



Wright Robinson College

Child Protection and Safeguarding Policy

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Content

Introduction & Equality Statement	2
Safe College, Safe Staff	4
Responsibilities	7
Supporting Children	7
Confidentiality	8
Allegations against staff	8
Whistleblowing	9
Physical Intervention	9
Anti-Bullying	10
Racist Incidents	10
Prevention	10
Health & Safety	10
Monitoring and Evaluation	11
Procedures and Practices	13

Appendix One

Recognising signs of child abuse	18
Signs of Abuse in Children	18
Risk Indicators	18
Recognising Physical Abuse	19
Bruising	20
Bite Marks	20
Burns and Scalds	20
Fractures	20
Scars	20
Recognising Emotional Abuse	21
Recognising Signs of Sexual Abuse	21
Sexual Abuse by Young People	22
Assessment	23
Recognising Neglect	23
Child Sexual Abuse	23

Appendix Two

Forced Marriage (FM)	25
Female Genital Mutilation (FGM)	25

Appendix Three

Five Levels of Need	27
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College details

Governors' Committee Responsible: Safeguarding Committee

Governor Lead: Mrs Cathy Tarr

Nominated Lead Member of Staff: Mr A Mason

Status & Review Cycle: Statutory/Annual

Next Review Date: January 2021

Our mission is to develop in our students a sense of pride in themselves, in the college and in their local community. It is also to provide an academically and physically challenging, high quality education within a caring, safe and stimulating environment where all members of our community are equally valued.

1.0 Introduction

1.1 This policy has been developed in accordance with:

The Education Act 2011, [Keeping Children Safe in Education \(2019\)](#), [Working Together to Safeguard Children \(2018\)](#), the [Governance Handbook](#) and Manchester City Council's Five Levels of Needs document (See Appendix Three).

We comply with this guidance and the arrangements agreed and published by our 3 local safeguarding partners.

This policy is also developed in accordance with the following legislation:

Part 3 of the schedule to the [Education \(Independent School Standards\) Regulations 2014](#), which places a duty on academies and independent schools to safeguard and promote the welfare of pupils at the school;

[The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children;

Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the [Serious Crime Act 2015](#);

[Statutory guidance on FGM](#), which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM;

[The Rehabilitation of Offenders Act 1974](#), which outlines when people with criminal convictions can work with children;

Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](#), which defines what 'regulated activity' is in relation to children;

[Statutory guidance on the Prevent duty](#), which explains schools' duties under the Counter-Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism.

This policy also complies with our funding agreement and articles of association.

- 1.2 The Governing body takes seriously its responsibility under section 175 of the Education Act 2011 to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our College to identify, assess, and support those children who are suffering harm.
- 1.3 We recognise that all adults, including temporary staff¹, volunteers and governors, have a full and active part to play in protecting our pupils from harm, and that the child's welfare is our paramount concern.
- 1.4 All staff believe that our College should provide a caring, positive safe and stimulating environment that promotes the social, physical and moral development of the individual child.

1.5 The aims of this policy are:

- 1.5.1 To support the child's development in ways that will foster security, confidence and independence.
- 1.5.2 To provide an environment in which children and young people feel safe, secure, valued and respected, and feel confident, and know how to approach adults if they are in difficulties, believing they will be effectively listened to.
- 1.5.3 To raise the awareness of all teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse (Reference Appendices 1 and 2)
- 1.5.4 To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the College, contribute to assessments of need and support packages for those children.
- 1.5.5 To emphasise the need for good levels of communication between all members of staff.
- 1.5.6 To develop a structured procedure within the College which will be followed by all members of the College community in cases of suspected abuse.
- 1.5.7 To develop and promote effective working relationships with other agencies, especially the Police and Social Care.
- 1.5.8 To ensure that all staff working within our College who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check (according to guidance)², and a central record is kept for audit.

1.6 Equality Statement

Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.

