

South Bank Multi Academy Trust

Safeguarding & Child Protection Policy

If a child is in immediate danger or is at risk of harm, a referral should be made to children's social care (01904 551900 or 01609 780780 out-of-hours) and/or the police (101 or 999) immediately. ANYONE CAN MAKE A REFERRAL. Where referrals are not made by the designated safeguarding lead, the Designated Safeguarding Lead (DSL) should be informed as soon as possible that a referral has been made.

IF, AT ANY STAGE, A CHILD'S SITUATION DOES NOT APPEAR TO BE IMPROVING, ALERT THE DSL/CONTACT CHILDREN'S SOCIAL CARE TO PRESS FOR ACTION.

Date approved by Trustees:

11th December 2018

Review Timetable:

Annually

Renewal Date:

September 2019

MILLTHORPE SCHOOL		
Designated Safeguarding Lead	Safeguarding Governor	Deputy Safeguarding Lead
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<u>Multi-agency Level 2 Training completed on:</u> Parts A & B completed 06/18	<u>Multi-agency Level 2 Training completed on:</u> Part A completed 10/18 Part B to be completed 03/19	<u>Multi-agency Level 2 Training completed on:</u> Parts A & B completed 10/18

<u>List of who has completed certificated Safer Recruitment Training:</u>	
<u>Staff:</u> John Bates Trevor Burton Scott Butterworth Alex Collins Tim Gillbanks Gemma Greenhalgh Mary Simpson	<u>Governors:</u> Jane Terrett

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Contents:

1	What should this policy achieve?
2	What are the aims of this policy?
3	Who manages the policy?
4	Rationale
5	Definitions
5.1	Physical Abuse
5.2	Emotional Abuse
5.3	Sexual abuse
5.4	Neglect
6	Specific safeguarding issues
7	How to respond to signs and suspicions of abuse: Roles and responsibilities
8	How to respond to signs or suspicions of abuse: Procedures for staff
9	How to respond to a child disclosing abuse: Procedures for staff
10	Action by the designated safeguarding lead
11	Action following child protection referral
12	Recording and monitoring
13	Partnership with parents / carers
14	Supporting the child
15	Child protection in the curriculum
16	Safeguards for pupils and staff (including safer recruitment)
17	Allegations of abuse made against a member of staff
18	Supporting staff
19	Role of governors
20	Restraint and reasonable force
21	Children with additional needs and/or disabilities
22	Looked after children
23	Children who missing
24	Private fostering
25	Extended schools and offsite activities
26	Work experience
27	Host families
28	Family early help assessment
29	Personnel changes
30	Ofsted inspection
31	Declaration record

Appendix 1
Appendix 1A
Appendix 2
Appendix 3
Appendix 4
Appendix 5
Appendix 6
Appendix 7

1 WHAT SHOULD THIS POLICY ACHIEVE?

This policy will ensure that there is a consistent approach to Safeguarding and Child Protection across South Bank Multi Academy Trust and it applies to all young people within the Trust under the age of 18.

Safeguarding is defined within 'Working Together to Safeguard Children [2013] as:

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

Staff must be aware of the wider, specific safeguarding issues, including behaviours associated with drug taking, alcohol abuse, truanting and sexting, all of which put children in danger. A longer list of such issues is in Part 1 of *Keeping Children Safe in Education (2018)*, with links to further information about each issue, which staff must read and understand.

All staff and volunteers should be aware of the signs of abuse, neglect and specific safeguarding issues, and that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another. Types of abuse and neglect are described in Appendix 1. Specific safeguarding issues are addressed in appendix 1A.

Safeguarding is not just about protecting children, learners and vulnerable adults from deliberate harm, neglect and failure to act. It relates to broader aspects of care and education, including:

- children's and learners' health and safety and well-being, including their mental health
- meeting the needs of children who have special educational needs and/or disabilities
- the use of reasonable force
- meeting the needs of children and learners with medical conditions
- providing first aid
- educational visits
- intimate care and emotional well-being
- online safety and associated issues
- appropriate arrangements to ensure children's and learners' security, taking into account the local context.

There is no legal definition of **child protection**, but professionals aim to identify those children who are at risk of serious harm. Child protection aims to keep children safe where there is

serious risk of harm. Serious risk of harm may arise from a single event or a series of concerns over time.

Often the phrases 'Child Protection' and 'Safeguarding' are used synonymously, but they are quite distinct. Safeguarding refers to all children, whilst Child Protection refers distinctly to children at risk of serious harm.

The Trust believes that the safety and well-being of its pupils is of the utmost importance and sets out to ensure that action will be taken to protect a child where that child is suffering harm or is likely to suffer harm. Trust staff are in a unique position that can allow them to identify safeguarding concerns at an early stage. They have a role beyond that of educating pupils or supporting the smooth running of the school, which extends to the care and basic human rights of each young person.

This policy should be read in conjunction with all other school safeguarding policies and procedures (**see Appendix Six**)

2 WHAT ARE THE AIMS OF THIS POLICY?

The purpose of our Child Protection and Safeguarding Policy is to:

- Raise the awareness of all staff of the need to safeguard children and of their responsibilities in identifying concerns and reporting them as a matter of priority;
- Provide a framework to support staff in identifying concerns that a child may be suffering harm or abuse thereby enabling them to report those concerns without delay;
- Maintain an environment where children feel secure and are listened to and contribute to the establishment of a safe, resilient and robust ethos in the school and trust, built on mutual respect and shared values;
- Identify and protect the most vulnerable, identify individual needs where possible and develop plans to meet those needs;
- Ensure that each school has sufficient Designated Safeguarding Leads to enable one of them to be available or contactable at all times during the school day;
- Develop and promote effective working relationships with pupils, parents and with partner agencies;
- Provide a systematic means of monitoring children who are thought to be at risk of harm or who are subject to child protection plans;
- Provide structured procedures within each school which will be followed by all staff when there are concerns about a child;

- Ensure that all adults working with children in the trust have undergone appropriate checks as to their suitability to work with children in line with the Department of Education, the Disclosure & Barring Service and York City Council.
- Ensure that procedures are followed where an allegation is made against teachers and other staff in accordance with the Department for Education Keeping Children Safe in Education, Part 4, with the involvement of the Local Authority Designated Officer (LADO), Safeguarding & Quality Assurance, Children's Social Care on 01904 551783 or e-mail lado@york.gcsx.gov.uk

3 WHO MANAGES THIS POLICY?

3.1 This policy is overseen on a day-to-day basis by each school's Designated Safeguarding Lead, who reports information as appropriate to each school's Headteacher. The role of the Designated Safeguarding Lead is to provide support to staff members to carry out their safeguarding duties and to liaise closely with other services such as Children's Social Care. This is explicit in his/her job description. At all times, the MAT academies will seek to provide a consistent and proactive approach to Child Protection. Governing Boards and Headteachers will act with ultimate accountability. Headteachers will ensure this policy is followed by all members of staff and governors.

