

Mayesbrook Park School

Alternative Provision for young people in Barking and Dagenham

SAFEGUARDING & CHILD PROTECTION POLICY

Updated September 2018

SAFEGUARDING & CHILD PROTECTION POLICY

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Name of school: Mayesbrook Park School
SAFEGUARDING & CHILD PROTECTION POLICY
(Including the Management of Allegations against Staff and Volunteers)

Updated: July 2018 – **Annual Review date:** November 2018

MAYESBROOK PARK CAMPUS:

The Designated Safeguarding Lead for safeguarding children at the MPC is:

Name: **Cathy Stygal** - cstygal@mayesbrookparkschool.org.uk Tel: 0208 270 6000 ext 8332

In his/her absence the Designated Safeguarding Leads are:

Name: Graham Blair – gblair@mayesbrookparkschool.org.uk Tel: 0208 270 6000 ext 6498

Name: Laura Ellis – lellis@mayesbrookparkschool.org.uk Tel: 0208 270 6000 ext 8338

Designated governor: Ms Gurjit Kaur GKaur@jorichardson.org.uk

ERKENWALD CAMPUS:

The Designated Safeguarding Lead for safeguarding children at the Erkenwald Campus is:

Name: **Elizabeth Bailey** - lbailey@mayesbrookparkschool.org.uk Tel: 0208 724 1140 ext 5740

In his/her absence the Designated Safeguarding Lead is:

Name: Keith Dhannie: keith.dhannie@lbbd.gov.uk Tel: 020 8724 1140 ext.5741

SEABROOK CAMPUS:

The Designated Safeguarding Lead for safeguarding children at the Seabrook Campus is:

Name: **Peter Campling:** pcampling@mayesbrookparkschool.org.uk_Tel: 020 8724 8343 ext 8616

In his/her absence the Designated Safeguarding Lead is:

Name: Leo Engers: Lengers@mayesbrookparkschool.org.uk Tel: 020 8724 8343 ext 8239

Local Authority Contacts:

Children's Schools – childrenss@lbbd.gov.uk

Local Authority Designated Officer (LADO) and Safeguarding Lead for Education

Name: Mike Cullern: mike.cullern@lbbd.gov.uk Telephone; 0208 227 3934

Local authority: Mr. Jonathon Toy - jonathon.toy@lbbd.gov.uk

Mr Paul Smith: Paul.Smith@lbbd.gov.uk

Local police Prevent officers are:

DC Gavin Moore: Gavin.F.Moore@met.police.uk

PC Jag Shina: Jag.S.Shina@met.police.uk

Introduction

Safeguarding & Child Protection policy for Mayesbrook Park School (MPS)

MPS is committed to ensuring that we safeguard and promote the welfare of all the students in our care. In line with government policy this is defined as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- Taking action to enable all children to have the best outcomes.

This policy is underpinned by two key principles:

- Safeguarding is everyone's responsibility, everyone who comes into contact with a student has a role to play in identifying concerns, sharing information and taking prompt action.
- Child centred approach where the child's needs are paramount and there is a clear understanding of the needs and views of children.

1. Framework- Key documents, which inform this policy, are:

Keeping children safe in education, DFE - September 2018 and any subsequent updates

This is statutory guidance from the Department for Education (the department) issued under Section 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014, and the Non-Maintained Special Schools (England) Regulations 2015. Schools and colleges in England must have regard to it when carrying out their duties to safeguard and promote the welfare of children. For the purposes of this guidance children includes everyone under the age of 18.

Working together to safeguard Children, HM Government - July 2018

Sets out how individuals and organisations should work together to safeguard and promote the welfare of children and departmental advice.

What to do if you are worried a child is being abused - Advice for practitioners, HM Government - March 2015

2. The aims of this policy

Provide clear direction to the entire MPS staff about the expected behaviour when dealing with child protection issues. This policy makes explicit the MPS's commitment to the development of good practice and sound procedures. This ensures that child protection concerns, referrals and monitoring are handled sensitively, professionally and in ways that support the child's needs.

This policy applies to all students, staff, governors, volunteers and visitors to Mayesbrook Park School (MPS)

Our procedures for safeguarding children will be in line with the London Safeguarding Children Board (LSCB) child protection procedures which are based on the London Child Protection Procedures.

The development of appropriate procedures and the monitoring of good practice are the responsibilities of the Barking & Dagenham Safeguarding Children Board.

3. There are three main elements of our child protection policy.

3.1 Prevention

Safeguarding is not just about taking action where a child is at risk but it is also about preventing harm, maintaining a safe school environment and supporting children who may need help or where there are some lower level concerns.

Providing an environment in which children and young people feel safe, secure, valued and respected, feel confident and know how to approach adults if they are in difficulties.