¹ Wherever the word "staff" is used, it covers ALL staff on site, including ancillary supply and self-employed staff, contractors, volunteers working with children etc, and governors

² Guidance regarding CRB checks recently updated by the Protection of Freedoms Act 2012

We give special consideration to children who:

- Have special educational needs (SEN) or disabilities (see section 9)
- Are young carers
- May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- Have English as an additional language
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- Are at risk of FGM, sexual exploitation, forced marriage, or radicalisation
- Are asylum seekers
- Are at risk due to either their own or a family member's mental health needs
- Are looked after or previously looked after

2.0 2. Safe College, Safe Staff

2.1 We will ensure that:

2.1.1.1 All members of the governing body understand and fulfil their responsibilities, namely to ensure that:

- there is a Child Protection policy together with a staff behaviour (code of conduct) policy
- the College operates safer recruitment procedures by ensuring that there is at least one person on every recruitment panel that has completed Safer Recruitment training
- the College has procedures for dealing with allegations of abuse against staff and volunteers and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned.
- A senior leader has Lead Designated Child Protection Officer (DSP) responsibility
- on appointment, the DSPs undertake interagency training and also undertake DSP 'new to role' and an 'update' course every 2 years
- all other staff have Safeguarding training updated as appropriate
- SLT receiving recruitment training and the College implements safer recruitment procedures and practices.
- Bi Annual training will take place to re-enforce the college's Policies and Procedures. Additionally all staff will complete the online Awareness of Child Abuse and Neglect Foundation VS course. This was introduced in July 2014 and must be completed by all newly appointed staff.

- any weaknesses in Child Protection are directed to the Senior Safeguarding team for review
- a member of the Governing Body, usually the Chair, is nominated to liaise with the LA on Child Protection issues and in the event of an allegation of abuse made against the Headteacher
- Child Protection policies and procedures are reviewed annually and that the Child Protection policy is available on the College website or by other means
- the Governing Body considers how children may be taught about safeguarding. This may be part of a broad and balanced curriculum covering relevant issues through personal social health and economic education (PSHE) and/or for maintained schools through sex and relationship education (SRE).
- that enhanced DBS checks are in place for Chairs of Governors of independent, academies, non-maintained special schools

- 2.1.2 The Lead DSP, Mr A Mason is a member of the Senior Leadership Team. The Deputy Designated Child Protection Officers are Ms A Bowker, Ms H Thompson, Mrs A Smith, Mr T Wild, Mr S Heaton, Mr S Dean and PC D Harrison. These Officers have undertaken the relevant training, and, upon appointment will undertake 'DSP new to role' training followed by biannual updates. Other key members of the Pastoral Team are DSP trained to enable them to undertake the Deputy Designated Child Protection Officer role in the event of long term staff absence.
- 2.1.3 All the Senior Leadership Team and staff involved in the recruitment process have completed an online safer recruitment course.
- 2.1.4 All Governors have completed the online Awareness of Child Abuse and Neglect VS Course.
- 2.1.5 All members of staff and volunteers are provided with child protection awareness information at induction, including in their arrival pack, the College safeguarding statement so that they know who to discuss a concern with.
- 2.1.6 All members of staff and volunteers have completed the Level 1 On-Line Safeguarding Course facilitated through the Virtual College.
- 2.1.7 All members of staff are trained in and receive regular updates in e-safety and reporting concerns
- 2.1.8 All members of staff, volunteers, and governors know how to respond to a pupil who discloses abuse through delivery of the Bi Annual Training.
- 2.1.9 All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures through publication of the College's Child Protection Policy, and reference to it in all correspondence.

- 2.1.10 Our lettings policy will seek to ensure the suitability of adults working with children on College sites at any time.
- 2.1.11 Community users organising activities for children are aware of the College's child protection guidelines and procedures.
- 2.1.12 We will ensure that child protection type concerns or allegations against adults working in the College are referred to the LADO³ for advice, and that any member of staff found not suitable to work with children will be notified to the Disclosure and Barring Service (DBS)⁴ for consideration for barring, following resignation, dismissal, or when we cease to use their service as a result of a substantiated allegation, in the case of a volunteer.
- 2.2 Our procedures will be regularly reviewed and up-dated.
- 2.3 The name of the designated members of staff for Child Protection, the Designated Child Protection Officers, will be clearly advertised in the College, with a statement explaining the College's role in referring and monitoring cases of suspected abuse.
- 2.4 All new members of staff will be given a copy of our safeguarding statement, and child protection policy, with the DSPs' names clearly displayed, as part of their induction into the College.