3.2 The Designated Safeguarding Lead will always be available during school hours to discuss any concerns, even when off-site. In the absence of the Designated Safeguarding Lead, his/her duties will be carried out by the Deputy Designated Safeguarding Lead, who will be trained to the same standard as the Designated Safeguarding Lead. Should neither be available, the Headteacher or any senior member of staff should undertake safeguarding duties in accordance with this policy. The absence of key personnel must never be a reason for concerns to go unreported. The Designated Safeguarding Lead will retain ultimate responsibility for safeguarding and child protection.

3.3 Any centralised MAT staff not assigned to an individual school will report any concerns to the Designated Safeguarding Lead of the school to which the concerns are related.

4 RATIONALE

The South Bank Multi Academy Trust recognises that children's welfare is of paramount importance. All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse. The Trust recognises that working in partnership with children and their parents, carers and other agencies, is essential for promoting children's welfare. This policy statement is intended to provide protection for the children and young people who attend academies within the Trust, or who are family members of those pupils. It provides staff and volunteers with guidance on the procedures they should adopt in the event that they suspect a child or young person may be experiencing, or be at risk of, harm. It applies to **all** members of staff, volunteers, governors, sessional workers, agency staff, pupils, or anyone working in or on behalf of the South Bank Multi Academy Trust.

We will seek to safeguard children and young people by:

- Valuing, listening to and respecting them;
- Seeking advice from the Children's Advice Team (Children's Front Door 01904 551900);
- Recruiting staff and volunteers safely, ensuring all necessary checks are made;
- Sharing information about Safeguarding/Child Protection and good practice with children, parents, staff and volunteers;
- Sharing information about concerns with agencies who need to know, and involving parents and children appropriately;
- Leading or contributing to Family Early Help Assessments (FEHAs);
- Making referrals to and working with other agencies;
- Providing effective management for staff and volunteers through supervision, support and training.

5 DEFINITIONS

Abuse is a form of maltreatment of a child. Someone may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them, or, more rarely, by others (e.g. via the internet). They may be abused by an adult, adults, another child or children. There are **four categories of abuse**.

5.1 Physical Abuse

This is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning, 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. This situation is commonly described using terms such as fabricated or induced illness or Munchausen's Syndrome by proxy. More information in Appendix 1.

5.2 Emotional Abuse

This is 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. More information in Appendix 1.

5.3 Sexual Abuse

This 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. More information in Appendix 1.

5.4 Neglect

This 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 or 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);
- ensure access to appropriate medical care or treatment;
- respond to a child's basic emotional needs.

More information in Appendix 1.

6 Specific Safeguarding Issues

Abuse and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another and could include more than one specific safeguarding issue, such as:

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| • truancy or a child missing from education; | • faith abuse; |
| • child missing from home or care; | • female genital mutilation (FGM); |
| • child sexual or criminal exploitation; | • involvement in gangs or youth violence; |
| • bullying, including cyberbullying; | • gender-based violence/violence against women and girls; |
| • domestic violence; | • forced marriage; |
| • alcohol and/or drug abuse; | • honour based violence; |
| • fabricated or induced illness; | • sexual preference violence |
| • self-harm; | • hate; |
| • involvement in radicalisation & extremism; | • mental health issues |
| • relationship abuse; | • trafficking |
| • racial based violence | • peer on peer abuse |
| • sexting; | |

The DfE recommends that expert and professional organisations are best placed to provide up-to-date guidance and practical support on such specific safeguarding issues e.g. at

<http://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/>. Academies can also access broad government guidance at <https://www.gov.uk/topic/schools-colleges-childrens-services/safeguarding-children>.

NOTE 1: FGM

If, in the course of his/her work in the profession, a teacher discovers that an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl under the age of 18, the teacher must report this and activate the school's safeguarding procedures – this matter must be reported to police or s/he will face disciplinary action. Pupils must not, however, be actively examined by school staff for signs of FGM.

NOTE 2: PREVENT

Similarly, if in the course of his/her work in the profession, a teacher reasonably suspects that a child is at risk of radicalisation, a referral must be made to the 'Channel' programme and the school's safeguarding procedures for Preventing Radicalisation must be adhered to - further guidance can be found at:

<https://www.gov.uk/government/publications/channel-guidance>.

7 HOW TO RESPOND TO SIGNS AND SUSPICIONS OF ABUSE: ROLES AND RESPONSIBILITIES

7.1 The South Bank Multi Academy Trust recognises and accepts that teachers, along with other adults associated with each school, are well placed because of their unique position to observe children and note any emotional, behavioural or physical signs which may be suggestive of child abuse or concerns about their care (**see Appendix 1A**). DfE advice '*What to do if you are worried a child is being abused - Advice for practitioners*' provides more information on understanding and identifying abuse and neglect and can be found at: <https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>

7.2 The Trust recognises that a relationship between teachers, pupils, parents and carers which fosters respect, confidence and trust can lead to the disclosure of abuse. Staff will attempt to preserve these relationships wherever possible, but each school acknowledges that the child's protection is always paramount.

7.3 The South Bank Multi Academy Trust is supported in all matters relating to Child Protection by the LA's Children's Advice Team, which offers advice, support and guidance regarding Child Protection matters.

7.4 In order to help **all staff** meet their responsibilities in relation to the protection of children:

- Each school will always follow DfE and CYSCB procedures (**see Appendix Two**);
- This policy statement and associated policy statements will be published on each school's website;
- All members of staff (teaching and non-teaching), governors, volunteers and pupils will read this policy statement;

- Newly appointed members of staff will be briefed about this safeguarding policy and procedures as part of their induction and asked to sign to say that they have read it;
- All members of staff (teaching and non-teaching) will read the DfE's 2018 'Keeping Children Safe in Education Part 1 for School and College Staff'. This can be found on-line at: <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>. Each school will ask staff to sign to say they have read and understood 'Keeping Children Safe in Education Part 1 for School and College Staff'.
- The Designated Safeguarding Lead, Deputy Safeguarding Lead and Nominated Safeguarding Governor will complete Level 2 Multi-Agency Safeguarding Training (Working Together 'A') every two years and will attend briefing/updates at least annually;
- All members of staff will complete Basic (Level 1) Child Protection Awareness training on appointment and then receive updates annually, which may take the form of repeating the basic training. This level of training is accessed on-line at: <http://elearning.saferchildrenyork.org.uk/sign-in.php> ;
- All members of staff will complete On-line 'Prevent' training (*aimed at safeguarding vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves*) as soon as possible after appointment. Free training may be accessed on-line at: <https://www.elearning.prevent.homeoffice.gov.uk/>;
- All members of staff will complete On-line 'Female Genital Mutilation' (FGM) training (*aimed at recognising and preventing FGM*) as soon as possible after appointment. Free training may be accessed on-line at: <http://www.safeguardingchildren.co.uk/resources/female-genital-mutilation-recognising-preventing-fgm-free-online-training/>;
- Key members of staff and governors will complete Safer Recruitment Training such as that provided on-line by the NSPCC. There is a charge for this training and it can be accessed on-line at: <https://www.nspcc.org.uk>.
- Each school will keep up-to-date records of safeguarding training and copies of certificates.