Raising awareness of all staff, of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse.

Ensuring that all adults within our centres who have access to children have been rigorously checked as to their suitability using safe recruitment procedures

3.2 Protection

Through the establishment of a systematic means of monitoring children, known or thought to be at risk of harm.

Through the establishment of structured procedures within which will be followed by all members of the school community in cases of suspected abuse.

Through the development of effective working relationships with all other agencies, involved in safeguarding children.

3.3 Support

Ensuring that key concepts of Child Protection are integrated within the curriculum via PSHE and students are educated about risks associated with internet use and new technology.

Ensuring that children are listened to and their concerns taken seriously and acted upon

4. Roles and Responsibilities

The Governing Body will take seriously its statutory responsibility under section 175 of the Education Act 2002; (ref: Keeping Children Safe in Education, September 2018 Part two Page 16 and The management of safeguarding and Working Together to Safeguard Children, July 2018 to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support those children who are suffering harm.

Safeguarding also encompasses issues such as student health and safety, bullying and a range of other issues, e.g. arrangements to meet the medical needs of children with medical conditions, providing first aid, school security, drugs and substance misuse.

Where there are statutory requirements, the school will have in place policies and procedures that satisfy and comply with any guidance issued by the Secretary of State. (Ref: Keeping Children Safe in Education, September 2018 **and any subsequent updates**)

The Governing Body (Senior Board Level: Management Committee; ref: Keeping Children Safe in Education, September 2018 **and any subsequent updates**) is responsible for reviewing this policy on an annual basis and ensuring that practice is in line with the policy.

4.1 Training and support

The Governing body will ensure that:

- We have designated safeguarding leads in the leadership team who have undertaken appropriate training. This training will be updated every two years.
- The designated safeguarding lead will undertake Prevent awareness training and provide advice and support to staff on protecting children from the risk of radicalisation
- The designated safeguarding lead will take **lead responsibility** for safeguarding and child protection
- We identify and train a nominated governor for safeguarding
- We have a leadership team member of staff who will act in the Designated Safeguarding Lead's absence, who has also received appropriate training
- **Lead responsibility** for child protection will not be delegated and will remain with the designated safeguarding lead
- All members of staff will receive appropriate training to develop their:
 - Understanding of types of abuse and their symptoms, (appendix 1)
 - Understanding of how to respond to a student who discloses abuse, (appendix 2)

- Understanding of the procedures to be followed in sharing a concern of possible abuse or a disclosure of abuse, (appendix 3)
- Understanding assessment or risk with sexually active children
- Understanding the common assessment framework
- Understanding the signs, symptoms and effects of female genital mutilation
- New staff, supply staff and volunteers will be advised of 's child protection arrangements and contact details of the Designated Safeguarding Lead, as part of their induction into the school
- All staff will receive an induction to safer working practice and agree to a code of conduct.

4.2 Safer Recruitment, Selection and Pre-Employment Vetting

Preventing unsuitable people from working with children and young people is essential to keeping children safe. Rigorous selection and recruitment of staff and volunteers is a key responsibility of the head teacher and the governing body.

The school will ensure that at least one member of any recruitment panel has undertaken safer recruitment training.

The Head of MPS and nominated governor for safeguarding will ensure MPS adopts safer recruitment procedures that help deter, reject or identify people who might abuse children. (Part three page 22-39: Safer recruitment, ref: Keeping Children Safe in Education, September 2018)

A single central record (page 40, Keeping Children Safe in Education, September 2018) of checks will be maintained and reviewed regularly by the Head of school and by the Governing body.

5. Records and monitoring

MPS is clear about the need to record any concern held about a child/ren within our school. Child protection records will be kept separate from the main student records and in a locked cabinet. The records will only be shared on a need to know basis.

6. Extended schools and lettings –the use of school premises by other organisations.

Where schools or activities are provided separately by another body using the school premises, the Governing Body will seek written assurance that the body concerned follows safer recruitment procedures and has appropriate policies and procedures in place in regard to safeguarding children.

7. Responsibilities of the Head of MPS

The Head of MPS will:

Ensure that the safeguarding policies and procedures are fully implemented and followed by all staff.

Ensure that resources are allocated to enable the designated person and other staff to attend strategy discussion, inter-agency meetings, contribute to assessments etc.

Ensure that appropriate members of staff have received training on the use of the Common Assessment Framework (a standardised early assessment) in order to identify children with additional needs to receive appropriate support at an early stage.

Be responsible for receiving allegations against staff and volunteers. The Head of MPS will consult the Local Authority Designated Officer (LADO) to ensure that the matter is dealt with in an objective and transparent manner. All investigations will be dealt with in accordance with the Part four page 51: Allegations of abuse made against teachers and other staff, Keeping children safe in education, September 2018.