Visitors/Contractors

- 2.5 On arrival visitors will be asked to produce ID if they are not known to the school. This applies to any outside providers, such as: theatre groups, regular contractors, students that undertake training at our school. Supply staff should also bring ID as confirmation of the DBS information that we will have already received from the Supply Agency.
- 2.6 For contractors, SPIE (Facilities Management) will try to ensure that work is carried out before or after school hours. Should this not be possible a member of College's SPIE staff will be present
- 2.7 Any adults (that are not school employed staff) that arrive in the school must sign in at the reception desk. The electronic Inventory system keeps a record of each visitor, the purpose of the visit, the time of arrival and departure and outlines the Colleges safeguarding policy.
- 2.8 They will be given a visitor's badge, which should be worn at all times and returned to the office before they leave. This procedure is followed on both safeguarding and fire safety pre-cautions grounds.
- 2.9 The policy is available publicly either on the College website.

³ LADO Local Authority Designated Officer for allegations against staff. AEO Area Education Officer

⁴ Contact the LADO for guidance in any case

3.0 Responsibilities

- 3.1 The DSPs are responsible for:
- 3.1.1 Referring a child if there are concerns about possible abuse, to the *Local Authority*, and acting as a focal point for staff to discuss concerns. Referrals should be made in writing, following a telephone call using the relevant contact centre.
 - 3.1.2 Keeping written records of concerns about a child even if there is no need to make an immediate referral using the College's CPOM's system.
 - 3.1.3 Ensuring that all such records are kept confidentially and securely and are separate from pupil records, until the child's 21st birthday, and are copied on to the child's next College or College.
 - 3.1.4 Liaising with other agencies and professionals.
 - 3.1.5 Ensuring that either they or the staff member attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report which has been shared with the parents.
 - 3.1.6 Organising child protection induction, and update training bi-annually, for all College staff.
 - 3.1.7 Providing, with the Headteacher, an annual report for the governing body, detailing any changes to the policy and procedures; training undertaken by the DSP, and by all staff and governors; number and type of incidents/cases, and number of children on the child protection register (anonymised)⁵

4.0 Supporting Children

- 4.1 We recognise that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth.
 - 4.2. We recognise that the College may provide the only stability in the lives of children who have been abused or who are at risk of harm.
 - 4.3. We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
- 4.4. Our College will support all children by:**
- 4.4.1 Encouraging self-esteem and self-assertiveness, through the curriculum as well as our relationships, whilst not condoning aggression or bullying.
 - 4.4.2 Promoting a caring, safe and positive environment within the College.
 - 4.4.3 Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
 - 4.4.4 Notifying Social Care as soon as there is a significant concern.
 - 4.4.5 Providing continuing support to a child about whom there have been concerns who leaves the College by ensuring that appropriate information is copied under confidential cover to the child's new setting and ensuring the College medical records are forwarded as a matter of priority.
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5.0 Confidentiality

- 5.1 We recognise that all matters relating to child protection are confidential.
- 5.2 The Headteacher or DSPs will disclose any information about a child to other members of staff on a need to know basis only.
- 5.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- 5.4 All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.
- 5.5 We will always undertake to share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with First Response / Contact Centre on this point.

6.0 Supporting Staff

- 6.1 We recognise that staff working in the College who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.
- 6.2 We will support such staff by providing an opportunity to talk through their anxieties with the DSPs and to seek further support as appropriate.

7.0 Allegations against staff

- 7.1 All College staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.
- 7.2 All Staff should be aware of *LOCAL* Guidance on Behaviour Issues, and the College's own Behaviour Management policy.
- 7.3 Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction⁶. Staff are allowed to bring their personal phones to school for their own use, but will limit such use to non-contact time when pupils are not present. Staff members' personal phones will remain in their bags or cupboards during contact time with pupils.
Staff will not take pictures or recordings of pupils on their personal phones or cameras.
We will follow the General Data Protection Regulation and Data Protection Act 2018 when taking and storing photos and recordings for use in the school.
- 7.4 We understand that a pupil may make an allegation against a member of staff.
- 7.5 If such an allegation is made, or information is received which suggests that a person may pose a risk of harm if they work regularly or closely with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Headteacher⁷.

