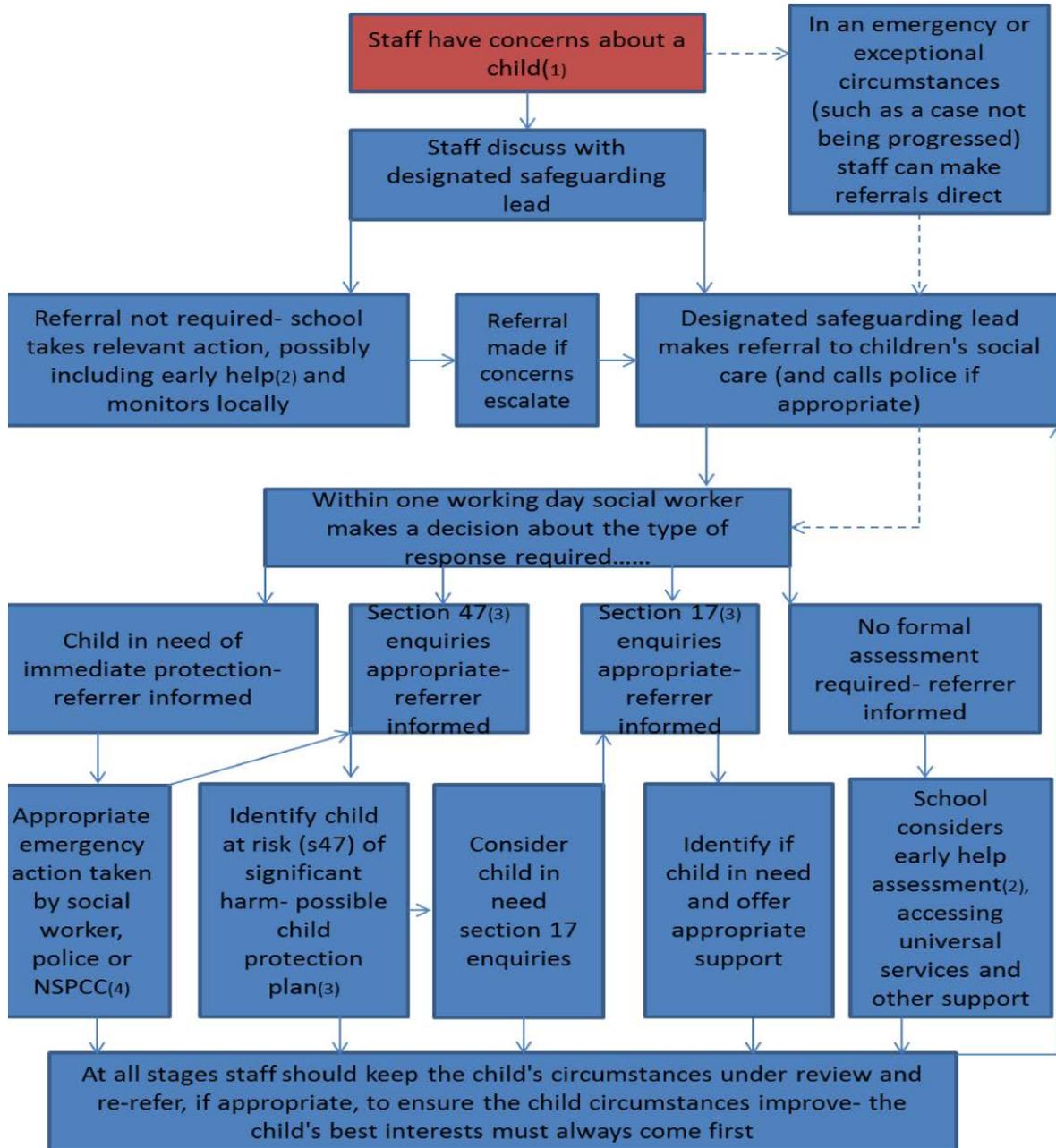
To be reviewed by: Designated Safeguarding Lead, CLT and Safeguarding Working Party

This policy should be read in conjunction with all other policies and not as a standalone policy