8. Responsibilities of the Designated Safeguarding Lead for Safeguarding Children (Keeping Children Safe in Education, September 2018 Annex B page 89)

- Ensure that the policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this.
- **Lead responsibility** for child protection will not be delegated and will remain with the designated safeguarding lead.

- Supporting staff who make referrals to local authority children's social care
- Refer cases to the Channel programme where there is a radicalisation concern as required
- Supporting staff who make referrals to the Channel programme
- Ensuring all cases of suspected abuses are referred to appropriate children's social schools.
- Ensure all cases which concern a staff member are managed as per statutory guidelines.
- Liaise with the police in cases when a crime may have been committed.
- Ensuring that all records are kept confidentially and secure.
- 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.
- Ensure that an appropriately informed member of staff attends case conferences, family support meetings, core groups, or other multi-agency planning meetings. Contributing to the Framework for Assessments process, and provide a report which has been shared with the parents.
- Liaise with the Head of MPS regarding safeguarding/CP issues
- Ensure that all staff receive basic child protection training
- Ensure that all volunteers and supply teaching staff are made aware of the CP procedures.
- Ensure our child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of our school in this.
- Attend appropriate training
- Providing, with the Head of MPS, an annual report for the governing body, detailing any changes to the policy and procedures; training undertaken by the designated person, school staff and governors.
- Link with Barking & Dagenham LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- 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 measure the school may put in place to protect them.
- Ensure that when a student leaves our school the child protection file is transferred to the new school or college as soon as possible. This should be transferred separately from the main student file, ensuring secure transit and confirmation of receipt should be obtained

9. Responsibilities of the teaching and non-teaching staff in the school (including volunteers)

Everyone who comes into contact with children and their families has a role to play in safeguarding children

- All staff should comply with school policies and procedures on behaviour management and the staff code of conduct.
- The Teachers' Standards 2012 (<https://www.gov.uk/government/publications/teachers-standards>) state that teachers, including head teachers, 'need to safeguard students' well-being, in accordance with statutory provisions' and 'uphold public trust in the profession' as part of their professional duties (ref; Teachers' Standards-Part Two: Personal and Professional Conduct)
- All schools have a responsibility to provide a safe environment in which children can learn.
- All school staff and volunteers have a responsibility to identify children who may be in need of extra help or who are struggling, or are likely to suffer, significant harm. All staff then have a responsibility to take appropriate action, working with other schools as needed.
- In addition to working with the designated safeguarding lead, staff members should be aware that they may be asked to support social workers to take decisions about individual children.
- All Staff members should undertake basic child protection training
- All school staff members should be aware of the signs of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection
- All staff members are advised to maintain an attitude of "it could happen here" where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.
- If staff members have concerns about a child they should raise these with our designated safeguarding lead. This includes situations of abuse which may involve staff members.
- All staff should ensure they use their login for My Concern to record incidents and anything

high risk should be reported in person as soon as possible to the DSL and also recorded onto My Concern.

- The designated safeguarding lead will usually decide whether to make a referral to children's social care. If a decision is made by the designated safeguarding lead NOT to make a referral the staff member can discuss this further and if not in agreement the staff member can refer their concerns to children's social care directly.

10. Confidentiality

We recognise that all matters relating to child protection are confidential.

The designated safeguarding lead will disclose personal information about a student to other members of staff on a need to know basis only.

All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or well-being or that of another child.

We will always undertake to share our intention to refer a child to Children's Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation.

There are 7 key reasons **not to tell a parent** (suspicions are enough)

1. Allegation or sexual abuse by someone in the family
2. Delay caused by seeking consent is detrimental to child's welfare and need to make a referral
3. Concerns about forced marriage
4. Concerns that parent may be fabricating or inducing illness in a child
5. Concerns of organised/ritualistic abuse
6. It would place the child at further risk or significant harm
7. If the staff member is concerned that they themselves will be harmed

11. Supporting Staff

We recognise that staff working in the school who have become involved with a child who has suffered or 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 designated safeguarding lead and to seek further support. This could be provided for all staff through appropriate persons such as; the Head of MPS, Occupational Health, and/or a named teacher/trade union representative.

12. Allegations against staff – Part four page 51 - (Keeping Children Safe in Education, September 2018)

All staff should be made aware of the school's behaviour/discipline policy and the staff code of conduct, with reference to professional boundaries. All school staff should take care not to place themselves in a vulnerable position with a child.

We understand that a student may make an allegation against a member of staff. If such an allegation is made, the member of staff receiving the allegation will immediately inform the Head of MPS, Headteacher/Head of Centre, or the most senior teacher if the Head of MPS, Headteacher/Head of Centre, is not present. This includes historical abuse allegations against any member of staff including those who may have left employment.