⁶ Refer to "Guidance for Safe Working Practice for the Protection of Children and Staff in Education Settings" available on the DfE website

⁷ or Chair of Governors in the event of an allegation against the Headteacher

- 7.6 The Headteacher on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO)
- 7.7 If the allegation made to a member of staff concerns the Headteacher, the person receiving the allegation will immediately inform the Chair of Governors who will consult as in 7.6 above, without notifying the Headteacher first.
- 7.8 The College will follow the *LOCAL* procedures for managing allegations against staff. Under no circumstances will we send a child home, pending such an investigation, unless this advice is given exceptionally, as a result of a consultation with the LADO.
- 7.9 Suspension of the member of staff, excluding the Headteacher, against whom an allegation has been made, needs careful consideration, and the Headteacher will seek the advice of the LADO and Personnel Consultant in making this decision.
- 7.10 In the event of an allegation against the Headteacher, the decision to suspend will be made by the Chair of Governors with advice as in 7.8 above.
- 7.11 We have a procedure for managing the suspension of a contract for a community user in the event of an allegation arising in that context.

8.0 Whistle-blowing

- 8.1 We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.
- 8.2 All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. If it becomes necessary to consult outside the College, they should speak in the first instance, to the Area Education Officer/LADO following the Whistleblowing Policy.
- 8.3 Whistle-blowing re the Headteacher should be made to the Chair of the Governing Body whose contact details are readily available to staff (as pertinent to setting).

9.0 Physical Intervention

- 9.1 We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.
- 9.2 Such events should be recorded and signed by a witness.
- 9.3 We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.
- 9.4 We recognise that touch is appropriate in the context of working with children, and all staff have been given 'Safe Practice' guidance to ensure they are clear about their professional boundary.⁸

⁸ 'Guidance on Safer Working Practices is available on the DfE website

10.0 Anti-Bullying

- 10.1 Our College policy on anti-bullying is set out in a separate document and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes all forms .g. cyber, racist, homophobic and gender related bullying. We keep a record of known bullying incidents. All staff are aware that children with SEND and / or differences/perceived differences are more susceptible to being bullied / victims of child abuse. We keep a record of bullying incidents.

11.0 Racist Incidents

- 11.1 Our policy on racist incidents is incorporated within our bullying and behaviour policies, and acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures. The College keeps a record of racist incidents.

12.0 Prevention

- 12.1 We recognise that the College plays a significant part in the prevention of harm to our children by providing children with good lines of communication with trusted adults, supportive friends and an ethos of protection.
- 12.2 The College community will therefore:
- 12.2.1 Work to establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
 - 12.2.2 Include regular consultation with children e.g. through questionnaires; student Council Meetings (Year Specific and whole College selective) and assemblies.
 - 12.2.3 Ensure that all children know there is an adult in the College whom they can approach if they are worried or in difficulty.
 - 12.2.4 Include safeguarding within the Assembly Calendar and across the curriculum, including PSHE, opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help. In particular this will include anti-bullying work, e-safety, road safety, first aid training.
 - 12.2.5 Ensure that all staff are aware of College guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks.

13.0 Health & Safety

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

Monitoring and Evaluation

Our Child Protection Policy and Procedures will be monitored and evaluated by:

- Governing Body visits to the College
- SLT 'drop ins' and discussions with children and staff
- Pupil surveys and questionnaires
- Scrutiny of attendance data
- Scrutiny of range of risk assessments
- Review of CPOMS
- Scrutiny of GB minutes
- Logs of bullying / racist / behavior incidents for SLT and GB to monitor
- Review of parental concerns and parent questionnaires. (Parent View Results)
- Review of the use of the college's support unit.

This policy also links to our policies or guidance on:

Behaviour

Staff Behaviour Policy / Code of Conduct

Whistleblowing,

Anti-bullying,

Health & Safety

Allegations against staff,

Parental concerns,

Attendance,

Curriculum

Teaching and Learning

Administration of medicines

Drug Education

Sex and Relationships Education

Physical intervention

E-Safety

Risk Assessment

Equal Opportunities

Child Sexual Exploitation

Preventing Extremism and Radicalisation Policy

Procedures and Practices.

A Concern for the welfare of a student.