CHILD PROTECTION AND SAFEGUARDING POLICY

Key Contacts: Head Teacher: Rob Carter	
Designated Safeguarding Lead	Elizabeth Cotterill
Deputy Safeguarding Lead	Sam Kirwin KS3 Trina Galbraith KS4 Sarah Duffield KS5
Lead Governor for Child Protection:	Richard Goddard
West Sussex Children's Services: Children's Access Point: (CAP): East Sussex Duty and Assessment Team West	Tel: 01403 229900 Fax: 01403 754205 cap@westsussex.gcsx.gov.uk 01323 747373
Local Authority Designated Officer (LADO):	0330 222 3337

Actions when there are concerns about a child



1 INTRODUCTION AND CONTEXT

Our Principles

- 1.1 The purpose of this policy is to inform staff¹, parents, volunteers and governors about the school's responsibilities for safeguarding children and to enable everyone to have a clear understanding of how these responsibilities should be carried out.
- 1.2 The Governing body takes seriously its responsibility to safeguard and promote the welfare of children in its care; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support children who are, or who may be, 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 children from harm, and that the child's welfare is our paramount concern.
- 1.4 All staff members believe that our school should provide a caring, positive safe and stimulating environment that promotes the social, physical and moral development of the individual child.
- 1.5 Staff members working with children are advised to maintain an attitude of 'it could happen to a child we know' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.
- 1.6 In line with the law, this policy defines a child as anyone under the age of 18

This college will:

- Support the child's development in ways that will foster security, confidence and independence.
- 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 may be worried about being listened to.
- Provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the school, contribute to assessments of need and support packages for those children.
- Emphasise the need for good levels of communication between all members of staff and between the school and other agencies.
- Have and regularly review a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse.

¹ Wherever the word "staff" is used, it covers ALL staff on site, including ancillary and supply staff, and volunteers working with children

CHILD PROTECTION AND SAFEGUARDING POLICY

- Develop and promote effective working relationships with other agencies, especially the Police and Children’s Services.
- Ensure that all adults within our school who have substantial access to children have been recruited and checked as to their suitability in accordance with Part Three of Keeping Children Safe in Education (DfE 2016).

Our Policy

There are the following elements to our policy which are described in the following sections:

- Statutory Framework
- Roles and responsibilities for safeguarding
- Managing referrals and concerns regarding individual children
- Training
- Raising Awareness and other duties
- Procedures and processes that should be followed
- When to be concerned – Types of abuse and signs of abuse that staff and volunteers should look out for
- Confidentiality
- Dealing with disclosure
- Allegations against staff
- Whistleblowing
- Physical intervention
- Bullying
- Racist incidents
- Prevention
- Health and Safety
- Private fostering

2 STATUTORY FRAMEWORK

This policy should be read in conjunction with ‘Keeping children safe in education ‘ September 2016 which is statutory guidance to be read and followed alongside ‘Working together to safeguard children (March 2015) a guide to interagency working to safeguard and promote the welfare of children.

These documents are available at the following links

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/447595/KCSIE_September_2016.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

CHILD PROTECTION AND SAFEGUARDING POLICY

Furthermore, we will follow the procedures set out by West Sussex County Council Local Safeguarding Board:

<https://www.westsussex.gov.uk/education-children-and-families/keeping-children-safe/west-sussex-safeguarding-children-board/> .

3 RESPONSIBILITIES

3.1 General school staff responsibilities:

- Schools should be aware of and follow the Sussex Child Protection & Safeguarding Procedures, produced by West Sussex, East Sussex, and Brighton & Hove and available as an electronic copy at <http://pansussexscb.proceduresonline.com/index.htm>
- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions.
- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of children, including procedures to be followed if a child harms another child or a member of staff is accused of abuse, or suspected of abuse
- A 'Designated Safeguarding Lead' should have responsibility for co-ordinating action within the school and liaising with other agencies (see below for further details).
- Designated Members of Staff for Child Protection undergo updated child protection training every year. The head teacher and all members of staff are provided with regular updated child protection training annually.
- The school's lettings policy will ensure the suitability of adults working with children on school premises at any time. Those authorised by the school to work with children on school premises should enter into a formal commitment to comply with the school's child safeguarding responsibilities. Community users organising activities for children will be made aware of the school's child protection guidelines and procedures and will confirm their commitment to abide by them.