The Head of MPS, Headteacher/Head of Campus, will discuss the content of the allegation with the local authority schools designated officer. If unavailable the matter should be discussed with the local authority designated officer (LADO) before the matter is discussed with the member of staff concerned.

If an allegation concerns the behaviour of the Head of MPS, Headteacher/Head of Campus, the person receiving the allegation will immediately inform the Chair of the Management Committee who will consult the local authority designated officer without notifying the Head of MPS, Headteacher/Head of Campus.

Contact can be made directly with the local authority officer if the chair of the Management Committee is unavailable.

13. Physical Intervention/Positive Handling

Our policy on physical intervention/positive handling by staff is set out separately, as part of our Behaviour Policy.

Such events should be recorded and signed by a witness.

Physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.

14. Bullying / Cyber bullying - (refer to school's anti-bullying policy document)

Our procedures on the prevention and management of bullying are set out in a separate policy and acknowledges that to allow or condone bullying may lead to consideration under safeguarding for children

Our anti-bullying policy also deals with bullying through the use of communication technology.

15. Racist Incidents – (refer to the school Community Cohesion and Equal Opportunity policy)

Our procedure on dealing with racist incidents are set out in a separate policy and acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures.

16. Child Sexual exploitation (Keeping Children Safe in Education, September 2018 Annex A

page 77) 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 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 also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

17. 'honour-based' (HBV) (Keeping Children Safe in Education, September 2018 Annex A

page 80) So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital

Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubts staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

Indicators

There are a range of potential indicators that a child may be at risk of HBV. Guidance on the warning signs that FGM or forced marriage may be about to take place, or may have already taken place, can be found on pages 38-41 of the Multi agency statutory guidance on FGM 2016 (pages 59-61 focus on the role of schools and colleges) and pages 13-14 of the Multi-agency guidelines: Handling cases of forced marriage.

Actions

If staff have a concern regarding a child that might be at risk of HBV they should activate local safeguarding procedures, using existing national and local protocols for multi- agency liaison with police and children's social care. Where FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on **teachers** that requires a different approach (see following section).

18. Female Genital Mutilation (FGM) (Keeping Children Safe in Education, September 2018 Annex A page 81)

This form of abuse involves mutilation by way of female circumcision, excision or infibulations. It causes long term mental and physical suffering, difficulty in giving birth, infertility and even death. (Please see appendix 6)

*Teachers **must personally report to the police** cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should also still consider and discuss any such case with the school or college's designated safeguarding lead and involve children's social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures. The following is a useful summary of the FGM mandatory reporting duty:*

The following is a useful summary of the FGM mandatory reporting duty:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496415/6_1639_HO_SP_FGM_mandatory_reporting_Fact_sheet_Web.pdf

19. Preventing Radicalisation (Keeping Children Safe in Education, September 2018 Annex A page 82)

Separate policy (Preventing extremism and radicalisation) At MPS, we recognise that preventing our students from radicalisation is a safeguarding issue. Prevent Training is mandatory for all staff and will be updated annually. Any concerns that a student is being or has been radicalised must be passed onto the head teacher and child protection team immediately. The school will liaise with Children's Schools and the Prevent team.

Channel

School and college staff should understand when it is appropriate to make a referral to the Channel programme. Channel guidance is available at: Channel guidance. E- learning channel awareness programme for staff is available at: Channel General Awareness. Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages. In addition to information sharing, if a staff member makes a referral to Channel, they may be asked to attend a Channel panel to discuss the individual referred to determine whether support is required.

Designated safeguarding leads and other senior leaders should familiarise themselves with the revised Prevent duty guidance: for England and Wales, especially paragraphs 57-76, which are specifically concerned with schools (and also covers childcare).

20. Students with Medical Needs

Our procedures for dealing with the medical needs of its students is set out in a separate policy and has regard to:

Supporting students at school with medical conditions (DFE December 2015).

There is no legal duty for school staff to administer medication to students and the staff who do so act in a voluntary capacity. Staff who provide medication, will be appropriately trained and be provided with all relevant information about the student's needs. No students under 16 will be given medication without his or her parent's/carer's consent.

21. Looked After Children

The Head of MPS will ensure that a member of staff is appointed as a designated safeguarding lead for all centres. The designated safeguarding lead champions the educational attainment of looked after children and will act as a source of information and advice about their needs.

The education staff will contribute to the 'in care reviews' and/or case conferences of children who are subject of a child protection plan and to the Personal Education Plan.

The designated safeguarding lead will ensure that the school has details of the child's social worker and if appropriate the virtual school lead in the authority that looks after the child.

