



# SKEGBY JUNIOR ACADEMY

## **Child Protection Policy Reviewed November 2016**

### **Key Information**

- Written concern forms are available in the office and should be handed to the DSL
- CPOMs is used to add important information that the DSL should be made aware of
- CPOMs does not replace the initial concern form
- Anyone can call Nottinghamshire MASH team phone number 0300 500 80 90 if they have a safeguarding concern about a child
- DSL – Carl Pattison & Sue Dickinson from December 16. Deputy DSLs =Sally Richardson and Nicola Knight. (All DSLs are identified on the staff sign in register.)
- All applicable policies and guidance documents are on the safeguarding display in the staffroom

This policy aims to provide all members of staff (paid and unpaid), children and young people, and their families with a clear and secure framework for ensuring that all children in the school are protected from harm, both while at the academy and when off the academy premises.

Practitioners who work with children in the Academy will read this policy within the framework of:

- Keeping Children Safe in Education (Latest version))
- Working Together to Safeguard Children
- Children Act 2004 and 1989, Education Act 2002
- Trust policy and guidance documents

We understand that emotional and social aspects of learning create a foundation for all academic learning. If a child has not been supported to understand, express and resolve their feelings, they may not have the ability to share with other children, resolve the small conflicts that arise in day-to-day classroom life, or concentrate on learning. Their frustrations may cause a range of antisocial, disruptive, overly compliant or withdrawn behaviours.

All staff will work to ensure that:

- Children and young people feel listened to, valued and respected
- Staff are aware of indicators of abuse and know how to share their concerns appropriately
- All paid and unpaid staff are subject to rigorous recruitment procedures
- All paid and unpaid staff are given appropriate support and training

In order to ensure children are adequately protected, we will ensure that:

- We have a Designated Safeguarding Lead(DSL) and Deputy DSLs who attend Designated safeguarding lead training at least once every two years. In addition to this, one of the DSL attends the local Designated safeguarding group within the local area.
- All staff are regularly trained in basic Child Protection awareness
- All staff complete the applicable learning modules on the Greenwood Academies Learning Alliance portal
- All staff have read and understand the Child Protection Policy and are aware of the indicators of child abuse and how to respond to concerns or disclosures of abuse by children
- All children, young people and their families have access to the Child Protection Policy via the Academy website
- The child protection policy is reviewed on an annual basis by the DSL

**We will also follow the procedures set out by the Nottinghamshire Safeguarding Children Board (NSCB) and take account of guidance issued by the DfE in Keeping Children Safe in Education 2016 to:**

- Ensure we have a designated safeguarding lead and a deputy safeguarding lead for child protection who has received appropriate training and support for this role.
- Ensure that we have a designated teacher for looked after children (Miss Richardson.)
- Ensure every member of staff (including temporary and supply staff and volunteers) and the governing body knows the name of the designated safeguarding lead (and their deputy) responsible for child protection and their role.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated safeguarding lead or to children's social care/police if a child is in immediate danger
- Ensure all staff and volunteers are aware of the early help process and understand their role in it.
- Ensure that there is a whistleblowing policy and culture where staff can raise concerns about unsafe practice and that these concerns will be taken seriously.
- Ensure that there is a complaints system in place for children and families.
- Ensure that parents have an understanding of the responsibility placed on the school and staff for child protection by setting out its obligations in the school prospectus.
- Notify Children's Social Care if there is an unexplained absence of more than two days of a pupil who is subject to a child protection plan.
- Develop effective links with relevant agencies and cooperate as required with their enquiries regarding child protection matters, including attendance at child protection conferences.
- Keep written records of concerns about children, even where there is no need to refer the matter immediately; documenting and collating information on individual children to support early identification, referral and actions to safeguard.
- Ensure all records are kept securely; separate from the main pupil file, and in locked locations.
- Ensure that we follow robust processes to respond when children are missing from education or missing from home or care.
- Develop and then follow procedures where an allegation is made against a member of staff or volunteer.
- Ensure safe recruitment practices are always followed.
- Apply confidentiality appropriately.
- Apply the escalation policy if there is any concern about the actions or inaction of social care staff or staff from other agencies.

## **The Designated Safeguarding Lead (DSL)**

The DSL takes the lead responsibility for child protection, including support for other staff and information sharing with other agencies, developing policies and staff training. Most settings have one DSL although it is good practice for settings to have a Deputy DSLs. At Skegby Junior Academy we have two deputy DSLs.