3.2 Responsibilities of the Governing Body:

Governing bodies must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in their schools or colleges are effective and comply with the law at all times.

The nominated governor for child protection in this school is:

Name: Graham Bartlett

CHILD PROTECTION AND SAFEGUARDING POLICY

The responsibilities placed on governing bodies and proprietors include:

- Ensuring that an effective child protection policy is in place and reviewed annually, together with a staff behaviour policy (code of conduct) and that these are provided to all staff – including temporary staff and volunteers – on induction and that staff are kept up to date with changes.
- Contributing to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified.
- Appointing a designated safeguarding lead who should undergo refresher child protection training annually.
- Ensuring that schools and colleges create a culture of safe recruitment and, as part of that, adopt recruitment procedures that help deter, reject or identify people who might abuse children (Part Three: Safer Recruitment. Keeping Children Safe in Education 2016).
- Ensuring that at least one member of an appointing panel will have attended safer recruitment training.
- Ensuring that the school/college keeps an up to date single central record of all staff and volunteers and the dates of all appropriate safeguarding checks.
- Monitoring the adequacy of resources committed to child protection, and the staff and governor training profile.
- Recognising that neither it, nor individual governors, have a role in pursuing or managing the processes associated with individual cases of child protection, nor a right to know details of such cases, except when exercising their disciplinary functions in respect of allegations against staff
- Making sure that the child protection policy is available to parents on request.
- Ensuring that this policy and practice complements other policies e.g. anti-bullying including cyber bullying and health and safety to ensure safeguarding.
- Prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns.
- Should ensure that children are taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This includes teaching relevant issues through PHSE and sex and relationship education.

The nominated governor for child protection should agree with the Governing Body how these responsibilities should be monitored and reported.

4 THE DESIGNATED SAFEGUARDING LEAD FOR CHILD PROTECTION

The Designated Safeguarding Lead in the college is:

NAME: Elizabeth Cotterill

The Deputy Designated Safeguarding Lead in this College is:

NAME: Sam Kirwin KS3, Trina Galbraith KS4, Sarah Duffield KS5

The broad areas of responsibility for the designated member of staff are:

4.1 Managing referrals and concerns regarding individual children:

- Referring all cases of suspected abuse to the West Sussex Children's Access Point and to the Police (cases where a crime may have been committed).
- Sending a written record of the referral to the Children's Access Point by the end of the working day the referral is made.
- Keeping written records of concerns about a child even if there is no need to make an immediate referral, (the 'child protection file')
- Ensuring that all such records are kept confidentially and securely and are separate from child records, and if these are stored electronically, that they are differently password protected from the child's other files, and accessible only by the head teacher/designated leads.
- Ensuring that an indication of further record-keeping is marked on the child's records.
- Liaise with the head teacher or principal to inform him or her of issues especially new or on-going child protection investigation enquiries and police investigations.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.

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- Ensuring that either they or the class teacher or *residential key worker*² attends Child Protection Conferences, core groups, or other multi-agency planning meetings, contributes to assessments, and provides a report which will normally have been shared with the parents. (In some circumstances it may not be appropriate to share the report to conference with parents. If the DSL is uncertain on this point advice can be obtained from the allocated social worker).
- Ensuring that any child who is subject to a child protection plan and who is absent without explanation for two days or more is referred to their key worker's Social Care Team. In some cases any absence may be a cause for concern and warrant immediate reporting.
- Where children leave the school or college, ensure their child protection file is copied for any new school or college as soon as possible but transferred separately from the main child file. (The original child protection file being retained by the former school or college).

4.2 Training

The Designated Safeguarding Lead should undertake the initial designated member of staff training and subsequent refresher courses every year in order to:

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments.
- Be alert to those children within the school who are at risk or experiencing: domestic violence; female genital mutilation; children missing from education; child trafficking; bullying which includes race/hate or homophobic behaviour.
- Have a working knowledge of how the local authority conducts a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
- Be alert to the specific needs of children in need, those with special educational needs and young carers.
- Be able to keep detailed, accurate, secure written records of concerns and referrals.
- Obtain access to resources and attend any relevant or refresher training courses.
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.