22. Missing Children (Keeping Children Safe in Education, September 2018 Annex A page 77)
We will ensure that we are robust in our response to children missing education, particularly if they are repeatedly missing. We will be aware of possible abuse, neglect and sexual exploitation, and seek advice as appropriate

We will ensure an attendance monitoring plan is in place for those who have been identified as low attenders, truants both internal and external.

23. Whistle-blowing

All staff should be aware of their duty to raise concerns about the attitude or actions of colleagues. If necessary, they should speak to the Head of MPS, Headteacher/Head of Centre or the chair of governors.

The London borough of Barking & Dagenham has a policy, 'whistle blowing policy for school based staff June 2016' which is to be followed.

All staff are expected to read the policy and adhere to it.

24. Online safety (Keeping Children Safe in Education, September 2018 Annex C page 93)

The use of technology has become a significant component of many safeguarding issues. Child sexual exploitation; radicalisation; sexual predation - technology often provides the platform that facilitates harm. An effective approach to online safety empowers a school or college to protect and educate the whole school or college community in their use of technology and establishes mechanisms to identify, intervene and escalate any incident where appropriate. The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:

- content: being exposed to illegal, inappropriate or harmful material
- contact: being subjected to harmful online interaction with other users
- conduct: personal online behaviour that increases the likelihood of, or causes, harm

25. Forced Marriage (Keeping Children Safe in Education, September 2018 Annex A page 82)

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. Schools and colleges can play an important role in safeguarding children from forced marriage.

The Forced Marriage Unit has published statutory guidance and Multi-agency guidelines, with pages 35-36 of which focus on the role of schools and colleges. School and college staff can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email fm@fco.gov.uk.

26. Self-Harming & Suicidal Behaviour

Self-harm and suicide threats and gestures by a child put the child at risk of significant harm, and should always be taken seriously. They may also be indicative of psychological or emotional disturbance triggered by physical, sexual and / or emotional abuse or chronic neglect which may also constitute significant harm.

Any concerns must be passed onto the designated safeguarding lead who will ensure appropriate support is identified.

27. Sexually Active Children

27.1 Allegations of abuse made against other pupils – Peer-on-peer abuse

(Sexual violence and sexual harassment between children in schools and Colleges, May 2018)

We recognise that children are capable of abusing their peers. At MPS abuse will never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”.

We also recognise the gendered nature of peer-on-peer abuse (i.e. that it is more likely that girls will be victims and boys perpetrators). However, all peer-on-peer abuse is unacceptable and will be taken seriously.

Most cases of pupils hurting other pupils will be dealt with under our school’s behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns.

Staff must inform the DSL where such behaviours are identified and the DSL will contact the local authority children’s social care team and follow its advice, as well as the police if the allegation involves a potential criminal offence. The DSL will put a risk assessment and support plan into place for all children involved (including the victim(s), the child(ren) against whom the allegation has been made and any others affected) with a named person they can talk to if needed.

Support will be put into place for all parties and risk assessments completed regarding placements and further actions, alongside timescales for completion and review.

27.2 Children under 13 years

Under the Sexual Offences Act 2003, children under the age of 13 are considered to be of insufficient age to give consent to sexual activity. Penetrative sex with a child under 13 is classed as rape. Where a member of staff is concerned that a child is involved with penetrative sex or other intimate sexual activity, there will be reasonable cause to suspect that a child, whether girl or boy, is suffering or is likely to suffer significant harm. The designated safeguarding lead will refer the child to LA children’s social schools.

27.3 Children 13 to 16 years

Sexual activity with a child under 16 is also an offence. In every case of sexual activity involving a child aged 13 to 15, professionals should consider, with the school’s safeguarding designated person, whether they should initiate a discussion with other agencies about the risk of harm to the child and whether a referral should be made to LA children’s social care. (Refer to appendix 4 for an assessment of risk).

If there are concerns that a Child/young person is at risk of being groomed for sexual exploitation, the case should be referred to the LADO.

28. Young Carers

In many families, children contribute to family care and well-being as a part of normal family life. A young carer is a child who is responsible for caring on a regular basis for a relative (a parent, grandparent and sibling).

Many young carers may experience:

- Social isolation;
- A low level of school attendance;
- Some educational difficulties;
- Impaired development of their identity and potential;
- Low self-esteem;
- Emotional and physical neglect;
- Conflict between loyalty to their family and their wish to have their own needs met.

Where a young carer is identified, the child’s needs will be considered, using the Common Assessment Framework.

29. Supporting vulnerable students.

We recognise that children who are abused or who witness violence may find it difficult to develop a sense of self-worth or view the world as a positive place. We will try to ensure that MPS provides a stable and secure place for all students through the development of policies and procedures that

encourage self-esteem, and self-motivation, good behaviour and education achievement.