8 HOW TO RESPOND TO SIGNS OR SUSPICIONS OF ABUSE; PROCEDURES FOR STAFF:

8.1 Any member of staff who:

- a) Suspects that a child is injured, marked or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play, or when the explanation given appears inconsistent with the injury;
- b) Notes behaviours or actions, which give rise to suspicions that a child may have suffered abuse, including worrying drawings or play;
- c) Is concerned that a child may be suffering from lack of care, ill treatment or emotional maltreatment;
- d) Has concerns that a child is presenting any signs or symptoms consistent with suspicion of child abuse or neglect; (**see Appendix 1A**)
- e) Notes significant changes in a child's presentation otherwise unexplained;

- f) Receives hints or a disclosure of abuse from the child, another pupil, parent or member of the public;
- g) Becomes aware that a person who has committed offences against children has moved into a household with children present or otherwise in a situation where that person may be posing a risk to children;

Must immediately report this to the Designated Safeguarding Lead (see Appendix Two)

9 HOW TO RESPOND TO A CHILD DISCLOSING ABUSE: PROCEDURES FOR STAFF

9.1 It is not the responsibility of teachers/care/support staff to investigate abuse or decide if abuse has taken place. Each school does, however, have a duty to act on any concerns and refer to the investigating agencies (CYCSB and the Police).

9.2 Always listen to and take seriously any disclosure of abuse. Keep questions to a minimum, only asking these to clarify information or to assist the child who is finding it difficult to talk. Any questions should be 'open' i.e. not have the answer embedded in the question e.g. *'Can you tell me what happened?'* rather than *'Did x hit you?'*

9.3 Do not interrogate the child. Do not make the child repeat it all to another person. The information needed from the child is only that which is sufficient to make a referral for further investigation, not for staff to decide the validity of the disclosure.

9.4 Try not to show signs of shock, horror or surprise.

9.5 Do not express your feelings or any judgements regarding the alleged abuser.

9.6 If a child confides in you and requests that the information is kept secret, it is important that you tell the child sensitively that you have a responsibility to refer the information to the Designated Safeguarding Lead in order to protect the child from further abuse. **ON NO ACCOUNT SHOULD THE CHILD BE PROMISED ABSOLUTE CONFIDENTIALITY.** This should be made clear before the child makes the disclosure, or at the earliest opportunity.

9.7 Reassure and support the child, as far as possible, that only those who 'need to know' in order to protect them will be told. Explain what will happen next and try to ensure that the child's wishes are taken into account when determining what action to take to protect them from harm.

9.8 Do not approach parents/carers at this stage. The Designated Safeguarding Lead will decide, based on the information, if and when parents/carers will be spoken to.

9.9 All concerns, discussions and decisions, and the reasoning behind those decision, must be recorded in writing.

9.10 Child protection information is **CONFIDENTIAL** and will be shared only on a 'need to know' basis as determined by the Designated Safeguarding Lead.

10 ACTION BY THE DESIGNATED SAFEGUARDING LEAD

10.1 The Designated Safeguarding Lead will decide what needs to happen next. The first consideration will be the need to address any urgent medical needs of the child.

10.2 The Designated Safeguarding Lead is entitled to make an enquiry as to whether the child is, or has been on, the subject of a Child Protection Plan (01904 551900).

10.3 The Designated Safeguarding Lead can consult with the LA's Children's Front Door Team (01904 551900) for support and advice about how to proceed.

10.4 The Designated Safeguarding Lead will decide, based on CYSCB Guidelines and Procedures, and if necessary after consultation as above, whether to talk to parents. Good Child Protection practice rests within a climate of openness and honesty. Parents will in general and where possible be spoken to unless to do so may place the child at risk of significant harm, impede any police investigation or place the member of staff or others at risk. An inability to contact parents will not cause undue delay in making a referral. The Designated Safeguarding Lead must make any necessary Child Protection referral even if the parents disagree with such a decision. The Designated Safeguarding Lead will make it clear that they are following CYSCB Guidelines and Procedures and acting on their statutory duty.

10.5 The Designated Safeguarding Lead will decide whether to make a formal referral in conjunction with the LA's Children's Advice Team. Verbal referrals will be followed up in writing using the standard referral form. This form is available electronically at <http://www.yor-ok.org.uk/> and should be returned to the LA's Children's Front Door by post or secure e-mail as detailed on the form.

10.6 In cases where a child is at immediate risk, there is clear physical evidence, or the child has made a clear disclosure, referral to the LA's Children's Front door Team (01904 551900) should be made immediately. If the above consultation process is not possible or cannot be completed within a very short timescale (because, for example, the Designated Safeguarding Lead is not available) then it is the responsibility of the teacher who gleaned the information to ensure that a speedy referral is made. Any member of staff is entitled to liaise/consult and to make a referral. If any person other than the Designated Safeguarding Lead makes a referral, s/he should inform the designated safeguarding lead as soon as possible.

10.7 The Designated Safeguarding Lead may consider that whilst a Child Protection referral may not be appropriate, it would be appropriate to complete a Family Early Help Assessment (FEHA), guidance and forms for which are available electronically at <http://www.yor-ok.org.uk/>, or to make a referral for support to another service for example, the School Health Service; Primary Mental Health Worker for Child and Adolescent Mental Health; Education (Behaviour Support, Learning Support, Educational Psychologist) etc. This should only ever be done with the agreement of parents. However, failure to agree may, in some circumstances, be in itself a safeguarding concern.

10.8 If it is decided a referral should not be made, the Designated Safeguarding Lead should document any action taken and the reason(s) for the decision not to proceed further. Monitoring should be continued.

10.9 School staff will engage in inter-agency working in line with the DfE's statutory guidance 'Working Together to Safeguard Children', which can be found at:
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working Together to Safeguard Children-2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf)

11 ACTION FOLLOWING CHILD PROTECTION REFERRAL

11.1 The Designated Safeguarding Lead will make regular contact with Children's Social Care to provide any necessary information, to ensure that information is up to date and that there is clarity around the actions that both Children's Social Care and the school will take.

11.2 The Designated Safeguarding Lead or other appropriate member of staff will, wherever possible, contribute to any strategy discussion;

11.3 The Designated Safeguarding Lead or other appropriate member of staff will attend, contribute to, and provide a report for, any subsequent Child in Need meeting or Child Protection Conference. This will include expressing a professional view, based on the information shared, as to whether the child or children who is/are the subject of the Conference should become the subject(s) of a Child Protection Plan on the grounds that they appear to be at risk of continuing significant harm.

11.4 If a child or children become the subject of a Child Protection Plan, the school will contribute to the Child Protection Plan, attend Core Group Meetings and Review Child Protection Case Conferences.

11.5 All reports written will, wherever possible, be shared with parents prior to meetings. If there is doubt regarding sharing certain information, this will be discussed with the LA's Children's Advice Team.