² this only applies to residential schools

CHILD PROTECTION AND SAFEGUARDING POLICY

- Link with the West Sussex Local Safeguarding Children Board (LSCB) to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Organising child protection training for all staff every year.

Raising Awareness and other duties

- The designated safeguarding lead should ensure the setting's policies are known and used appropriately: ensuring each member of staff has access to and understands setting's child protection policy and procedures, especially new and part time staff. In addition the DMS should ensure that **all staff read, and understand at least, Part One of Keeping Children Safe in Education 2016.**
- Ensure the setting's child protection policy is reviewed annually, the procedures and implementation are updated and reviewed regularly, and work with governing bodies regarding this.
- Ensure the child protection policy is available publicly, parents are aware that referrals about suspected abuse or neglect may be made and the role of the school or college in this.

5 PROCEDURES

- 5.1 If any member of staff is concerned about a child he or she must inform the Designated Safeguarding Lead.
- 5.2 The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations. Do not add comments or opinion although observations about a child's demeanour or emotional state may be recorded.
- 5.3 The Designated Safeguarding Lead will decide whether the concerns should be referred to Children's Access Point. If it is decided to make a referral to the CAP this will be discussed with the parents, unless to do so would place the child at further risk of harm. (The CAP is able to provide advice on this question).
- 5.4 Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.
- 5.5 If a child who is/or has been the subject of a child protection plan changes school, the Designated Safeguarding Lead will inform the social worker responsible for the case and transfer the appropriate records to the Designated Safeguarding Lead at the receiving school, in a secure manner, and separate from the child's academic file.

5.6 The Designated Safeguarding Lead is responsible for making the college leadership team aware of trends in behaviour that may affect child welfare. If necessary, training will be arranged.

5.7 Staff have a duty to refer safeguarding concerns to the Designated Safeguarding Lead. However if:

- concerns are not taken seriously by an organisation or
- action to safeguard the child is not taken by professionals and
- the child is considered to be at continuing risk of harm

then staff should speak to the DSL or Headteacher in their school and/or contact a manager in the Children's Access Point.

5.8 If, at any point there is a risk of immediate serious harm to a child, a referral should be made to the Children's Access Point immediately. **WSSC Emergency Duty Team 0330 222 3339 or East Sussex Assessment Team West 01323747373 or call 999** if you are concerned a child needs immediate protection. **Anybody can make a referral.** If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.

5.9 If the allegations concern harm perpetrated by children in the school then staff should follow section 8.7 of the West Sussex Child Protection and Safeguarding Procedures - Children who Harm Other Children.

6 WHEN TO BE CONCERNED

All staff and volunteers should be aware of the main categories of abuse:

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

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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 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) by establishing a close relationship or friendship. . 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.

For further details of these categories please see Appendix 1.

Other aspects of risk requiring special attention

In addition school staff should be aware of these specific safeguarding issues Schools should ensure that, where such risks may be more likely, that staff are guided on how to understand and act accordingly where there is concern:

- child sexual exploitation (CSE) - see also Appendix 1 page 24
- bullying including cyberbullying
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM) – see also Appendix 1 page 24
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- private fostering

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- radicalisation
- sexting
- teenage relationship abuse
- trafficking
- self-harm

Links to many of these topics can be found in Keeping Children Safe in Education
<https://www.gov.uk/government/publications/keeping-children-safe-in-education>
page 9

7 CONFIDENTIALITY

- 7.1 We recognise that all matters relating to child protection are confidential.
- 7.2 The Headteacher or DSL will disclose any child protection related information about a child to other members of staff on a need to know basis only.
- 7.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- 7.4 All staff must be aware that they cannot promise a child to keep secrets if doing so might compromise the child's safety or wellbeing.
- 7.5 We will always undertake to share our intention to refer a child to Children's Services with the 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 Duty Manager at the Assessment Team at Children's Services.

8 DEALING WITH A DISCLOSURE

- 8.1 If a child discloses that he or she has been abused in some way the member of staff or volunteer should:
 - accept what the child says.
 - stay calm, the pace should be dictated by the child without them being pressed for detail by asking leading questions such as "did x touch you there?" It is our role to listen - not to investigate.
 - use open questions such as "Is there any thing else you want to tell me?" or "yes?" or "and?"
 - be careful not to burden the child with guilt by asking questions like "Why didn't you tell me before?" but you could ask 'have you spoken to anyone else about this?'
 - acknowledge how hard it was for the child to tell you.
 - do not criticise the perpetrator, the child might have a relationship with them.