29.1 The school community will therefore:

Establish and maintain an ethos, which is understood by all staff, which enables children to feel secure and encourages them to talk knowing that they will be listened to.

Opportunities will be explicitly used to promote the well-being of our students, this will include; PSHE Assemblies, Tutor Activities and SMSC.

Ensure that all children know that they can approach any adult in school if they are worried or in difficulty (youth workers, mentors – all staff).

Provide across the curriculum, opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help. For example PSHE and the Pastoral Curriculum.

30. Parental Involvement

It is important that parents/carers understand the schools responsibility to:

- Safeguard and promote the welfare of children
- Share information and work in partnership with other agencies when there are concerns about a child's welfare.

In general the staff will seek to discuss any concerns about a child's welfare with the family and, where possible, seek their agreement to making referral to children's social care. However, there are certain occasions when it is not appropriate to inform parents/carers of a referral to children's social schools

We will provide a parent/carer information section on our website to inform parents/carers of our policy and key information on child protection/safeguarding.

31. Common Assessment Framework.

Where there are low level concerns about a child's welfare the Common Assessment Framework tool aims to help the early identification of children's additional needs and promote co-ordinated school provision to meet them.

MPS will ensure that specific staff are trained to use the tool in order to identify these children and help them before things reach crisis point.

Appendix 1 – Types of abuse and their symptoms

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

1.1 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 fabricates the symptoms of, or deliberately induces, illness in a child.

Physical Abuse - Indicators	
Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> ▪ Unexplained injuries – bruises / abrasions / lacerations ▪ The account of the accident may be vague or may vary from one telling to another. ▪ Unexplained burns ▪ Regular occurrence of unexplained injuries Most accidental injuries occur on parts of the body where the skin passes over a bony protrusion. 	<ul style="list-style-type: none"> ▪ Withdrawn or aggressive behavioural extremes ▪ Uncomfortable with physical contact ▪ Seems afraid to go home ▪ Complains of soreness or moves uncomfortably ▪ Wears clothing inappropriate for the weather, in order to cover body. ▪ The interaction between the child and its carer

1.2 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); v Ensure access to appropriate medical care or treatment.
- Neglect of or unresponsiveness to child’s basic emotional needs.

Neglect - Indicators	
Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> ▪ Unattended medical need ▪ Underweight or obesity ▪ Recurrent infection ▪ Unkempt dirty appearance ▪ Smelly ▪ Inadequate / unwashed clothes ▪ Consistent lack of supervision ▪ Consistent hunger ▪ Inappropriately dressed 	<ul style="list-style-type: none"> ▪ Poor social relationships ▪ Indiscriminate friendliness ▪ Poor concentration ▪ Low self-esteem ▪ Regularly displays fatigue or lethargic ▪ Frequently falls asleep in class ▪ Frequent unexplained absences

1.3. Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
- Imposing age or developmentally inappropriate expectations 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;
- Seeing or hearing the ill-treatment of another;
- Serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children;
- Exploiting and corrupting children.

Emotional Abuse - Indicators	
Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> ▪ Poor attachment relationship ▪ Unresponsive / neglectful behaviour towards the child's emotional needs ▪ Persistent negative comments about the child. ▪ Inappropriate or inconsistent expectations & Self harm 	<ul style="list-style-type: none"> Low self-esteem Unhappiness, anxiety Withdrawn, insecure Attention seeking Passive or aggressive behavioural extremes

1.4 Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching the outside of clothing.

Sexual abuse includes non-contact activities, such as involving children in looking at, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

Sexual Abuse - Indicators	
Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> ▪ Sign of blood / discharge on the child's underclothing. ▪ Awkwardness in walking / sitting ▪ Pain or itching – genital area ▪ Bruising, scratching, bites on the inner thighs / external genitalia. ▪ Self harm ▪ Eating disorders ▪ Enuresis / encopresis ▪ Sudden weight loss or gain 	<ul style="list-style-type: none"> ▪ Sexually proactive behaviour or knowledge that is incompatible with the child's age & understanding. ▪ Drawings & or written work that is sexually explicit ▪ Self harm / Suicide attempts ▪ Running away ▪ Substance abuse ▪ Significant devaluing of self ▪ Loss of concentration

Appendix 2 – Handling disclosures of significant harm

- Always stop & listen to someone who wants to tell you about incidents or suspicions of abuse, without displaying shock & disbelief.
- Take the child seriously. Always assume that he/she is telling the truth.
- Do not promise confidentiality; you have a duty to refer to the designated senior person for child protection if 'child in need'.
- Do reassure and alleviate guilt, e.g.

For example you could say; "you are not to blame."

