

St Marks' C E Primary School

Child Protection Policy Statement

In accordance with the DfE guidance for schools, 'Safeguarding Children and Safer Recruitment in Education' (January 2007) and Keeping Children Safe in Education (2016)

This policy sits with the School Child Protection Procedures and the Safeguarding Policy

"The school is committed to safeguarding and promoting the welfare of young people and expects all staff and volunteers to share this commitment".

Rationale

We aim to provide a warm, caring, and safe atmosphere in which the children feel relaxed and secure. Our Mission Statement acknowledges the family atmosphere of our school. Within a family setting, we value good relationships between children and adults, creating an atmosphere of openness and trust.

Entitlement

The school has a legal duty to work with other agencies; including the West Locality Team, Education Welfare, Salford Safeguarding Unit and the Police, to protect children from harm and to respond to child abuse. Our role is in recognition, referral and monitoring.

To enable all children to achieve their potential, they have a right to:

- Have their basic needs met
- Enjoy the medical, educational, leisure and welfare services necessary for a healthy and positive childhood
- Live and learn in a safe environment protected from exploitation, abuse and harm
- Feel loved and valued and be supported by a network of reliable and affectionate relationships
- Have a positive image of themselves and a secure sense of identity including cultural and racial identity
- Be consulted and have their views taken into account
- Be helped to develop good interpersonal skills and confidence in social situations enabling them to look after themselves and cope with everyday living

All decisions relating to a child's interests will be given primary consideration.

Putting Policy Into Practice

The school helps pupils to feel safe and adopt safe practices through:

- The curriculum and learning environment
- Planned activities/visitors/assemblies

- Pupil voice
- School council
- Inter agency work
- Staff training
- Governor training
- Home/school partnership
- Routine monitoring and review of policy and practice

Child Protection Procedures

Wherever there is a concern that a child is suffering or is likely to suffer significant harm, child protection procedures must be followed.

Corporal punishment is not permitted in any school. If allegations are made against an employee of the school, the school will follow the Local Authority Procedures.

The Role of the Child Protection Officer

The designated Child Protection Officer is the Headteacher

- To attend relevant training
- To disseminate information
- To make initial referrals
- To act as a source of support, advice and expertise within the school
- To attend case conferences/group meetings
- To develop, monitor and review child protection procedures in school
- To inform parents of the school's procedures
- To inform governors of child protection issues
- To report a missing child to the Children's Missing Education Base

The Role of the Class Teacher

- To bring concerns to the child protection officer
- To monitor children
- To write reports
- To liaise with the child protection officer
- To attend case conferences/group meetings if required

The Role of the Governors

- To appoint a designated child protection governor
- To ensure that proper procedures and policies are ratified and are in place
- To ensure child protection training needs are covered

The Role of Parents and Carers

- To support the home school partnership and honour home school contracts
- To report relevant information to the school

Training

Child protection requires training. The child protection officer will attend relevant training and updating opportunities. Children will have the opportunity to be trained in self protection through a variety of curriculum activities and contributions from such organisations such as NSPCC.

At all times, staff will act professionally and discreetly. If a member of staff has a concern about a child, this should be recorded in the individual class profile and reported to the designated child protection officer. Appropriate action can then be taken.

Regular review of the policy indicates training needs. Training will vary according to statutory requirements, individual and whole school need:

- Whole school child protection
- Designated child protection officer updates
- First aid (including paediatric first aid)
- Curriculum subjects
- EYFS
- Staff induction/supply teachers

IN ALL CASES IT IS VITAL TO TAKE WHATEVER ACTION IS NEEDED TO SAFEGUARD THE CHILDREN ie

- If emergency medical attention is required this can be secured by calling an ambulance or taking the child to the nearest Accident and Emergency department
- If a child is in immediate danger the police should be contacted (dial 999) as they alone have the power to remove a child immediately if protection is necessary, via Police Protection Order

All staff should be clear that they are protected by their particular role as a teacher/support worker in the passing on of concerns that they might have about a child. If the member of staff is acting in the interests of protecting a child there can be no comeback from parents or other adults who might take offence at the concern that is being voiced. It must also be made clear to children that if they wish to confide any information to a member of staff it may

be passed on to the appropriate authorities if the safety and security of the child is at risk.

Recognition of Abuse or Neglect

Abuse or neglect of a child is caused 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 a stranger.

There are four main areas of child 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 behaviour change
- 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 following factors 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 lead person
- May require consultation with and /or referral to Children's Services

However, 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

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations about/to the child and may fail to provide attention or praise
- Be absent or misusing substances
- Persistently refuse to allow access on home visits

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

The procedures should be followed where an incident of child abuse is suspected or confirmed.

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 injury unless there is evidence or an adequate explanation:

- 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

- Variation in colour possible indicating injuries caused at different times
- The outline of an object used eg. belt marks, hand prints or a hair brush
- Bruising or tears around ,or behind the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or an 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 immersions or poured liquid (a child getting into hot water in 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 can 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 a 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 eg. Anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape- goat within the family
- Frozen watchfulness, particularly in pre schoolchildren
- Low self esteem and lack of confidence
- Withdrawn or seen as a 'loner', difficulty relating to others

Recognising 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 or 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

- An anxious unwillingness to remove clothes eg. for PE (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
- Physical symptoms such as injuries to the genital or anal area, bruising

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 irresponsible with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

Other Causes of Concern

Child Sexual Exploitation

The following list of indicators is not exhaustive or definitive but does highlight common signs which can assist professionals in identifying children who may be victims of sexual exploitation.