The DSL should be a senior member of staff with the authority and seniority to carry out the functions of the role.

## **DSL Responsibilities**

- Refer suspected abuse and neglect to the MASH team
- Develop and update the Child Protection and other safeguarding policies, ensuring that staff and children/families/parents are aware of them
- Provide support and advice to all members of staff within the setting regarding child protection concerns
- Keep the Principal informed about any issues that arise
- Ensure that cover is provided for the role when absent from the setting
- Ensure that a child's child protection file is copied for the new educational establishment when a child moves educational settings, and that this file is transferred securely and separately from the main pupil file.
- Ensure that all staff receive appropriate Child Protection and Safeguarding Training, and maintain training records with the support of the office manager
- Cooperate with any requests for information from the local authority, such as Child Protection training returns and self-evaluative forms for safeguarding and child protection, in compliance with Section 11, Children Act 2004

## **Other Staff's Responsibilities**

It is the responsibility of all other members of staff to ensure that all safeguarding concerns, both minor and serious, are reported to the DSL as soon as reasonably possible. Staff follow the correct reporting expectations identified in the guidance document. Appendix 3 identifies additional guidance for identifying concerns.

The DSL may have other information regarding a child, young person or their family of which other staff may not be aware. Minor concerns may take on greater significance within the wider context of knowledge of a child or family that the DSL may have, therefore staff can register information through the CPOMs system.

## **Safer Recruitment**

At least one member of staff on every recruitment panel has undertaken training in Safer Recruitment.

Safer Recruitment processes aim to:

1. Deter potential abusers by setting high standards of practice and recruitment.
2. Reject inappropriate candidates at the application and interview stages
3. Prevent abuse

## **Visitors**

- No visitors, including trades people, should be allowed to wander around the premises unaccompanied when children and young people are present
- Visitors without a current DBS check must wear a red visitor lanyard and must not be alone with children
- All visitors must enter the academy through the main entrance and sign in appropriately.

## **School Provision**

Many other aspects of school provision support the aims of this policy. Schools play an important role in making children and young people aware both of behaviour towards them that is not acceptable, and of how they can help keep themselves safe.

External partnerships with NSPCC and the Life Bus strengthen this. A specific focus on Risk Taking during the Spring term allows children to further explore ways to keep safe.

### **Child Protection Training**

The DSL supported by the Office Manager will keep detailed records of all staff's child protection training and will issue reminders when training updates are required. It is good practice to include a safeguarding and child protection agenda item in all staff briefings.

All paid and unpaid members of staff, including school governors, receive regular basic awareness child protection training.

In addition, the designated members of staff will undertake multi-agency training every two years.

Expertise is enhanced further by accessing the online learning modules provided by the Trust's Learning Alliance.

The academy ensure that safeguarding training forms a fundamental part of the induction of new staff.

### **Vulnerable Groups**

(Hyperlinks will work on the electronic copy)

Keeping children safe in education 2016 is clear that a Child Protection Policy for children with SEN and or disabilities needs to reflect additional safeguarding challenges. Our most vulnerable SEN children and/or those with disabilities all have a key teaching assistant who supports them. This enables the academy to have a greater awareness of changes in behaviour and other concerns. Effective relationships are built to ensure that all children feel safe and can share concerns with an adult they trust.

To support this links to statutory, national and local guidance are below:-

- Radicalisation: there are new duties and responsibilities on schools and there is a need to be an active partner in both identifying those children who may be drawn into violence as well as responding with colleagues to intervene. [DfE guidance The Prevent Duty](#) (KCSiE page 55). See Appendix 2 for further detail.
- Child Sexual Exploitation (CSE) 'What to do if you suspect a child is being sexually exploited' [DfE CSE What to do leaflets.](#) –See Appendix 4
- Female Genital Mutilation (FGM) [FGM guidance-see Appendix 1 of the whole school policy.](#)
- Children missing from education, home or care [DfE School attendance](#) [DfE Children Missing Education](#) [DfE Missing from Home & Care](#)
- Bullying continues to be an important issue and the academy follow the trust anti-bullying policy [DfE bullying guidance,](#)

### **Reporting a safeguard concern**

The Multi-Agency Safeguarding Hub (MASH) is the single point of contact for all professionals to report safeguarding concerns.