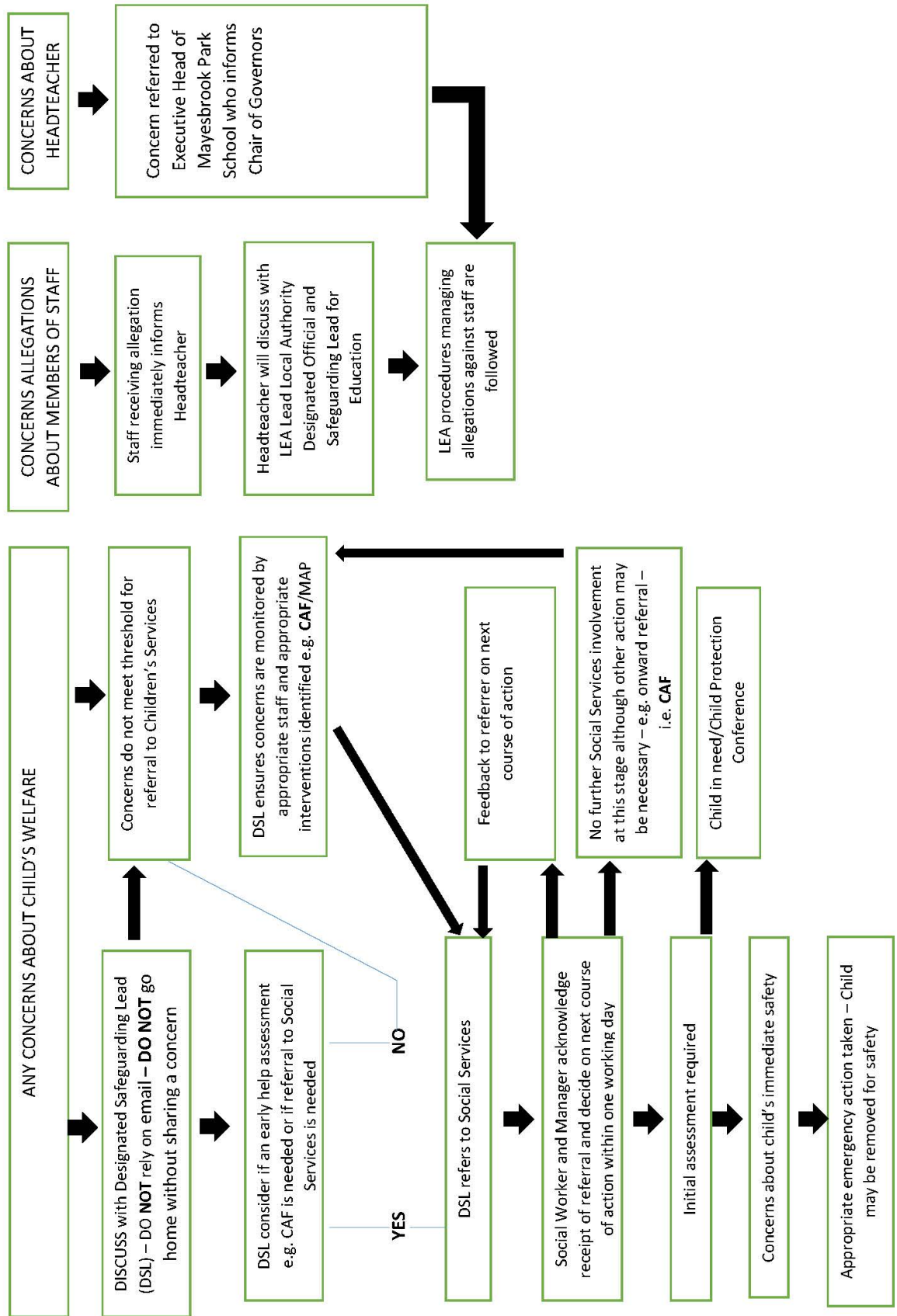
"You have done the right thing to tell someone."
- Do **not** ask leading questions.

For example, "What did she do next?" (this assumes that she did),

or "did he touch your private part". The child may well have to tell the story again, and to do so repeatedly will cause undue stress.
- In cases where criminal proceedings occur, such questioning can cause evidence to become invalid.
- Use open questions (T.E.D)

Tell: Can you tell me what happened?
Explain: Can you explain...?
Describe: Can you describe...?
- Do not ask the child to repeat the incident for another member of staff.
- End by summarising what has been said and what action has been agreed.
- Be clear about what you intend to do next.
- Record carefully what has been said and what actions have been agreed.
- Discuss your concern/disclosure with the designated child protection person at the school.