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- do not promise confidentiality, but reassure the child that they have done the right thing, explain whom you will have to tell (the designated lead) and why; and, depending on the child's age, what the next stage will be. It is important that you avoid making promises that you cannot keep such as "I'll stay with you all the time" or "It will be all right now".

8.2 When recording information:

- Make some brief notes at the time or immediately afterwards; record the date, time, place and context of disclosure or concern. Record facts and what is said but not your assumption or interpretation.
- facts and not assumption or interpretation.
- If it is observation of bruising or an injury try to record detail, e.g. "right arm above elbow"
- Note the non-verbal behaviour and the key words in the language used by the child (try not to translate into 'proper terms').
- It is the duty of the member of staff to inform the DSL of what has been discussed. The staff member will write up details of the conversation with the student as soon as possible on the **record of concern form** (*template can be found at the end of this policy*) and deliver it to the DSL.
- All concerns should be recorded promptly and passed to a DSL. See Appendix for a flowchart to explain the procedure.
- Staff should **not** wait until the following day to report a concern. Information will be shared on a need-to-know basis only.
- Issues or concerns will not be discussed with colleagues, friends or family

8.3 We recognise that staff working in a school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting. We will support such staff by providing an opportunity to talk through their anxieties with the DMS and to seek further support as appropriate. WSCC school staff have access to a free, 24/7 and confidential counselling service.

9 ALLEGATIONS AGAINST STAFF

9.1 An allegation is any information which indicates that a member of staff/volunteer may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children

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- 9.2 This applies to any child the member of staff/volunteer has contact with in their personal, professional or community life.
- 9.3 To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook, school code of conduct or Government document '*Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings*'. It is best practice for a school to have a signed acknowledgement from staff members to show that this has occurred.
- 9.4 The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification. It is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.
- 9.5 Actions to be taken include: making an immediate written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Head Teacher.
- 9.6 If the concerns are about the Head Teacher, then the Chair of Governors should be contacted. The Chair of Governors in this school is:

NAME: Richard Goddard

In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair in this school is:

NAME: Sara Lawrence

Contact with the Chair or the Vice Chair of Governors can be made through the school office. If for any reason this causes a delay (for example the office is closed) then the concerns should be referred to the Children's Access Point.

- 9.6 The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter. The Head Teacher or Chair will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer on 0330 222 3337:

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- 9.7 If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay. If it is decided that the allegation meets the threshold for safeguarding, the next steps will take place in accordance with section 8.2 of the Sussex Child Protection and Safeguarding Children Procedures.
- 9.8 If, at the completion of the allegations management process, a school or college dismisses an individual (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason.
- 9.9 If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school's internal procedures.

10 WHISTLEBLOWING (CONFIDENTIAL REPORTING)

The College has a whistleblowing policy (or Confidential Reporting Policy). This enables any member of staff to make complaints about conduct within the school to a person outside the school on a confidential basis and without fear that their confidentiality will be breached. This policy will rarely be applicable where a referral of abuse or risk to a child needs to be reported unless that abuse or risk arises within the school itself. Referrals in such cases should still be made to the DMS or as indicated in this policy. Where the circumstances are such that a member of staff believes that a complaint can only safely be made to person outside the school then reference should be made to the school's Confidential Reporting Policy.

11 PHYSICAL INTERVENTION

- 11.1 Our policy on physical intervention by staff is set out separately, and acknowledges 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.
- 11.2 Such events should be recorded and signed by a witness.
- 11.3 Staff who are likely to need to use physical intervention will be appropriately trained in the Team Teach technique.
- 11.4 We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.

12 BULLYING

Our policy on bullying (this includes homophobic and gender related bullying) is set out in a separate document.

13 RACIST INCIDENTS

Our policy on racist incidents is set out in a separate document .

14 PREVENTION

We recognise that the school plays a significant part in the prevention of harm to our children by providing them with good lines of communication with trusted adults, supportive friends and an ethos of protection.