Signs include:

- Underage sexual activity
- Inappropriate sexual or sexualised behaviour
- Receiving unexplained gifts or gifts from unknown sources
- Having unaffordable new things
- Changes in the way they dress
- Truancy, disengagement with school
- Unexplained changes in behaviour or personality
- Mood swings, volatile behaviour, emotional distress

Female Genital Mutilation (FGM)

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

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons. There are four types of procedure and FGM is recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

Why is it carried out?

Belief that:

- FGM brings respect/status to the girl – social acceptance for marriage
- Preserves a girl's virginity
- 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 child birth easier

Circumstances and occurrences that may point to FGM happening

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

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school
- Behavioural change on return from a holiday abroad
- Bladder or menstrual problems
- Finding it difficult to sit still
- Complaining about pain between the legs
- Mentioning something somebody did to them but that they are not allowed to talk about it
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

Other concerns include:

- Parental substance abuse
- Domestic violence
- Awareness that children may be abusers
- Awareness that children may be involved in child prostitution
- Consideration of whether children are 'younger carers' with rights to additional support

It is good practice to be as open and honest as possible with parents/carers about any concerns. However, you **must not** discuss your concerns with parents/carers in the following circumstances:

- Where sexual abuse or sexual exploitation is suspected
- Where organised or multiple abuse is suspected
- Where fabricated or induced illness (previously known as Munchausen syndrome by proxy) is suspected
- Where contacting parents/carers would place a child, yourself or others at immediate risk

What to do if children talk to you about abuse or neglect

It is recognised that a child may seek you out to share information about abuse or neglect, or talk spontaneously individually or in groups when you are present. In these situations **you must**:

- Listen carefully to the child. **Do not** directly question the child
- Give the child time and attention
- Allow the child to give a spontaneous account; do not stop a child who is freely recalling significant events
- Make an accurate record in the individual class profile of the information you have been given taking care to record the timing, setting and people present, the child's presentation as well as what was said. Do not throw this away as it may later be needed as evidence.
- Use the child's words where possible
- Explain that you cannot promise not to speak to others about the information they have shared – do not offer false confidentiality
- Reassure the child that:
 - a) they have done the right thing in telling you
 - b) they have not done anything wrong
 - c) tell the child what you are going to do next and explain that you will need to get help to keep him/her safe

Consult about your concern

It is good practice to ask a child why they are upset or how a cut or bruise is caused, or respond to a child wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action.

Concerns can be discussed directly with the local Children's Social Care Duty and Investigation Team, the West Locality Team (contact numbers are listed in the appendix) in the following circumstances:

- when you remain unsure after internal consultation as to whether child protection concerns exist
- when you are able to consult promptly or at all with your designated internal contact for child protection
- when the concerns relate to any member of the organising committee

Consultation is not the same as making a referral but should enable a decision to be made as to whether a referral to Children's Social Care or the Police should progress.

Make a Referral

A referral involves giving Children's Social Care or the Police information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action. Where relevant a Common Assessment Framework (CAF) will be completed. Parents/carers should be informed if a referral is being made unless otherwise advised. However, inability to inform parents for any reason should not prevent a referral being made. It would then become a joint decision with Children's Social Care about how and when the parents should be approached and by whom.

- **If your concern is about harm or risk of harm from a family member or someone known to the children, you should make a telephone referral to the Children's Social Care Duty and Investigation Team**
- **If your concern is about harm or risk of harm from someone not known to the child or child's family, you should make a telephone referral directly to the Police and consult with the parents**
- **If your concern is about harm or risk of harm from an adult in a position of trust**

Information required when making a referral

You may be asked for any of the following information:

- Your name, telephone number, position
- Full name, address, telephone number of the family, date of birth of the child and siblings
- Gender, ethnicity, first language and any special needs

- Names, dates of birth and relationship of household members and any significant others
- Names of professionals' known to be involved with the child/family eg Health Visitor, GP
- The Nature of the concern; and foundation to them
- An opinion on whether the child may need urgent action to make them safe
- Your view of what appears to be the needs of the child and family
- Whether the consent of the parent with parental responsibility has been given to the referral being made

Action to be taken following the referral

- Ensure that an accurate record of your concern(s) is made, recording the action to be taken or that no further action is to be taken and the reasons for this decision

Allegations against adults who work with children

If you have information which suggest an adult who works with children (in a paid or unpaid capacity) has:

- Behaved in a way that has harmed or may have harmed a child
- Possibly committed a criminal offence against, or related to, a child
- Behaved towards a child/ren in a way that indicated he/she is unsuitable to work with children

you should speak immediately to the Headteacher, who has responsibility for managing allegations. The Headteacher will discuss your concerns directly with the Safeguarding Children Unit.

Confidentiality

Information in relation to child protection concerns should be shared on a "need to know basis". However, the sharing of the information is vital to child protection and, therefore, the issue of confidentiality is secondary to a child's need for protection.

Governing Body Approved: 19th January 2017

To be reviewed: January 2018

Chair of Governors: Mrs Carmen Allington

Headteacher: Mr Damian Kay

Safeguarding Governor: Mrs Claire Macpherson

Appendix

Useful Salford Telephone Numbers

- The Bridge Partnership (formerly MASH).....603 4500
- DAT (Duty and Assessment Team formerly RIAT)
.....603 4222
- Children at risk of extremism.....020 7340 7264

- Emergency Duty Team
At other times794 8888

- Salford Safeguarding Children Unit.....603 4350

- Police Switch Board872 5050

- West Locality Team975 7377