If you are a professional and have a safeguarding concern about a child that may require the involvement of Children's Social Care, you should report your concern to the Nottinghamshire Multi-Agency Safeguarding Hub (MASH).

## How to report a safeguarding concern - for professionals

Professionals can report a safeguarding concern to Nottinghamshire Children's Social care by completing the [reporting a safeguarding concern form \[Word\]](#) (if the form will not open when clicking the link, instead right click the link and click 'Save link as...' or 'Save target as...' to download it to your computer first).

The completed form should be returned via secure email to [mash.safeguarding@nottscc.gcsx.gov.uk](mailto:mash.safeguarding@nottscc.gcsx.gov.uk) from a secure email account (.gcsx, .pnn or .nhs.net addresses). If you do not have a secure email address, please follow the instructions at the end of the form to protect and return using a password.

## Urgent cases

If you believe the child is in immediate danger, call the Police immediately on 999.

If you believe a child urgently needs specialist support from children's social care, phone MASH on 0300 500 80 90 and give us as much information as you can. Your information will be passed to a social care manager who will decide the action needed and will normally respond to you within one hour.

You must follow up your telephone call by sending a completed [reporting a safeguarding concern form \[Word\]](#) to the MASH within 48 hours (if the form will not open when clicking the link, instead right click the link and click 'Save link as...' or 'Save target as...' to download it to your computer first).

## Before reporting a safeguarding concern

Before reporting a safeguarding concern you need to consider if the child or young person's needs can be met by services from within your own agency, or by other professionals already involved with the family. You can contact the Early Help Unit for referral to early help services, or for support and guidance about the [Early Help Assessment Form](#).

We know that it is sometimes difficult to decide the appropriate point of intervention. To help you to determine levels of need when making your own assessment we have developed the [Pathway to Provision](#) threshold guidance.

Before reporting a concern you should always get the consent of the parents or carers, except where a child is considered to be at risk of harm and you believe that seeking parental consent may increase this risk. Click here to download the [MASH leaflet for parents and carers \[PDF\]](#). The leaflet advises parents of the purpose of the MASH, how and why multi agency information is shared and how they can request a copy of their child's MASH safeguarding concern. A copy of the leaflet should be given to parents prior to submitting a children's safeguarding concern to the MASH, unless by doing so would put a child or adult at risk of harm. A MASH parents and carers printable [factsheet \[PDF\]](#) version of the leaflet is also available.

If you are unsure about thresholds or seeking consent please seek advice from your line manager.

## When to report a safeguarding concern

Safeguarding concerns should be reported when your assessment (including EHAF) has identified needs which can only be met through specialist services at Level 4 (child in need of specialist services). In some cases, multiple identified needs under Level 3 (child in need of targeted services) will need specialist services. The [Pathway to Provision](#) threshold guidance describes these levels and the support available.

You can talk about this with social care team managers and social workers based in the MASH and any decision reached should be clearly recorded by the agencies involved.

# Appendix 1

## Female Genital Mutilation – Revised November 2016

### Guidance Notes for Staff/AAC members

Female Genital Mutilation is a safeguarding issue; it is child abuse and a form of violence against girls. Local guidance for schools is contained within Guidelines for all agencies including schools within the Nottinghamshire Safeguarding Children Board procedures [NSCB Procedures FGM](#) which has been informed by the government Multi-Agency Statutory Guidance 2016.

FGM is a procedure that includes the partial or total removal of the external female genital organs for non-medical reasons. It is illegal in the UK to subject a child to female genital mutilation (FGM); to assist or facilitate the practice; or to take a child abroad to undergo the procedure – Female Genital Mutilation Act 2003. The age at which girls are subject to FGM varies greatly from shortly after birth to any time up to adulthood. The majority of girls have the procedure between the ages of 5-8 years. It is estimated that 24,000 girls in the UK are at risk and 66,000 women living with the physical and psychological consequences.