The school community will therefore:

- Establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
- Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.
- Include across the curriculum, including Personal, Social, Health and Economic Education and Citizenship , opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help.

15 HEALTH & SAFETY

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

16 PRIVATE FOSTERING

Private Fostering

A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more.

A close family relative is defined as a 'grandparent, brother, sister, uncle or aunt' and includes half-siblings and step-parents; it does not include great-aunts or uncles, great grandparents or cousins.

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Parents and private foster carers both have a legal duty to inform the relevant local authority at least six weeks before the arrangement is due to start; not to do so is a criminal offence.

Whilst most privately fostered children are appropriately supported and looked after, they are a potentially vulnerable group who should be monitored by the local authority, particularly when the child has come from another country. In some cases privately fostered children are affected by abuse and neglect, or be involved in trafficking, child sexual exploitation or modern-day slavery.

The College has a mandatory duty to report to the local authority where they are aware or suspect that a child is subject to a private fostering arrangement. Although they have a duty to inform the local authority, there is no duty for anyone, including the private foster carer or social workers to inform the college. However, it should be clear to the academy who has parental responsibility.

Staff should notify the designated safeguarding lead when they become aware of private fostering arrangements. The designated safeguarding lead will speak to the family of the child involved to check that they are aware of their duty to inform the LA. The college itself has a duty to inform the local authority of the private fostering arrangements.

On admission, we will take steps to verify the relationship of the adults to the child who is being registered.

17 E-SAFETY

We are thoroughly committed to improving student's e-safety awareness.

If a student, parent/carer or member of staff has a concern relating to e-safety students are encouraged to report it. There is a CEOP button on the academy website or they can report it to the Principal or any other member of staff. Please refer to our E-Safety Policy which can be found on the website.

9.3 Photography and images

The vast majority of people who take or view photographs or videos of children do so for entirely innocent, understandable and acceptable reasons. Sadly, some people abuse children through taking or using images, so we must ensure that we have some safeguards in place.

To protect students we will:

- ☑ Seek their consent for photographs to be taken or published (for example, on our website or in newspapers or publications)
- ☑ Seek parental consent
- ☑ Use only the student's first name with an image
- ☑ Ensure students are appropriately dressed
- ☑ Encourage students to tell us if they are worried about any photographs that are taken of them

Devices and personal phones will be checked if there are student or safeguarding concerns

Parents, carers or relatives may only take still or video photographic images of pupils in the academy or on academy-organised activities with the prior consent of the academy and then only in designated areas. If parents do not wish their children to be photographed or filmed and express this view in writing, their rights will be respected.

CHILD PROTECTION AND SAFEGUARDING POLICY

West Sussex would like to acknowledge the assistance of Hertfordshire County Council and Shropshire County Council whose documentation was referred to during the preparation of this model policy.

APPENDIX 1 - INDICATORS OF HARM

PHYSICAL ABUSE

Physical abuse 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.

Indicators in the child

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- 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, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- 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
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- 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

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, 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.

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Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, 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.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get but and there will be splash marks

Scars

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

Emotional / behavioural presentation

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school

An explanation which is inconsistent with an injury

Several different explanations provided for an injury

Indicators in the parent

May have injuries themselves that suggest domestic violence

Not seeking medical help/unexplained delay in seeking treatment

Reluctant to give information or mention previous injuries

Absent without good reason when their child is presented for treatment

Disinterested or undisturbed by accident or injury

Aggressive towards child or others

Unauthorised attempts to administer medication

Tries to draw the child into their own illness.

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Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault

Parent / carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids

Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.

May appear unusually concerned about the results of investigations which may indicate physical illness in the child

Wider parenting difficulties may (or may not) be associated with this form of abuse.

Parent / carer has convictions for violent crimes.

Indicators in the family/environment

Marginalised or isolated by the community

History of mental health, alcohol or drug misuse or domestic violence

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children 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 the 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, though it may occur alone.