11.6 Where the Designated Safeguarding Lead disagrees with a decision made by Children's Social Care e.g. not to apply Child Protection Procedures or not to convene a Child Protection Case Conference, the matter will be discussed with the LA's Children's Advice Team and they will together agree how to proceed.

11.7 If information from Children's Social Care is not forthcoming following a referral, the Designated Safeguarding Lead should press for information.

12 RECORDING AND MONITORING

12.1 Accurate records will be made as soon as practicable and will clearly distinguish between observation, fact, opinion and hypothesis. All records will be signed and dated, any information

given be recorded verbatim where possible and note made of location and description of any injuries seen.

12.2 All Child Protection documents will be retained in a 'Child Protection' file, separate from the child's main file. This will be locked away and only accessible to the Designated Safeguarding Lead (*and his/her substitutes*). The Data Protection Act 2018 provides that Child Protection records be exempt from disclosure where this would not be in the best interests of the child. Records will be transferred to any future school/academy the child moves to, clearly marked: *Confidential - Child Protection - for the attention of the Designated Safeguarding Lead.*

12.3 The nominated Safeguarding Governor will liaise with the Designated Safeguarding Lead to monitor and evaluate progress in all matters related to Child Protection in each school.

13 PARTNERSHIP WITH PARENTS / CARERS

13.1 The South Bank Multi Academy Trust recognises that the protection of children should always be of paramount importance and consideration and that the primary focus in Child Protection should always be the child's safety and welfare. However, good Child Protection practice and outcomes rely on a positive, open, honest working partnership with parents. We will ensure that all parents are treated with respect, dignity and courtesy. We will respect a parent's right to privacy and confidentiality unless they give permission for information to be shared or it is necessary to infringe on this in order to protect a child or children.

13.2 When a referral has been made without informing parents we will clearly explain that we have acted following consultation, and in line with our statutory responsibilities, this policy and CYSCB Guidelines and Procedures.

13.3 We will make parents aware of this policy and guidance in our prospectus and on our website. We make it clear that we may, on occasion, need to make referrals without consultation with them. However, we will make every effort to maintain a positive working relationship with them whilst fulfilling our duties to protect a child or children. Parents will be made aware that they can access this policy on request.

14 SUPPORTING THE CHILD

14.1 The school recognises that a child who is abused or neglected may find it difficult to develop and maintain a sense of self-worth. We recognise that children may feel helpless and humiliated and may blame themselves for what has or is happening to them. School may provide a vital source of stability in the lives of children who have been abused or are at risk of harm. We recognise that the behaviour of a child in these circumstances may range from that which is perceived to be 'normal' to aggressive or withdrawn.

We aim to support all children in our schools by:

- Encouraging a sense of self-worth and assertiveness whilst not condoning bullying and aggression. Bullying in itself may result in the threshold of significant harm being met

and we take seriously our responsibility to challenge bullying behaviours in accordance with our anti-bullying policy;

- Promoting a caring and safe environment within the school and
- Providing opportunities through the Foundation Stage and PHSE curriculum for children to learn strategies to protect themselves, ask for help and support and gain confidence in standing up for their rights and valuing and respecting others.
- Working in partnership with other services involved in safeguarding children and notifying Children’s Social Care as soon as there are significant concerns about a child

14.2 In circumstances where a child protection referral has been made children will be given a proper explanation, appropriate to their age and understanding, of what action is being taken on their behalf and why. We will provide a secure, caring, supportive and protective relationship for children.

14.3 The Designated Safeguarding Lead will decide which members of staff “need to know” and how much they “need to know” in order to support and protect a child or children. This will take into account the acute difficulty and embarrassment many children have knowing that members of staff are aware of their situation. Central to the decision will be the need to protect a child whilst maintaining, wherever possible, privacy and dignity and the right to confidentiality.

15 CHILD PROTECTION IN THE CURRICULUM

15.1 South Bank Multi Academy Trust is committed to raising pupils’ awareness that they have a right to not be treated or touched in a way that makes them unhappy or hurt, that sometimes they may not feel able to stop an adult or peer doing something that they do not like, and that there are people in and out of the school who will listen to them and take steps to protect them from harm. Age appropriate materials are utilised in Sex and Relationship Education, Personal, Social and Health Education, Citizenship Education, Internet Safety Education etc. in order to help children to understand safeguarding issues, and the law. Childline (0800 11 11) contact information is prominently displayed in the school.

16 SAFEGUARDS FOR PUPILS AND STAFF (including safer recruitment)

16.1 The Trust will follow DfE and LA guidance regarding safeguarding children and safer recruitment. It notes its responsibility to ensure that the Disclosure and Barring Service is provided with relevant information so that individuals who pose a threat to children can be identified and barred from working with them. Pre-appointment checks are undertaken for all appointments, including salaried teacher trainees, and offers of appointment will be conditional until satisfactory clearance is received.

16.2 Written references are requested and checked to ensure information is not contradictory or incomplete.

16.3 Volunteers undertaking regulated activity will be subject to enhanced DBS and barred list checks. A supervised volunteer who regularly teaches or looks after children is not in regulated activity. Nevertheless, risk assessments will be undertaken to decide whether or not an enhanced DBS check is required. Volunteers who engage in regulated activity will still receive regular and reasonable supervision.

16.4 A Single Central Record of recruitment and vetting checks covering all adults who have regular contact with children is maintained at each school and includes details of: identity checks; barred list checks; enhanced DBS checks; prohibition from teaching checks; checks of professional qualifications; checks to determine the individual's right to work in the UK; additional checks for those who have lived or worked outside of the UK.

16.5 At least one member of any recruitment panel will have completed 'Safer Recruitment' training. Recruitment processes will make clear the school's commitment to safeguarding and promoting the welfare of children and will adhere to the DfE's flowchart (**See Appendix Three**). This will include ensuring that all staff, governors and volunteers are subject to enhanced Disclosure and Barring Service and barred lists check if they are to engage in or transfer to regulated activity. Staff, governors and volunteers who will be in frequent contact with children, but who will not be engaging in regulated activity, will still require an enhanced DBS check (no barred list check). Staff, trainees, volunteers and contracted persons who have not been checked in this manner will not be allowed unsupervised access to children.

16.6 A person who is prohibited from teaching by a Prohibition Order will not, in any circumstances, be appointed or allowed to work in the school. Candidates to be employed as teachers will be checked against the Teacher Services System to ensure they are not subject to a prohibition order. This can be found at: <https://www.gov.uk/guidance/teacher-status-checks-information-for-employers>.

16.7 All new appointments to regulated activity will have their employment history, identity, right to work in the UK, qualifications and mental and physical fitness to carry out their work verified in line with DfE statutory guidance contained in 'Keeping Children Safe in Education 2018'.

16.8 Each School will obtain written notification from any agency or third-party organisation that they use, including ITT providers, that the organisation has carried out appropriate safeguarding checks.

16.9 Contractors engaging in regulated activity will require an enhanced DBS certificate. The identity of contractors will be checked on arrival and they will be asked to sign the following declaration:

"Child Protection – contractors should not work in areas where children are present, unless with the express permission of the Headteacher and only then under the supervision of a member of school staff. Contractors should discourage children from entering into conversations and must NEVER be alone with a child or group of children"

16.10 School staff will use their professional judgement to determine whether a visitor, such as a pupil's parents and relatives, need to be escorted or supervised.