Although prevalence of FGM within Nottinghamshire is not likely to be high, no local authority area is likely to be free from FGM entirely. Staff and governors therefore need to have an awareness of the signs that a girl may have undergone FGM or be at risk of the practice. The Female Genital Mutilation Act 2003 was amended by the Serious Crime Act 2015 which strengthened protection to women and girls through the introduction of FGM Protection Orders and placed new mandatory duties on professionals to report known cases of FGM on girls under the age of 18 to the police. The duty only applies in cases where the victim discloses. If someone else, such as a parent or guardian, discloses that a girl under 18 has had FGM, a report to the police is not mandatory. However, in these circumstances disclosures should still be handled in line with wider safeguarding responsibilities. In all cases where schools suspect a girl to be at risk they must follow normal safeguarding procedures. Certain times of year present a greater risk to girls from practicing communities. The 'cutting season' during the summer months is often the riskiest time for girls as the healing time required following the procedure, often necessitates it being carried out during the long summer holiday. The main indicators and risk factors are highlighted below but all staff and the nominated governor for safeguarding will need to have undergone at least basic awareness raising training to ensure they can identify when a girl may be at risk.

School staff should be alert to the following indicators:

- The family comes from a community that is known to practise FGM or is less integrated within the community.
- A child may talk about a long holiday to a country where the practice is prevalent.
- A child may talk about 'special female visitors' who are staying with the family, especially during the 'cutting season'.
- A child may confide that she is to have a 'special procedure' or to attend a special occasion.
- A child may request help, directly or indirectly, from a teacher or another adult.
- Any female child born to a woman or has a sister who has been subjected to FGM must be considered to be potentially at risk, as must other female children in the extended family.
- A girl is withdrawn from PSHE/SRE without any specific reason being given.

In brief the signs that FGM may have occurred are:

- Difficulty walking, sitting or standing.
- Spending longer in the bathroom.
- Urinary or menstrual problems.
- Prolonged absence and then noticeable behaviour changes.
- Reluctance to undergo normal medical examinations.
- May confide in a professional but may not be explicit or may be embarrassed.

Where it is suspected that a girl may have undergone or is likely to undergo FGM staff must share concerns with the DSL who in turn should consult the MASH.

Where you suspect that FGM has occurred:

- Be sensitive to the child, and family, be gender sensitive, make no assumptions, be non-judgemental, use simple language, record clearly.
- You have a duty to protect, safeguard and share information.
- Refer to Children's Social Care for coordination of careful assessment (not necessarily with consent).
- There will be potential enquiries under Section 47.
- Potential police enquiries.
- Possible use of police protection or legal orders such as FGM PO, prohibitive steps but not necessarily the removal of the child.

Where you know that FGM has taken place:

You must report this direct to the police in accordance with the mandatory duty.

## **Appendix 2**

There are now duties imposed on schools and other agencies in relation to The Prevent Duty which came into force on 1 July 2015. The Prevent Duty is now incorporated into our existing policies.

Further advice in relation to this is within KCSiE and also the DfE non-statutory guidance for schools and early years' providers in relation to:

- Risk assessment (page 5).
- Working in partnership (page 7).
- Staff training (page 7).
- It policies (page 8).
- Building children's resilience to radicalisation (page 8).

We are proactive in our approach and have ensured the DSL has access to help identify risk and support other colleagues where there are specific concerns. We will work with key partners to ensure that we are aware of any tensions within our local community and nationally and internationally, so that we can create safe spaces for our children to discuss their experiences and concerns. Where we are concerned about individual children there is a referral pathway which all staff will be familiar with. Initial advice and support can be obtained from the Tackling Emerging Threats to Children Team and more serious concerns should be referred to the Police Prevent Team or the MASH where there is a concern that a child is at immediate risk.

In exercising our specific duty under Prevent we seek to protect children and young people from being drawn into, and against, the messages of all violent extremism. This includes and is not restricted to Daesh, AQ, Far Right, Neo Nazi, White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

The use of social media and the internet as tools to radicalise young people cannot be underestimated. We recognise that those that seek to recruit young people to follow extremist ideology often target those who are already vulnerable in some way and that exposure to extreme views can make young people vulnerable to further manipulation and exploitation. We will therefore ensure that we build children and young people's critical thinking skills and resilience through both our curriculum and pastoral provision/systems.

As a school we are clear that we have a duty to safeguard young people from such dangers and we will actively promote resilience to such risks through our RE curriculum, E safety curriculum, SEND policy, assembly policy, our SMSC and anti-bullying work, and in our policies for use of the school premises by external agencies, visitors, premises' hire and our online safety and ICT policies.