Indicators in the child

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Developmental delay
Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
Aggressive behaviour towards others
Child scapegoated within the family
Frozen watchfulness, particularly in pre-school children
Low self-esteem and lack of confidence
Withdrawn or seen as a 'loner' - difficulty relating to others
Over-reaction to mistakes
Fear of new situations
Inappropriate emotional responses to painful situations
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
Self-harm
Fear of parents being contacted
Extremes of passivity or aggression
Drug/solvent abuse
Chronic running away
Compulsive stealing
Low self-esteem
Air of detachment – 'don't care' attitude
Social isolation – does not join in and has few friends
Depression, withdrawal
Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
Low self-esteem, lack of confidence, fearful, distressed, anxious
Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
Abnormal attachment to child e.g. overly anxious or disinterest in the child
Scapegoats one child in the family
Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
Wider parenting difficulties may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

Lack of support from family or social network.
Marginalised or isolated by the community.
History of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

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Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

NEGLECT

Neglect is 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.

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

Swollen limbs with sores that are slow to heal, usually associated with cold injury

Abnormal voracious appetite

Dry, sparse hair

Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea

Unmanaged / untreated health / medical conditions including poor dental health

Frequent accidents or injuries

Development

General delay, especially speech and language delay

Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders

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Absence of normal social responsiveness
Indiscriminate behaviour in relationships with adults
Emotionally needy
Compulsive stealing
Constant tiredness
Frequently absent or late at school
Poor self esteem
Destructive tendencies
Thrives away from home environment
Aggressive and impulsive behaviour
Disturbed peer relationships
Self-harming behaviour

Indicators in the parent

Dirty, unkempt presentation
Inadequately clothed
Inadequate social skills and poor socialisation
Abnormal attachment to the child .e.g. anxious
Low self- esteem and lack of confidence
Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
Child left with adults who are intoxicated or violent
Child abandoned or left alone for excessive periods
Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

History of neglect in the family
Family marginalised or isolated by the community.
Family has history of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating

Lack of opportunities for child to play and learn

SEXUAL ABUSE

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.

Indicators in the child

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas

Recurrent pain on passing urine or faeces

Blood on underclothes

Sexually transmitted infections

Vaginal soreness or bleeding

Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father

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

Emotional / behavioural presentation

Makes a disclosure.

Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit

Inexplicable changes in behaviour, such as becoming aggressive or withdrawn

Self-harm - eating disorders, self-mutilation and suicide attempts

Poor self-image, self-harm, self-hatred

Reluctant to undress for PE

Running away from home

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Poor attention / concentration (world of their own)
Sudden changes in school work habits, become truant
Withdrawal, isolation or excessive worrying
Inappropriate sexualised conduct
Sexually exploited or indiscriminate choice of sexual partners
Wetting or other regressive behaviours e.g. thumb sucking
Draws sexually explicit pictures
Depression

Indicators in the parents

Comments made by the parent/carer about the child.
Lack of sexual boundaries
Wider parenting difficulties or vulnerabilities
Grooming behaviour
Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.
History of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Family member is a sex offender.

Specific Safeguarding Issues:

Please see page 9 of this policy for a list of specific issues relating to safeguarding and details of links to government web-sites with more information regarding these issues.

Further information on Child Sexual Exploitation and Female Genital Mutilation and Prevent

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the

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exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming.

However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse. (Keeping Children Safe in Education September 2015)

Key indicators of children being sexually exploited may include;

- ☒ going missing for periods of time or regularly coming home late;
- ☒ regularly missing education or not taking part in education;
- ☒ displaying inappropriate sexualised behaviour
- ☒ Receiving unexplained gift or gifts from unknown sources
- ☒ Associating with other young people involved in exploitation;
- ☒ Having multiple phones
- ☒ mood swings or changes in emotional wellbeing
- ☒ Seen at strange meeting places (hotels or known places of concern)
- ☒ Having older boyfriends / girlfriends
- ☒ Self-harming / drug or alcohol misuse
- ☒ Injuries (physical)
- ☒ Normal procedures for reporting any concerns would apply for this too

Staff should also be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as such.

There are three main types of child sexual exploitation:

- ☒ **Inappropriate relationships** - Usually involves just one abuser who has inappropriate power – physical, emotional or financial – or control over a young person. The young person may believe they have a genuine friendship or loving relationship with their abuser.
- ☒ **Boyfriend** - Abuser grooms victim by striking up a normal relationship with them, giving them gifts and meeting in cafés or shopping centres. A seemingly consensual sexual relationship develops but later turns abusive. Victims are required to attend parties and sleep with multiple men and threatened with violence if they try to seek help.
- ☒ **Organised exploitation and trafficking** - Victims are trafficked through criminal networks – often between towns and cities – and forced or coerced into sex with multiple men. They may also be used to recruit new victims. This serious organised activity can involve the buying and selling of young people.