APPENDIX 3 – MAYESBROOK PARK SCHOOL SAFEGUARDING REFERRAL FLOW CHART



Appendix 4 – Assessment of Risk (Sexually active children)

In order to determine whether a relationship presents a risk of harm to a child, the following indicators should be considered:

- Whether the child is competent to understand, and consent to, the sexual activity they are involved in (children under 13 are not legally capable of consenting to sexual activity);
- What the child/ren in the relationship's living circumstances are, whether they are attending school, whether they or their siblings are receiving schools from LA children's social care or another social care agency etc;
- The nature of the relationship between those involved, particularly if there are age or power imbalances;
- Whether overt aggression, coercion or bribery was or is involved, including misuse of alcohol or other substances as a disinhibitor;
- Whether the child's own behaviour (e.g. through misuse of alcohol or other substances) places them in a position where they are unable to make an informed choice about the activity;
- Any attempts to secure secrecy by the sexual partner beyond what would be considered usual in a teenage relationship;
- Whether methods used to secure a child's compliance, trust and / or secrecy by the sexual partner are consistent with grooming for sexual exploitation. Grooming is likely to involve efforts by a sexual predator (usually older than the child) to befriend a child by indulging or coercing them with gifts / treats (i.e. money or drugs), developing a trusting relationship with the child's family, developing a relationship with the child through the internet etc in order to abuse the child;
- Whether the child denies, minimises or accepts the concerns held by professionals.
- Refer to the school policy 'Guidance for managing sexual incidents in school'.

Common Assessment Framework can only be completed with the consent and involvement of the parent/carer (or child /young person where appropriate).

It provides a standard method of assessment used across all children's schools. It facilitates **early identification of needs**, leading to co-ordinated provision of schools, involving a lead professional where appropriate, and sharing information to avoid the duplication of assessments.

NB. Child protection concerns should be referred without delay to Children's Social Care duty team using the locally agreed child protection procedures.

If a CAF has previously been completed it will be helpful to pass on the information already gathered, but do not wait to complete a CAF.

The common assessment is designed for when:

- There are concerns about how well a child is progressing in terms of their health, welfare, behaviour, progress in learning or any other aspect of their well-being;
- There is signed consent from a parent/carer;
- The child's needs are unclear or broader than a single school can address.

A common assessment should be completed when a professional in any agency (all health, childcare, early years settings, schools, education, Connexions, adult social care, crime reduction and the voluntary sector) has concerns that a child will not progress towards the five *Every Child Matters* priority outcomes (being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well-being), without additional schools.

Completing a common assessment should:

- Enable the professional to identify the child's needs;
- Provide a structure for systematic gathering and recording of information;
- Record evidence of concerns and a base-line for measuring progress in addressing them;
- Provide an evidence base for a decision to refer to another agency if necessary, or to children's

FEMALE GENITAL MUTILATION

Signs, Symptoms and Effects

WHAT TO LOOK OUT FOR BEFORE FGM HAPPENS

A girl at immediate risk of FGM may not know what’s going to happen, but she might talk about:

- Being taken “home” to visit family
- A special occasion to “become a woman”
- An older female relative visiting the UK

A GIRL OR WOMAN WHO’S HAD FGM MAY:

- Have difficulty walking, sitting or standing
- Spend longer than normal in the bathroom or toilet
- Have unusual behaviour after an absence from school.
- Be particularly reluctant to undergo normal examinations for help
- But may not be explicit about problem due to embarrassment or fear

THINGS YOU MAY NOTICE

- If you’re worried that child is being abused, watch out for any individual behaviour:
- | | | |
|------------------------------|-------------------|--------------------------|
| Withdrawn | Problems sleeping | Changes in eating habits |
| Suddenly behaves differently | Eating disorders | Obsessive behaviour |
| Anxious | Wets the bed | Nightmares |
| Clingy | Soils clothes | Drugs |
| Depressed | Takes risks | Alcohol |
| Aggressive | Misses school | Self harm |

THE EFFECTS OF FGM

- FGM can be extremely painful and dangerous – it can cause:
- | | |
|-------------|--------------------------------------------------------------|
| Severe pain | Infection such as tetanus, HIV and hepatitis B&C |
| Shock | Organ damage |
| Bleeding | Blood loss and infections that can cause death in some Cases |

LONG TERM EFFECTS

- Girls and women who have had FGM may have problems that continue through adulthood including:
- | | |
|----------------------------------------------------------|-----------------------------------------------|
| Difficulties urinating or incontinence failure | Kidney damage and possible Abscesses |
| Frequent or chronic vaginal pelvic or urinary Infections | Infertility |
| Menstrual problems | Complications during pregnancy and childbirth |
| Kidney problems | |
| Emotional and mental problems | |

The following is a useful summary of the FGM mandatory reporting duty:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496415/61639_HO_SP_FGM_mandatory_reporting_Fact_sheet_Web.pdf