## Appendix 3

### Identifying Concerns

Staff who regularly come into contact with children are aware of the Dfe guidance [What to do if you're Worried a Child is Being Abused](#)

Some of the following signs might be indicators of abuse or neglect:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
- Children with clothes which are ill-fitting and/or dirty;
- Children with consistently poor hygiene;
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason;
- Children who don't want to change clothes in front of others or participate in physical activities;
- Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry;
- Children who talk about being left home alone, with inappropriate carers or with strangers;
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason;
- Children who are regularly missing from school or education;
- Children who are reluctant to go home after school;
- Children with poor school attendance and punctuality, or who are consistently late being picked up;
- Parents who are dismissive and non-responsive to practitioners' concerns;
- Parents who collect their children from school when drunk, or under the influence of drugs;
- Children who drink alcohol regularly from an early age;
- Children who are concerned for younger siblings without explaining why;
- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.

The four categories of child abuse are as follows:

1. Physical Abuse
2. Emotional Abuse
3. Sexual Abuse, and
4. Neglect

**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.

*May be recognised by: Children with frequent injuries, injury such as bruising, bite marks, burns and scalds, fractures but also by aggressive behaviour. It may also be an indicator of concern where a parent gives an explanation inconsistent with the injury or gives several different explanations for the injury.*

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

*May be recognised by: Developmental delay, attachment issues, aggressive behaviour, appeasing behaviour, watchfulness or stillness, low self esteem, withdrawn or a loner, or having difficulty in forming relationships. Emotional abuse may be difficult to recognise as signs are usually behavioural rather than physical. Signs of emotional abuse may be associated or similar to other forms of abuse so presence of emotional abuse may indicate other abuse is prevalent as well.*

**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.

*May be recognised by: Inappropriate sexualised conduct, age inappropriate sexualised play or conversation, sexually harmful behaviour – contact or non-contact, self-harm, eating disorders, continual, inappropriate or excessive masturbation, anxiousness or unwillingness to remove clothes – sports / PE etc, pain or itching in genital area, blood on underclothes, bruising in genital region and / or inner thighs etc.*

**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.

*May be recognised by: Being constantly hungry; constantly tired; have a poor state of clothing; be emaciated; have untreated medical problems; be frequently late or have poor or non-attendance at school; have low self esteem; display neurotic behaviour and/or have poor social relationships, have poor personal hygiene. A neglected child may also be apathetic, fail to thrive, or be left with or in the care of adult's under the influence of alcohol or drug misuse.*

## **Appendix 4**

### **Child Sexual Exploitation (CSE) Policy**

Skegby Junior Academy adheres to the NSCB procedure in relation to child sexual exploitation. This is our policy to summarise our position.

We recognise that child sexual exploitation is a high profile issue both nationally and locally.

The academy recognises that the child sexual exploitation can cause a great deal of harm to a child, including physically, emotionally, educationally and socially. Where it exists it can also cause harm to communities including our academy.

Child sexual exploitation can happen in a number of ways to both boys and girls, for example it can happen in the virtual world through various social media and this can still cause significant harm. It can happen through inappropriate relationships such as older boy/girlfriends or through parties, gangs or organised abuse. Some children will be particularly vulnerable to being exploited, for example if they have had a chaotic upbringing or if they are in care or go missing, involved in gangs or being bullied. We recognise however that any child can become a target for exploitation, particularly where the internet and social media are involved. This is because the normal life events that go with being a child or teenager in today's age can be a challenge and make them susceptible to being groomed and exploited.

As an academy we recognise that prevention is the best position with regard to CSE. We seek to support children to develop confidence and build resilience. We will endeavour to support their age appropriate knowledge and raise awareness and understanding of what CSE is, to understand the risks of CSE and to spot the warning signs for themselves and also their friends and peers and by doing so keep safe.

If prevention is not possible we aim to identify children who are at risk of, or being exploited very early. Early intervention is key to effectively working with the child to prevent or reduce the level of risk. Once they have been groomed some children will find it difficult to withdraw from their abusers and we need to contribute to

helping to protect them. Some children feel that they are in a relationship with these people. We commit to working with our inter-agency partners to safeguard and protect children.

An important part of educating our children is focussing on what is a healthy relationship and issues of consent. This will also target potential abusers at an early age with the intention of helping to shape their attitudes to others.

We want to have a culture where the welfare of children is actively promoted and staff and pupils are vigilant. As part of this children will feel listened to and safe.