Regulated activity includes:

- a) teaching, training, instructing, caring for (see (c) below) or supervising children if the person is unsupervised, or providing advice or guidance on well-being, or driving a vehicle only for children,
- b) work for a limited range of establishments (known as 'specified places', which include schools and colleges), with the opportunity for contact with children, but not including work done by supervised volunteers;

Work under (a) or (b) is regulated activity only if done regularly. Some activities are always regulated activities, regardless of their frequency or whether they are supervised or not. This includes:

- c) relevant personal care, or health care provided by or provided under the supervision of a health care professional: personal care includes helping a child, for reasons of age, illness or disability, with eating or drinking, or in connection with toileting, washing, bathing and dressing; health care means care for children provided by, or under the direction or supervision of, a regulated health care professional.

16.11 The primary academies will ask staff and volunteers to declare if they may be disqualified under the Childcare Act 2006 and Disqualification Regulations 2009. Where disqualification is indicated, such a person will be suspended or redeployed and informed that they must apply to OFSTED for a waiver within 14 days. Records of checks will be maintained.

16.12 School staff will always act professionally and conduct any relationships or communications with children in a professional manner (*see the Trust's 'Staff Code of Conduct'*).

16.13 School staff will not be put in a position which renders them particularly vulnerable to false allegations of abuse. Any concerns that, for whatever reason, a member of staff may be vulnerable will be shared with the Designated Safeguarding Lead who will make appropriate arrangements to reduce/eradicate this risk. The decisions made will be recorded and include the reasons for them. If the risk relates to a particular child, a copy will be retained on that child's file. Parents, where appropriate, will be informed.

16.14 All staff and volunteers should feel able to raise concerns about poor or unsafe practice with regard to children (*using the Trust's 'Whistleblowing Policy', or by contacting the NSPCC's Whistleblowing Helpline on 0800 028 0285*). Anyone who has concerns that the behaviour of another member of the school staff is or may be abusive to children must immediately inform the Headteacher. If these concerns relate to the Headteacher, the nominated Safeguarding Governor must be informed.

16.15 The school will follow DfE guidance on information sharing (***see Appendix Five***).

16.16 The school's policy on physical restraint relates to this policy. Where a 'restraint' appears to have been conducted in a manner which could constitute abuse, these procedures will be followed.

16.17 Children are capable of abusing their peers and this can occur between two children of any sex. It can also occur through a group of children abusing a single child or group. It could, for example, include sexual violence (*including rape, assault by penetration and sexual assault*); sexual harassment (*including sexual comments/'jokes', physical behaviour and displaying sexual*

images); online sexual harassment (*including sharing images, threats/coercion and inappropriate comments*) and initiation/hazing type violence. Abuse is abuse and should never be tolerated or passed off as “banter” or “part of growing up”. A child under 16 years can **never** consent to any sexual activity. Victims should not be made to feel that they are creating a problem when reporting sexual abuse and harassment. Where **abuse by children** is either suspected or becomes known, the Designated Safeguarding Lead will consult with LA’s Children’s Front door (01904 551900) in order to secure appropriate arrangements for the safety, protection and support of victims and alleged perpetrators and will make Child Protection or Police referrals where appropriate. A risk assessment will also be carried out and arrangements to separate the victim(s) and alleged perpetrator(s) will be considered. The Designated Safeguarding Lead will follow the advice set out in ‘Sexual Violence and Sexual Harassment between Children in Schools and Colleges (DfE December 2017), where abuse or harassment is reported. This can be found here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/667862/Sexual_Harassment_and_Sexual_Violence_-_Advice.pdf

Note: If inappropriate images have been shared on-line, the Internet Watch Foundation may be able to support their removal (<https://www.iwf.org.uk/>).

16.18 Each school within the Trust has robust policies in place to support children’s rights and their good behaviour and discipline. Bullying and racism are not tolerated. Policies for Behaviour and Discipline, Anti-Bullying and Equalities set out how each school seeks to prevent incidents and how they are dealt with if they occur. Where peer on peer abuse has been perpetrated, each school will deal with the perpetrator(s) in line with these policies.

16.19 Each school has made appropriate arrangements for ensuring the safe use of the Internet through an Internet Safety Policy. Each school has appropriate filters and monitoring systems in place to prevent children accessing potentially harmful and inappropriate material, including extremist material. The Trust ‘Staff Code of Conduct’ together with each school’s Staff Handbooks on the Use of Images of Children set out how we safeguard children’s privacy and seek to prevent the inappropriate use of photographic images.

16.20 It is the responsibility of each school placing students on work experience to ensure that they are suitable for the placement in question. Barred list checks are required for people who supervise children on work experience and the school will ask for assurances that this has been undertaken. Work experience providers may decide to request DBS checks for over 16’s.

16.21 Each school has a range of other policies and documents covering general safety issues and risk assessment, including Health and Safety, Fire Safety, Educational Visits, etc. (**see Appendix Six**).

17 ALLEGATIONS OF ABUSE MADE AGAINST A MEMBER OF STAFF **(See also Appendix Four)**

17.1 All children will be listened to and taken seriously whenever they make an allegation of a Child Protection nature, irrespective of the person they are making the allegation about. We acknowledge that this is particularly difficult when the subject of the allegation is a colleague and/or friend. On no account, however, should the person listening to the allegation offer an

alternative explanation or blame the child. Members of staff should report concerns about other members of staff to the Headteacher.

17.2 Allegations may indicate that a person is unsuitable to work with children. If it is reported that a person has behaved in a way that has, or may have, harmed a child or possibly committed a criminal offence against or related to a child, DfE, CYSCB Guidelines and Procedures and guidance from the Trust's HR providers must always be followed. It is acknowledged that such allegations may be malicious, unsubstantiated or false. We also acknowledge that education staff may on occasion be abusive to children. It is essential for both the child and members of staff that allegations are investigated properly in order that children are protected and that any member of staff who has been falsely accused can be proven innocent. Disciplinary action and/or referral to the police may be considered for cases of unsubstantiated or malicious allegations.

17.3 In the event that an allegation is made against the Headteacher, the matter should be reported to the Chair of Governors, whose role it is to ensure that the agreed procedure is followed. S/he will proceed as the Headteacher would normally, as detailed below.

17.4 The person who has received an allegation or witnessed an event will immediately inform the Headteacher, who will take steps to secure the immediate safety needs of the child or children and seek any urgent medical attention required. The member of staff will not be approached at this stage unless necessary to address the immediate safety of children.

17.5 All allegations and concerns must be reported to the Local Authority Designated Officer (LADO) within the same working day on 01904 551783 for advice. Full guidance on the procedure which must be followed can be found at: <http://www.saferchildrenyork.org.uk/allegations-against-childcare-professionals-and-volunteers.htm>

Allegations of abuse made against teachers who are no longer teaching must be reported to the police.