All members of school staff have a responsibility for the welfare of the young people within our school. If a member of staff has concerns about a student these should be brought to the attention of the Safeguarding officer using the following procedure:

1) Email the DSP responsible for managing the year Group in which the student is on roll. Please CC the Pastoral Deputy, the School Based Police Officer and The Manager of Student Services (The Senior Safeguarding Team) into the email.

The email should be completed containing as much detail as possible outlining what your concerns are. Please ensure the email contains the student's full name, the time and date of the disclosure/concern and what the concern is.

2) Once completed the form should be addressed to the relevant Designated Safeguarding Officer but via the Safeguarding Group email.

Please note that if you continue to have concerns for the same child please email those concerns to the relevant DSP's.

In an urgent case where a disclosure has been made you should follow the email up by holding a personal conversation with the appropriate DSP immediately.

Disclosure made by a student.

It should be recognised that some students will seek to share information about abuse with staff members. In fact, in most cases it is at school where these disclosures are made. If a student informs you of any form of abuse **YOU MUST** do the following:

*Listen to the student and do not interrupt.

*Make a written record of the information that is being given to you which **MUST** include time, date, parties present, and location. Also include details of any visible injuries documenting where they are on the body and size.

IF IT IS CLEAR THAT MEDICAL ATTENTION IS REQUIRED CALL AN AMBULANCE.

If this is the case inform the safeguarding officer in person that this action has been taken.

*Your written record must be legible and in the words of the student making the disclosure. It should be passed onto the Safeguarding Officer as it may be needed as evidence.

(As adults we often correct the language of young people into adult vocabulary. During a disclosure it is very important that the words written down are exactly what is said, even if you do not know what they mean).

*Avoid leading questions. If you do need to confirm any information use the What? Why? Where? Who? When? Concept.

*Reassure the student that they have done the right thing and stress that they are not to blame for anything that has happened.

*Be honest and open – it is important that the student is aware that the information may have to be shared with other agencies such as children services / police / doctors.

*Do not ask the student to repeat the account to anyone.

* Do not contact parent/carer even if the student makes this request.

Once a student has made a disclosure the Safeguarding Officer must be informed in person **IMMEDIATELY**.

It is the duty of the safeguarding officer to inform Children's Services, the Police and to decide if parents/carers should be informed.

Once a disclosure is made it is up to other agencies such as the Police and Children's Services to carry out any investigation. The role of the school staff is to support the investigation by providing information as and when required. Although a member of staff may feel that they can talk to a student who has made a disclosure to them, it is important that staff do not have such discussions. It will be the role of the Safeguarding Officer to communicate with the student and to ensure that the student is accessing all of the support required both in and out of school.

Role of the safeguarding officer.

Wright Robinson College has eight Designated Safeguarding Officers (Persons), who form the Senior Safeguarding Management Group. In addition the College works in partnership with an on-site police officer who is fully trained in Safeguarding Protocols.

The role of the Safeguarding Person is to ensure the safety and well-being of all students. Any staff members that have concerns for a student will complete the *Cause for concern document as discussed previously*.

Once a cause for concern is submitted the safeguarding office will make a judgement as to what happens next. It may be that a phone call to a parent or career is needed to discuss the issues raised or more serious action may be needed such as a referral to children services or even the police.

Making a referral to children services

A referral involves providing Children's Social Care with information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action that such enquiries deem appropriate.

However, the inability to inform parents for any reason should not prevent a referral being made. Wright Robinson staff should seek, in general, to discuss concerns with the family and, where possible seek the family's agreement to making a referral unless they feel that this may, either by delay or the behavioural response it prompts or for any other reason, place the child at increased risk of Significant Harm'. It would then become a joint decision

with Children's Social Care about how and when the parents should be approached and by whom.

- **If a concern is in relation to harm or risk of harm from a family member or someone known to the child, a telephone referral to the Children's Social Care Department in the area where the child resides should be made. The Police should also be informed. (see list on final page of Manchester telephone numbers).**
- **If your concern is in relation to harm or risk of harm from an adult in a position of trust this must be raised with Mr. Timmons.**

The Information required when making a referral

Be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available). Unavailability of some information should not stop you making a referral.