Female Genital Mutilation (FGM) refers to procedures that intentionally alter or cause injury to the female genital organs or non-medical reasons. The practice is illegal in the UK. FGM typically takes place between birth and around 15 years old; however, it is believed that the majority of cases happen between the ages of 5 and 8.

Risk factors for FGM include:

- ☒ low level of integration into UK society
- ☒ mother or a sister who has undergone FGM

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- ☒ girls who are withdrawn from PSHE
- ☒ visiting female elder from the country of origin
- ☒ being taken on a long holiday to the country of origin
- ☒ talk about a 'special' procedure to become a woman

Symptoms of FGM

FGM may be likely if there is a visiting female elder, there is talk of a special procedure or celebration to become a woman, or parents wish to take their daughter out-of-college to visit an 'at-risk' country (especially before the summer holidays), or parents who wish to withdraw their children from learning about FGM.

Indications that FGM may have already taken place may include

- ☒ difficulty walking, sitting or standing and may even look uncomfortable.
- ☒ spending longer than normal in the bathroom or toilet due to difficulties urinating.
- ☒ spending long periods of time away from a classroom during the day with bladder or menstrual problems.
- ☒ frequent urinary, menstrual or stomach problems.
- ☒ prolonged or repeated absences from college, especially with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return
- ☒ reluctance to undergo normal medical examinations.
- ☒ confiding in a professional without being explicit about the problem due to embarrassment or fear.
- ☒ talking about pain or discomfort between her legs

The Serious Crime Act 2015 sets out a duty on professionals (including teachers) to notify police when they discover that FGM appears to have been carried out on a girl under 18. This will usually come from a disclosure. Under no circumstances should college staff physically examine pupils. This is a personal duty; the professional who identifies FGM/ receives the disclosure must make the report within one month. The DSL should be informed and will support the colleague making the referral.

Preventing Radicalisation

The Counter-Terrorism and Security Act, February 2015, places a duty on specified authorities, including local authorities and childcare, education and other children's services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty").

Where staff are concerned that children and young people are developing extremist views or show signs of becoming radicalized, they should discuss this with the Designated Safeguarding Lead.

The Designated Safeguarding Lead has received training about the Prevent Duty and tackling extremism and is able to support staff with any concerns they may have. We use the curriculum to ensure that children and young people understand how people with extreme views share these with others, especially using the internet.

We are committed to ensuring that our pupils are offered a broad and balanced curriculum that aims to prepare them for life in modern Britain. Teaching the colleges core values

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alongside the fundamental British Values supports quality teaching and learning, whilst making a positive contribution to the development of a fair, just and civil society.

Recognising Extremism

Early indicators of radicalisation or extremism may include:

- ☒ showing sympathy for extremist causes
- ☒ glorifying violence, especially to other faiths or cultures
- ☒ making remarks or comments about being at extremist events or rallies outside college
- ☒ evidence of possessing illegal or extremist literature
- ☒ advocating messages similar to illegal organisations or other extremist groups
- ☒ out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent.)
- ☒ secretive behaviour
- ☒ online searches or sharing extremist messages or social profiles
- ☒ intolerance of difference, including faith, culture, gender, race or sexuality
- ☒ graffiti, art work or writing that displays extremist themes
- ☒ attempts to impose extremist views or practices on others
- ☒ verbalising anti-Western or anti-British views
- ☒ advocating violence towards others

**St Paul’s Catholic College
Safeguarding /Child Protection Concern Form**

**Please complete this form and pass it to one of our Designated Safeguarding Leads:
Elizabeth Cotterill, Sam Kirwin KS3, Trina Galbraith KS4, Sarah Duffield KS5**

Name of Pupil			
Day/Date/Time		Date of birth	
Member of staff noting concern			

Concern (Please describe as fully as possible without asking leading questions listen and record)

Action Taken		
Date	By whom	Action