NB: LADO contact details can be found *in Appendix Seven*.

17.6 The accused person must be informed about the allegation and likely course of action as soon as possible/appropriate after consultation with the LADO. S/he must be given the opportunity to answer allegations and make representations about them. Suspension will only be utilised when all other options have been considered and deemed unsuitable. It should only be used where there is a risk of harm or there is the possibility of dismissal due to the seriousness of the allegation. Written confirmation must be sent within one working day. If suspension occurs, the reasons for this and why alternatives were rejected must be recorded. In some cases independent investigation may be required. Police involvement does not make suspension mandatory. Accused individuals should be advised to contact their Trade Union or an appropriate colleague for support, as well as being given information about welfare counselling. The Headteacher will inform the Chair of Governors of any allegation against a member of staff, following the guidance of the Trust's HR providers, DfE and CYSCB Guidelines and Procedures. S/he will name a representative to inform the subject of the accusation of progress on the case. DBS, prohibition, disqualification and barred list checks will be repeated if necessary. The school will comply with its duty to share information with other agencies where this is relevant to an allegation of abuse, unless the police are involved, in which case consent will be required from the individuals involved. The school will aim to resolve all allegations of abuse cases within 12 months. In cases

where it is immediately clear that an allegation is unfounded, cases will be resolved within one week. Where a person who has been suspended can return to work upon the conclusion of a case, the Headteacher will facilitate this transition.

17.7 Every effort should be made to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered. The school will inform the parents/carers of any child/children involved in an allegation of abuse, as soon as possible, unless the police or children's services need to be involved. Parents and carers will be made aware of the requirement to maintain confidentiality regarding any allegations whilst investigations are ongoing. A comprehensive and clear summary of any allegation against staff will be kept on file, unless the allegation is found to have been malicious, in which case it will be removed from personnel records. Records should be retained at least until the accused has reached normal pension age, or for a period of 10 years from the date of the allegation if that is longer. Where an allegation is proven to be false, unsubstantiated or malicious, it will not be included in any future references.

17.8 The school will adhere to its legal duties to report persons of concern and resignations/dismissals due to safeguarding concerns to the DBS and will not allow such individuals to continue to carry out any form of regulated activity. Guidance on referrals can be found at <https://www.gov.uk/government/collections/dbs-referrals-guidance--2#barring-and-referral-guidance>. 'Settlement agreements' will not, under any circumstance, be offered to accused staff members in exchange for the school not pursuing disciplinary action or not meeting its legal duty to refer the staff member to the DBS. Any substantiated case upon will be reviewed upon conclusion, with a view to improving the school's procedures and practice.

18 SUPPORTING STAFF

We recognise that child protection is a difficult and sometimes upsetting subject for those who work with children. Working with a child who has suffered harm or is at risk of harm may be stressful and distressing. We are committed to supporting such staff by providing opportunities for them to talk through their experiences and anxieties with the Designated Safeguarding Lead to seek further support as appropriate. All staff and volunteers should feel able to raise concerns about poor or unsafe practice, such concerns will be addressed sensitively and effectively in accordance with agreed whistle blowing procedures. A copy of 'What to do if you're Worried a Child is Being Abused 2015' should be made available to every member of staff. The NSPCC whistle-blowing helpline can be used to anonymously raise concerns on 0800 028 0285.

We believe that working within a school that has clear child protection policies and procedures also helps to support staff in carrying out their duties and responsibilities effectively.

If you have concerns about a colleague

Staff who are concerned about the conduct of a colleague towards a child are undoubtedly placed in a very difficult situation. They may worry that they have misunderstood the

situation and they will wonder whether a report could jeopardise their colleague's career. Staff must remember that the welfare of the child is paramount. The school's whistleblowing policy enables staff to raise concerns or allegations in confidence and for a sensitive enquiry to take place and the NSPCC encourages staff to use their **whistle-blowing helpline 0800 028 0285**.

All concerns of poor practice or possible child abuse by colleagues should be reported to the headteacher. Complaints about the headteacher should be reported to the chair of governors.

Staff may also report their concerns directly to children's social care or the police if they believe reporting directly is necessary to secure action.

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally on 0800 028 0285 (line is open 8 am – 8 pm Monday to Friday and email help@nspcc.org.uk).

19 ROLE OF GOVERNORS

Governing Boards are accountable for ensuring that their establishment has effective policies and procedures in place in accordance with the most recent DfE guidance and for monitoring the school's compliance with them. Each Local Governing Board within the Trust (or one of its delegated committees) will ensure that they verify the following annually:

- there is a Designated Safeguarding Lead who is a member of the senior leadership team;
- there is a nominated Governor for Safeguarding and Child Protection;
- the nominated Governor should access the health & safety and safeguarding Trust sub-committee meetings to ensure they remain up to date and share good practice.
- safeguarding policy and procedures are in place and working well and that staff are given the opportunity to contribute to policy development based on their safeguarding experiences e.g. through feedback to staff governors;
- safeguarding is taught as part of a broad and balanced curriculum;
- the school operates safe recruitment procedures and carries out appropriate checks, including verifying that section 128 directions (these will be flagged in a DBS check) which prohibit or restrict a person from taking part in the management of the school, including as an employee, trustee, member or governor have been carried out;
- the school has procedures for dealing with allegations of abuse against staff/volunteers that comply with LA/DfE guidance;
- the number of children in the school on the Child Protection Register (not to include names or details);
- that training needs at all levels within the school are being met and maintained;
- what safeguarding training has been undertaken within the previous 12 months;
- that this policy is being followed and implemented.

Additionally, governors will undertake their responsibilities in relation to allegations against staff and any disciplinary procedures. They should also undertake training to support them in the

discharge of their duties and remedy without delay any deficiencies or weaknesses in regard to Safeguarding and Child Protection arrangements.

20 RESTRAINT AND REASONABLE FORCE

Section 93 of the Education and Inspections Act 2006 gives school staff (including support staff, non-teaching staff and voluntary staff) the legal power to use force. Reasonable force can be used in many situations:

1. To prevent pupils from hurting themselves or others, from damaging property or from causing disorder.
2. To control pupils or to restrain them.
3. The decision on whether or not to physically intervene is down to the professional judgement of the staff member concerned and should always depend on the individual circumstances.

This includes occasions when the pupil is not on school premises e.g. on school visits.

Section 45 of the Violent Crime Reduction Act 2006 gives headteachers and authorised staff the right to search pupils for weapons without their consent, where they have reasonable cause to suspect they are carrying a weapon. If resistance is expected schools **MUST** call the Police. Further guidance is in the Department for Education's Guidance, 'Use of Reasonable Force - Advice for Headteachers, Staff and Governing Bodies':

<https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools>.

Guidance should be given to staff on appropriate behaviour including the use of physical restraint. Further guidance to staff can be found in the school's behaviour management policy. There should be a rigorous recording system and procedures in school. Parents/carers should be informed when restraint has been used and protocols agreed with parents/carers if use of restraint is thought likely. It is good practice for the member of staff with responsibility for child protection to check the record and to give the member of staff involved in the incident a copy.