- Your name, telephone number, position and request the same of the person to whom you are speaking.
- Full name and address, telephone number of family, date of birth of child and siblings.
- Gender, ethnicity, first language, any special needs.
- Names, dates of birth and relationship of household members and any significant others.
- The names of professionals known to be involved with the child/family e.g.: GP, Health Visitor, School.
- The nature of the concern.
- An opinion on whether the child may need urgent action to make them safe.
- Your view of what appears to be the needs of the child and family.
- Whether the consent of a parent with parental responsibility has been given to the referral being made.

Action to be taken following the referral

- Ensure that you keep an accurate record of your concern(s) made at the time.
- Put your concerns in writing to the Children's Social Care Department following the referral (within 24 hours – and using the multi-agency referral form). Upload referral form to CPOMS.
- Accurately record the action agreed or that no further action is to be taken and the reasons for this decision.

(Please note the above may be subject to change depending upon the young person's area of residence)

Some concerns may not require a referral to the Children's Social Care Department. If this is the case then the DSP will meet with the Pastoral Managers deployed to the year group in which the student is enrolled and a decision on the best way forward will be decided upon.

Allegations against Adults who work with Children

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

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

You should speak immediately with the Designated Safeguarding Person (DSP). He/She will consult with the Head teacher who will consult with/make a referral to the Safeguarding Children Unit.

If in doubt, consult a member of the College's Senior Safeguarding Management Team.

Confidentiality

The organisation should ensure that any records made in relation to a referral should be kept confidentially and in a secure place.

The Data Protection Act (DPA) 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe. If staff need to share 'special category personal data', the DPA 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information without consent if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk.

Information in relation to child protection concerns should be shared on a "need to know" basis. **It is inappropriate to discuss specific concerns in an ordinary staff room setting (although of course discussion of child protection issues in general is good practice).** However, the sharing of information is vital to child protection and, therefore, the issue of confidentiality is secondary to a child's need for protection – Wright Robinson College will follow the Seven Golden Rules for Information Sharing. These are the following.

1. Remember that the Data Protection Act 1998 and human rights laws are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately;
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so;
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible;
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgment on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared;
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and wellbeing of the individual and others who may be affected by their actions;
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (Practitioners must always follow their organisation's policy on security for handling personal information);
7. Keep a record of your decision and the reasons for it - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Appendix One

The following list of signs and indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who are at risk of potential harm.

Recognising signs of child abuse

Categories of Abuse:

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse
- Neglect

Signs of Abuse in Children:

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour
- Child Sexual Exploitation.
- Exposed/involved in serious violent crime

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and / or referral to Children's Services

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

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

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a "cry for help" and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint.

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

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

Scars

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

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated within the family
- Frozen watchfulness, particularly in pre-College children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a “loner” – difficulty relating to others

Recognising Signs of Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners

- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. it may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Up Skirting

It's a criminal offence.

Definition: upskirting is typically when a photograph is taken under a person's clothing without them knowing, for sexual gratification or to cause the victim humiliation, distress or alarm.

Assessment

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- **Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- **Consent** – agreement including all the following:
 - Understanding that is proposed based on age, maturity, development level, functioning and experience
 - Knowledge of society's standards for what is being proposed
 - Awareness of potential consequences and alternatives
 - Assumption that agreements or disagreements will be respected equally
 - Voluntary decision
 - Mental competence
- **Coercion** – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and irresponsible with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from College
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

Child Sexual Exploitation

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

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with College, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

Involvement/exposed to serious violent crime. The indicators that may signal that children are at risk from, or are involved with, serious violent crime. These include:

- Unexplained gifts or new possessions - these can indicate that children have been approached by or involved with individuals associated with criminal networks or gangs
- Increased absence from school
- Change in friendship or relationships with others or groups
- Significant decline in performance

- Signs of self-harm or significant change in wellbeing
- Signs of assault or unexplained injuries

Appendix Two

Forced Marriage (FM)

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a College or through a third party.

Female Genital Mutilation (FGM)

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

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

Circumstances and occurrences that may point to FGM happening

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

Signs that may indicate a child has undergone FGM:

- Prolonged absence from College and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

The 'One Chance' rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that settings /schools/colleges take action **without delay**.

THE FIVE LEVELS OF NEED