Pupils displaying extreme behaviour in relation to a learning disability, autistic spectrum disorders, behavioural, emotional and social difficulties or pupils with severe behavioural difficulties should be handled according to the 'Guidance on the Use of Restrictive Physical Interventions for Pupils with Severe Behavioural Difficulties'

<http://media.education.gov.uk/assets/files/pdf/g/guidance%20on%20the%20use%20of%20restrictive%20physical%20interventions%20for%20pupils%20with%20severe%20behavioural%20difficulties.pdf>

S548 Education Act 1996 states that the use of force as a punishment is unlawful.

21 CHILDREN WITH ADDITIONAL NEEDS AND/OR DISABILITIES

We recognise that children with special educational needs or disabilities are more vulnerable to abuse. The risks to disabled children may be increased by their need for practical assistance and physical dependency including intimate care which may be delivered by a number of different carers, by possible communication difficulties and lack of access to strategies to keep themselves safe or by the increased risk that they may be socially isolated.

Additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- Children with special educational needs and disabilities can be disproportionately impacted by things like bullying – without outwardly showing any signs; and
- Communication barriers and difficulties in overcoming these barriers

Further information on safeguarding disabled children is available in the government guidance 'Safeguarding Disabled Children, Practice Guidance'.

Staff working with children in any capacity, must be particularly aware of and sensitive to how the effects of abuse or harm may present, and be able to pick up on any changes in behaviour or presentation that might indicate a concern. Staff should have a detailed knowledge of pupils' individual care needs as well as their academic needs and take these into account when working with them and their families. Concerns should be shared immediately with the designated safeguarding lead or in their absence, one of the Deputy designated safeguarding leads.

The staff in school will have important information about individual children's presentation, their levels of understanding and how best to communicate with them.

All staff working with children with special educational needs or disabilities will receive appropriate training to enable them to meet the needs of these children appropriately and to recognise and report any concerns.

When working with children with disabilities, staff must be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise that might not be of concern on an ambulant child such as the shin, might

be of concern on a non-mobile child;

- Not getting enough help with feeding leading to malnourishment;
- Poor toileting arrangements;
- Lack of stimulation;
- Unjustified and/or excessive use of restraint;
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing;
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment, for example callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances;
- Inappropriate invasive procedures.

Arrangements for pupils requiring intimate care are detailed in each school's Medical Needs Policy/Personal Care Policy.

22 LOOKED AFTER CHILDREN

The term 'Looked After Children' (LAC) refers to children who are in the care of the LA. In addition, children and young people may live away from home for other reasons, including Private Fostering. This group of children should be afforded the same essential safeguards against abuse as their peers. Practice needs to be framed on an understanding that there may be additional risks and vulnerabilities for children living away from home. Each school has a Designated Teacher for LAC, who records the details of each child's Social Worker, oversees their Personal Education Plans and overall well-being and liaises with the LA's Virtual School (<http://www.york.org.uk/workforce2014/Virtual%20School/virtualschool>) to discuss how LAC funding is best used.

23 CHILDREN WHO GO MISSING

The school will notify the LA whenever a child is removed from the admissions register using the LA's 'Pupil Movement' form, which is sent to CME@york.gov.uk. If a child who is on the Child Protection register 'goes missing' or is significantly absent, the designated teacher will immediately inform Children's Social Care. When other children go missing or change school/academy and information is not available regarding the receiving school/academy, the school will immediately inform the School Services Team (01904 551554) and/or the LA's Children's Front Door (01904 551900), who will take appropriate action to trace the child. If a child fails to attend school regularly, or has been absent for a continuous period of 10 days or more without authorisation, the LA will be notified.

24 PRIVATE FOSTERING

Privately fostered children (up to age 16 or 18 if disabled) are cared for by someone other than a parent or close relative (e.g. step-parents, siblings, siblings of a parent and grandparents) for 28 days or more. School staff have a statutory duty to make a referral to

the Children's Social Care (01904 551900) if, in relation to a child up to the age of sixteen, where:

- They become aware of a private fostering arrangement which is not likely to be notified to the local authority
- They have doubts about whether a child's carers are actually their parents, and there is evidence to support these doubts, which may or may not include concerns about the child's welfare

Further information about private fostering arrangements can be found at <https://www.gov.uk/government/publications/national-minimum-standards-for-private-fostering>

25 EXTENDED SCHOOLS AND OFFSITE ACTIVITIES

The Governing Body of each school is responsible for controlling the use of school premises both during and outside school hours.

Where services are provided directly under the supervision and management of the school, the school's child protection policy and procedures will apply.

Where activities and services are provided separately, the Governing Body will seek assurances that the body concerned has appropriate safeguarding and child protection policies and procedures in place and that there are agreed arrangements to liaise with the school on these matters where appropriate. Evidence of appropriate policies and procedures must be provided to the Governing Body.

The Governing Body will only work with providers that can demonstrate that they have effective child protection policies and procedures in place, provide appropriate training and that the vetting arrangements for their staff are compatible with those of York City Council and government guidance. The Governing Body will enter into a formal letting contract with the provider once these conditions are met but reserve the right to withdraw permission for any letting at any time.

All off-site activities are subject to a risk assessment to satisfy health and safety and safeguarding requirements. Where activities are provided by and managed by the school, their own child protection policy and procedures apply.

When our pupils attend off-site activities, including day and residential visits and work-related activities, the Headteacher will check that effective child protection arrangements are in place.

26 WORK EXPERIENCE

Each school has detailed procedures to safeguard pupils undertaking work experience, including arrangements for checking people who provide placements and supervise pupils on work experience which are in accordance with the guidance in Keeping Children Safe in Education.

The responsible member of staff for coordinating work experience placements is Tim Gillbanks (Deputy Headteacher).

27 HOST FAMILIES

Each school may make arrangements for pupils to stay with a host family during a foreign exchange trip or sports tour. In such circumstances each school follows the guidance in Keeping Children Safe in Education 2018, Annex E, to ensure that hosting arrangements are as safe as possible.

Some overseas pupils may reside with host families during school term time and we will work with the local authority to check that such arrangements are safe and suitable.

28 FAMILY EARLY HELP ASSESSMENT - FEHA (previously CAF)

School staff will identify children who may benefit from early help in order to provide support as soon as a problem emerges, discuss with the designated safeguarding lead and support other agencies and professionals in an early help assessment including acting as the lead professional in undertaking an early help assessment.

The designated safeguarding lead will support the member of staff in liaising with other agencies and setting up an inter-agency assessment as appropriate. The Family Early Help Assessment is designed to be used when:

- There are concerns about how well a child or young person is progressing (e.g. concerns about their health, development, welfare, behaviour, progress in learning or any other aspect of their wellbeing)
- a child or young person, or their parent/carer, raises a concern
- a child's or young person's needs are unclear

If early help and or other support is appropriate, the case should be kept under constant review and consideration given to a referral to children's social care if the child's situation is not improving.

If a child or young person reveals they are at risk, school staff should follow child protection procedures immediately.

School staff work with social care, the police, health services and other services to promote the welfare of children and protect them from harm, including a coordinated offer of early help and allow access for local authority staff to conduct or consider conducting Section 17 or Section 47 assessments.

29 PERSONNEL CHANGES

Any change to personnel undertaking the roles of Designated Safeguarding Lead or nominated Safeguarding Governor will be reported to LA's Children's Front Door (01904 551900) in order that LA records can be updated.

30 OFSTED INSPECTION

If an OFSTED Inspection comment suggests that the school should address any matters regarding Child Protection, this will be communicated to the LA's Children's Front Door (01904 551900), which will offer any necessary advice, guidance or training. The school will also report any positive comments or practice in order that this can be shared to promote good practice in all schools/academies.

31 DECLARATION RECORD

Each school should be able to demonstrate compliance with 'Keeping Children Safe in Education 2018' in that there is a requirement for all academies to ensure that staff have read and understood part one of the document. They should keep a record where each member of staff has signed to say "I have read, understood and will comply with the school's Safeguarding and Child Protection Policy and the DfE's 'Keeping Children Safe in Education Part 1 for School and College Staff'".

APPENDIX 1:

Indicators of Abuse

PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Indicators in the Child	Indicators in the Parent	Indicators in Family/Environmental
<ul style="list-style-type: none"> • Bruises – shape, grouping, site, repeat or multiple • Bite marks – site and size • Burns and Scalds – shape, definition, size, depth, scars • Fractures- delay in seeking medical attention, old fractures, • Injuries not typical of accidental injury • Fabricated or induced illness • Improbable or conflicting explanations for injuries • Repeated or multiple in juries • Admission of punishment which appears excessive • Fear of parents being contacted and fear of returning home • Withdrawal from physical contact • Aggression towards others • Frequently absent from school <p>Emotional/behavioural presentation</p> <ul style="list-style-type: none"> • Refusal to discuss injuries • Admission of punishment which appears excessive • Fear of parents being contacted and fear of returning home • Withdrawal from physical contact • Arms and legs kept covered in hot weather • Fear of medical help • Aggression towards others • Frequently absent from school • An explanation which is inconsistent with an injury • Several different explanations provided for an injury 	<ul style="list-style-type: none"> • Parent with injuries that may suggest domestic violence • Not seeking medical help/unexplained delay in seeking treatment • Evasive or aggressive towards child or others • Refusal or reluctance to discuss injuries or mention previous injuries • Delay in seeking treatment • Given explanation inconsistent with injury • Over chastisement of child / aggressive towards child or others • Absent without good reason when their child is presented for treatment • Disinterested or undisturbed by accident or injury • Unauthorised attempts to administer medication • Tries to draw the child into their own illness. • Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault • May appear unusually concerned about the results of investigations which may indicate physical illness in the child • Wider parenting difficulties may (or may not) be associated with this form of abuse. • Parent/carer has convictions for violent crimes. 	<ul style="list-style-type: none"> • Marginalised or isolated by the community • History of mental health, alcohol or drug misuse or domestic violence • History of unexplained death, illness or multiple surgery in parents and/or siblings of the family • Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Notes on Physical Abuse

Bruising

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

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

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

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

There are grounds for concern if:

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

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

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

Mouth Injuries

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

Poisoning

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

Fabricated or Induced Illness

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

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical

cause

- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

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

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded. Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

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

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

Scars

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

EMOTIONAL ABUSE

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

Indicators in the Child	Indicators in the Parent	Indicators in Family/Environmental
<ul style="list-style-type: none"> • Developmental delay • Abnormal attachment e.g. anxious, indiscriminate or no attachment • Aggressive behaviour towards others • Child scapegoated within the family • Frozen watchfulness, particularly in pre-school children • Low self esteem and lack of confidence • Withdrawn or seen as a 'loner' - difficulty relating to others • Over-reaction to mistakes • Inappropriate emotional responses to painful situations • Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking) • Self harm • Fear of parents being contacted • Extremes of passivity or aggression • Drug/solvent abuse • Chronic running away • Compulsive stealing • Low self-esteem • 'don't care' attitude • Social isolation – does not join in and has few friends • Depression, withdrawal • Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention • Low self esteem, lack of confidence, fearful, distressed, anxious • Poor peer relationships including withdrawn or isolated behavior. 	<ul style="list-style-type: none"> • Domestic abuse • Mental health; drug or alcohol difficulties • Abnormal attachment to child e.g. overly anxious or disinterest in the child • Scapegoats one child in the family • Cold or unresponsive to the child's needs • Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection. • Overly critical of the child • Never allowing anyone else to undertake the child's care • History of abuse or mental health problems • Wider parenting difficulties may (or may not) be associated with this form of abuse. 	<ul style="list-style-type: none"> • Lack of support from family or social network. • Marginalised or isolated by the community. • History of mental health, alcohol or drug misuse or domestic violence. • History of unexplained death, illness or multiple surgery in parents and/or siblings of the family • Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- ***provide adequate food, clothing and shelter (including exclusion from home or abandonment);***
- ***protect a child from physical and emotional harm or danger;***
- ***ensure adequate supervision (including the use of inadequate care-givers); or***
- ***ensure access to appropriate medical care or treatment.***
- ***It may also include neglect of, or unresponsiveness to a child's basic emotional needs.***

Indicators in the Child	Indicators in the Parent	Indicators in Family/Environmental
<p>Physical presentation</p> <ul style="list-style-type: none"> • Failure to thrive/ underweight or small stature • Frequent hunger • Dirty, unkempt condition • clothing in a poor state of repair or inadequate • Swollen limbs with sores that are slow to heal, usually associated with cold injury • Abnormal voracious appetite • Dry, sparse hair • Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice • Untreated medical problems • Frequent accidents or injuries <p>Development</p> <ul style="list-style-type: none"> • General delay, especially speech and language delay • Inadequate social skills and poor socialization <p>Emotional/behavioural presentation</p> <ul style="list-style-type: none"> • Attachment disorders • Absence of normal social responsiveness • Indiscriminate behaviour in relationships with adults • Emotionally needy • Compulsive stealing • Constant tiredness • Frequently absent or late at school • Poor self esteem • Destructive tendencies • Thrives away from home • Disturbed peer relationships • Self harming behavior 	<ul style="list-style-type: none"> • Dirty, unkempt presentation • Inadequately clothed • Inadequate social skills and poor socialisation • Abnormal attachment to the child .e.g. anxious • Low self esteem and lack of confidence • Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene • Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy • Child left with adults who are intoxicated or violent • Child abandoned or left alone for excessive periods • Wider parenting difficulties, may (or may not) be associated with this form of abuse 	<ul style="list-style-type: none"> • History of neglect in the family • Family marginalised or isolated by the community. • Family has history of mental health, alcohol or drug misuse or domestic violence. • History of unexplained death, illness or multiple surgery in parents and/or siblings of the family • Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement. • Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals • Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating • Lack of opportunities for child to play and learn

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact